

Obsessive-Compulsive Disorder Symptoms In light the Metacognitive Beliefs

Asma Ben Yahia¹, Youcef Kaddouri²

¹ Algerian South Laboratory for Research in Islamic History and Civilization
- University of Ghardaia (Algeria), benyahia.asma@univ-ghardaia.dz

² University of Ghardaia (Algeria), kaddouri.Youcef@univ-ghardaia.dz

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Abstract:

The current study aims to reveal the relationship between the reality of the metacognitive beliefs of the students of the University of Ghardaia during the quarantine period, as well as to study the differences in light of the variables: gender, social status, economic level. The study also attempted to reveal the relationship between metacognitive beliefs and the emergence of obsessive-compulsive disorder symptoms through a group of (93) university students. In a descriptive way. The study hypotheses were verified using the following tools: Metacognition Questionnaire and Obsessive Compulsive Scale. After collecting and processing the data statistically, we concluded that there are no differences in metacognitive beliefs due to gender, social status and economic level among a sample of Ghardaia University students during quarantine. As well as the existence of a difference in metacognitive beliefs based on the symptoms of obsessive-compulsive disorder among a sample of Ghardaia University students during quarantine. And we found that metacognitive beliefs are related to the symptoms of obsessive-compulsive disorder in the sample.

Keywords: Beliefs Metacognition, Obsessive-Compulsive Disorder, Pandemic, Quarantine.

Corresponding author: Asma Ben Yahia, benyahia.asma@univ-ghardaia.dz

1. INTRODUCTION

The epidemic crisis that has ravaged the world since December to the day of writing these lines is a turning point in the existence of mankind as a whole. The challenges that have become the living reality of the individual have put him in front of choices that he can either choose or try to adapt to in accordance with his abilities. The deterioration of health conditions, which was followed by a deterioration in the psychological, economic and social situation as a result of health protocol and due to physical and social separation, as well as the closure of borders and the suspension of activities in its various forms, has led to a race and acceleration at various levels in order to try to understand and explain the phenomenon. It has also led to reviewing the mechanisms of research and reading the psychological and social problems from different points of view, as well as working to find effective solutions to avoid the various harms of the pandemic on humanity.

Apart from the collapse of multiple aspects of the global, public and private economy, and the decline in tourism, aviation, agriculture and the financial industry due to the outbreak of COVID-19, along with mass closures and fears associated with the spread of the virus, the economic recession is expected to lead to a rise in mental disorders. More than 28.6 million cases infected with the virus and 917,000 deaths worldwide have been reported, which is a major public health crisis. World Health Organization[OMS], 2020).

While there is an urgent need to control and prevent biomedical diseases, World Health Organization has stressed the importance of behavioral science and the role of psychological factors in people's responses to the epidemic.

As disability leads to the search for alternatives, we have seen in our paper to highlight the metacognitive beliefs and reveal the reality of intellectual skills use in coping with sudden events that are considered to be a threat to the lives and security of individuals, in addition to the associated symptoms of mental disorders. Following the

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introduction of health protocol procedures in particular that call for intensified prevention, sterilization, hand washing and physical distancing, in addition to the possible effects of these procedures.

high rates of anxiety symptoms (6.33% - 50.9%) and depression (14.6% to 48.3%) were reported during the COVID-19 pandemic in some East Asian countries as well as some European countries. The most affected groups were also counted concerning chronic diseases, unemployed people and students (Mack & All, 2020, pp:01-06).

2. Problematic

The need to understand new mental health methods is important in promoting physical health in general. One method may be to explore the reality of metacognitive beliefs that are reliably associated with anxiety disorders, according to a study by: Nance & Melissa (2019). The study found a correlation to negative metacognitive beliefs related to inability to control, the risk of anxiety and depression and their impact on physical diseases. The results indicated that attention to skills and beliefs of metacognition may be useful in improving outcomes in many diseases involving poor mental and medical health.

The problem of the current research is therefore determined by the results of previous studies that tackled the beliefs of metacognition. According to the cognitive model of OCD, the theory of emotional therapy, and the metacognitive model of: Wells & King “dysfunctional beliefs have an important role in the development and stability of OCD” (Wells & King, 2006, p208).

Metacognition beliefs refer to the psychological and cognitive structures, events and processes involved in controlling, modifying and interpreting ideas, which means thinking or knowing what we know and what we don't know, as well as the ability to control the logic of our thought.

The significant effects of negative metacognitive beliefs related to inability to control and danger, and beliefs related to the need for cognitive confidence, are considered to have an impact on the

emergence of certain psychological disorders such as severe depression, general anxiety disorder, and obsessive-compulsive disorder. In contrast, the positive metacognitive beliefs showed moderate but less consistent effects. However, there were more specific associations with low cognitive confidence and increased cognitive self-awareness.

Supporting this perception, a study by Seleem&Saada (2015) entitled: “Beyond metacognitive functions in a sample of Egyptians with OCD”. Its purpose was to detect the role of metacognitive beliefs in causing obsessive-compulsive symptoms, considering metacognition as an important factor in the development and treatment of various psychological disorders. “They have come to the conclusion that the imbalance in concepts of metacognition is linked to the symptoms of OCD” (Seleem&Saada, 2015, p179). Pazvantoglu& All (2013) suggested that “our understanding of obsessive-compulsive disorder would be better by examining the role of cognitive processes and beliefs”(Pazvantoglu& All,2013, p66) and any attempts to regulate ideas and beliefs about ideas. Metacognition is also seen as an important factor in the development of various mental disorders.

Considering the above, and in an effort to understand the impact of the epidemic on the individual’s psychology and on the possibility of increasing the unity degree of their personality, in addition to the possibility of the emergence of psychological disorders symptoms, we find in particular that among the possible causes of obsessive-compulsive disorder is the presence of distress or trauma. Hence, the Corona pandemic, which has had a significant impact on all aspects of life, whether social or economic, is a party to the deterioration of some patients psychological condition and the affliction of others with psychological disorders such as death, anxiety and obsessive compulsive disorder. This was demonstrated through the results of Okan&asli study (2016) in which it showed, the existence of cognitive impairment in OCD patients and important links between social,

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demographic, and clinical features, as well as dysfunctional post-cognitive assessments.

The pandemic was the reason for the imposition of precautionary preventive measures in active attempts to contain the epidemic by all means of media, where there are no real or virtual gatherings. (Okan&asli study, 2016, pp 591-598)

Such measures include: hand sanitation, social distancing, and care for the cleanliness of the place and food, where these preventive measures intersect with the compulsive behaviors characteristic of people with OCD.

In addition, our research problem was a reading for the psychological situation of a sample of students from The University of Ghardaia after quarantine and health protocols that aimed to prevent the epidemic. This was done by examining the reality of metacognition beliefs and its relationship to the onset of OCD symptoms. To answer them, we have adopted the following:

2- Questions :

- Are there differences in metacognition beliefs depending on the variables of gender, social status and economic level among a sample of social sciences students in Ghardaia during quarantine?
- Is there a difference in metacognition beliefs depending on the symptoms of OCD among a sample of social sciences students in Ghardaia during quarantine?
- Do metacognition beliefs have anything to do with the onset of OCD symptoms in a sample of social sciences students in Ghardaia during quarantine?

3- Study hypotheses:

- There are no differences in metacognition beliefs depending on the variables of gender, social status and economic level among a sample of social sciences students in Ghardaia during quarantine.

- There is a difference in metacognition beliefs depending on the symptoms of OCD among a sample of social sciences students in Ghardaïa during quarantine.
- Metacognition beliefs have a relationship with the emergence of OCD symptoms in a sample of social sciences students in Ghardaia during quarantine.

4- Study objectives:

The study aimed to reveal the reality of metacognition beliefs among Ghardaia University students as well as to reveal differences in beliefs according to different demographic variables, such as gender, social status and economic level. The study also aimed to detect the relationship between metacognition beliefs and OCD symptoms in the study sample.

5- Study importance:

The importance of the study is theoretically represented through tackling metacognition variables, as the individual depends in his assessment of the events around him on the thinking methods that indicate his adaptation or his maladaptation. This leads to the emergence of anxiety disorders such as obsessive-compulsive disorder under the pandemic and its psychological effects, which have caused total restriction and lockdown around the world. The study importance lies as well in an attempt to enrich theoretical literature with regard to the university students' category.

In terms of procedure, the importance of the study comes from paying attention to psychological health and considering it a priority for the development of effective awareness programs, as well as the development of proactive and preventive strategies affecting all segments of society. This is in order to devote attention to the principle of flexibility in dealing with emergency events.

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6- Study concepts:

6.1 Obsessive-compulsive disorder (OCD): Mcguire (2012) defines it as: repetitive unwanted thoughts that break into an individual's mind, so that he can't control them and has the ability to reduce anxiety only by repeating behavior. However, it is not feasible, so ideas reappear and push him to engage in compulsive behavior.(pp:6-7)

It is defined procedurally as the sum of the scores obtained by the examined subject in the scale used in the study.

6.2 Metacognition: Groan(1999) defines it as: a complex mental skills and one of the most important components of intelligent behavior in information processing, as grows with age and experience. It is tasked with controlling all active and problem-oriented thinking activities, and effectively using the individual's resources to meet the task of thinking (p. 54).

It is defined procedurally as: cognitive confidence in mental processes and various beliefs about the self, whether positive or negative. It is the confidence in control and the ability to deal with problems. Metacognition is measured through the score obtained by the examined subject in the scale used in the study.

6.3 Covid-19: It is a virus that causes disease to animals and humans. It is an infectious disease caused by the last virus detected from the coronavirus dynasty. Covid-19 appeared in Wuhan, China, in December 2019. It has turned into a pandemic affecting many countries of the world. Its most common symptoms are fever, fatigue, dry cough, aches, nasal congestion, headaches, conjunctivitis, sore throat, diarrhea, loss of taste or smell, rash or discoloration of fingers or toes[OMS] (2020).

7. Methodological procedures of the study:

7.1 Study approach: We have chosen the descriptive approach according to the nature of the topic as well as its appropriateness with

the study and its objectives, where we work to describe the phenomenon studied, and try to reveal the relationship between the phenomenon and the variables that affect it.

7.2 Study community: The current study community consisted of a group of social sciences students at The Université De Ghardaia, in the academic year 2019/2020.

7.3 Exploratory study: After collecting information and resources, and trying to get more informed about the subject, we have converted the study tools to Google form. We were able to collect 40 electronic responses, which we used to study and calculate the psychometric properties of the tools.

Study tools and their psychometric properties

7.4. Psychometric properties of the metacognition questionnaire:

The MCQ-30 (Meta-cognition questionnaire) is a self-report measure of 30 items spread over 03 dimensions as follows:

Cognitive confidence/Positive beliefs/cognitive self-confidence.

This questionnaire deals with the attitudes people adopt about their ideas. In its initial form, the scale enjoys an appropriate level of constructive honesty, discriminatory honesty and converging honesty, as well as a good level in terms of repetition stability and internal consistency. As for the Arabic version, it was adapted in the Egyptian environment, where the reliability of the questionnaire ranged from 0.634 to 0.886 (Seleem&Saada, 2015). In this study, we re-examined its psychometric properties.

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Honesty:

Table N°1.shows the honesty of peripheral comparison

Group	Number of individuals	Arithmetic mean	Standard deviation	Freedom degree	Calculated t	Tabulated t	Significance level
Lower	15	33.14	2.742	28	8.705	3.67	0.001
Upper	15	47.00	5.794				

Source: prepared by the researchers (2020)

Self-honesty: Self-honesty was calculated by calculating the square root of the Alpha Cronbach coefficient for the metacognition Questionnaire, which is estimated at 0.798 and has reached 0.893 as the result shows. Hence, a value indicating that the tool is honest.

Stability

Table N°02.split-half reliability

group	Items number	Freedom degree	Calculated r pre-modification	Calculated r post-modification (Spearman Brown)	Tabulated r	Significance level
Odd phrases	09	16	0.981	0.954	0.590	0.001
Even phrases	09					

Source: prepared by the researchers (2020)

Table N°03.Alpha Cronbach

tool	Units number	Average	Alpha Cronbach coefficient	Significance level
Study scale	18	2.219	0.798	A high level of stability

Source: prepared by the researchers (2020)

Commentary:

From table (01) which represents the honesty of the peripheral comparison, the value of calculated t was (-8.705) and tabulated t was

(3.67) at the degree of freedom 28° and at the level of significance (0.001).Therefore the scale is honest. Through table (02) which represents the split-half reliability, the calculated r value by Pearson coefficient was estimated at (0.918), and the value of the modified correlation coefficient of Spearman Brown was estimated at (0.954). When compare it to the tabulated r value (0.590) at the degree of freedom 16° and the significance level (0.001), we can say that the stability of the scale is high. This confirms the Alpha Cronbakh coefficient in table 03 that is estimated as a whole at 0.798, which means that the scale is valid for basic study.

6.5. Psychometric properties of the OCD scale

The Arabic sale of OCD for: Ahmed Abdul Khaleq was used, which contains 32 phrases spread over 08 dimensions: General factor for OCD/ accuracy and order/ repetition and counting/ revision/ acquisition of compulsive thoughts/ rumination/ slowness/ scrutiny.The scale is characterized by a tying honesty, high internal stability and consistency (Abdel-Khalek&Redwan, 2002). In our current study we re-examined the psychometric properties, which were as follows:

Honesty:

Table N°04 .peripheral comparison

Group	Individuals number	Arithmetic mean	Standard deviation	Freedom degree	Calculated t	Tabulated t	Significance level
Lower	15	6.53	2.386	28	-11.547	3.67	0.001
Upper	15	21.07	4.250				

Source: made by the researchers (2020).

. **Self-honesty:** Self-honesty was calculated by calculating the square root of the Alpha Cronbakh coefficient of the OCD scale estimated at 0.886 and reached 0.941 as the result showed. Hence, it is a significant value that the tool is honest.

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Stability:

Table N°05.Split-half reliability

Group	Items number	Freedom degree	Calculated r pre-modification	Calculated r post-modification "spearman Brown"	Tabulated r	Significance level
Odd phrases	16	30	0.814	0.898	0.449	0.01
Even phrases	16					

Source: made by the researchers (2020)

Table N°06.Alpha Chronbakh

Tool	Units number	Average	Alpha Cronbach coefficient	Significance level
Study scale	32	0.419	0.886	A high level of stability

Source: made by the researchers (2020)

Commentary:

From table (06) which represents the honesty of the peripheral comparison, we read the calculated t value: (-11.547) and the tabulated t (3.67) at the degree of freedom 28° and the significance level (0.001), therefore the scale is honest. Through table (05) which represents the split-half reliability, the calculated r value by Pearson coefficient was estimated at (0.814), and the value of the modified correlation coefficient of Spearman Brown was estimated at (0.898). When compare it to the tabulated r value (0.449) at the degree of freedom 30° and the significance level (0.001), we can say that the stability of the scale is high. This confirms the Alpha Cronbakh

coefficient in table 06 estimated at 0.886, which means that the scale is valid for basic study.

7. RESULTS AND DISCUSSION

We were able to collect 93 responses on the tools in an electronic format. The following is a table showing the distribution of the sample that responded to the tools electronically by accessing the link on Google form.

Table N°07.shows the distribution of students by gender, social status and the economic level of participants

Intermediate Variable	Description	Total	Percentage
Gender	Male	27	29.03%
	Female	66	70.96%
Total		93	
Social status	Single	76	81.72%
	Married	13	13.97%
	Divorced	01	4.30%
	Widow	00	00%
Total		93	
Economic level	Excellent	03	3.22%
	Good	20	21.50%
	Acceptable	59	63.44%
	Weak	07	7.52%
	Insufficient	04	4.30%
Total		93	

Source: made by the researchers (2020)

Table (07) shows that the total number of students who responded to the electronic questionnaire was 93 students, distributed as follows: 27 males by 29.03% and 66 females by 70.96%. As for the social status, the number of singles was 76 by 81.72% and the number of married couples was 13 by 13.97%.For divorced, they

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were 04 by 4.30%, and for the widower's condition, no respondents were recorded in the questionnaire.

In terms of the economic level, the situation “excellent” reached 03 by 3.22%, “good” reached 20 by 21.50%, “acceptable” reached 59 by 63.44%, “weak” was 07 by 7.52%, and the situation “insufficient” reached 04 by 4.30%.

8. Presentation, discussion and interpretation of results

8.1 Presentation and discussion of the first hypothesis stating that:

“There are differences in metacognition beliefs depending on the variables of gender, social status and economic level among a sample of social sciences students in Ghardaia during quarantine.”

Table N°08.shows the results of multiple variability of two variables on three levels

Variability source		Total squares	Freedom degree	Calculated f	Significance level	Average squares
Gender	Metacognition	29.547	1	0.809	0.372	29.547
Social status		9.570	2	0.131	0.877	4.785
Economic level		39.421	4	0.270	0.896	9.855

Source: made by the researchers (2020)

Commentary on the table: according to table (08), the results of the study that concerns the difference in the study sample based on the intermediate variables “gender, social status, economic level” associated with the independent variable “metacognition beliefs”, came to confirm the following:

▪ Difference in metacognition beliefs according to gender:

For the gender variable, the degree of freedom with concern to metacognition reached (01) and the total squares reached (29,547).

Moreover, the average value of squares was (29,547), and the calculated value of F was (0.809) at a significance level of (0.372).

▪ **Differences in metacognition beliefs according to social status:**

With regard to the social status variable, the degree of metacognition freedom reached (01) and the total squares reached (9.570). Furthermore, the average value of squares was (4.785), and the calculated value of F was (0.131) at a significance level of (0.877). This means that there is no difference in metacognition according to social status.

▪ **Differences in metacognition beliefs according to economic level:**

For the economic level, the degree of freedom has reached (01) and the total squares has reached (39.421). The average value of squares was estimated at (9,855), and the calculated value of F was (0.270) at a significance level of (0.896). This means that there is no difference in metacognition according to the economic level.

Therefore, the hypothesis has not been realized, in which there is no difference in metacognition beliefs attributable to gender, social status and economic level.

8.2 Interpretation of the first hypothesis results:

through the results presented in table (08) and after statistical processing of data, it was found that there are no differences in metacognition beliefs attributable to gender, social status and economic level.

This can be explained by the fact that the epidemic has had an impact on the different segments of society, as its effects reached all people, males and females, with low and good incomes. Regardless of the social situation, we conclude that the most important thing for individuals to think about in the case of epidemics and shocks that affect them is: security in the first place, then food. It is the need for survival that touches their entities, and drives them to different reactions.

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This confirms what social psychologists have declared about the psychology that controls the individual during epidemics by saying:“ there are collective behavioral and psychological patterns associated with epidemic times, such as plague, influenza... The concept of "epidemiology psychology" emerged in this context. Societies are experiencing waves of collective fear, causing value conflicts, waves of behavior and strategies and desperate attempts to confront the epidemic. Epidemics by their nature are "new" diseases for which there is no information or expectations of how they spread and how to control them,..., hence space was left to individual and social jurisprudence, and to hold on to any hope for salvation” (Hala Al-Hafnawi, 2020).

8.3 Presentation, discussion and interpretation of the second hypothesis stating that:

- There is a difference in the metacognition beliefs depending on the symptoms of OCD among a sample of social sciences students in Ghardaïa during quarantine.

Table N°09 the results of iteration and percentage of OCD symptoms

Obsessive-compulsive disorder					
Dimensions	Total of sample iteration	Total of dimension iteration	Percentage of the dimension %	Percentage of the scale%	Order
General factor of OCD	657	1209	54.34	32.06	05
Organization, accuracy and order	291	465	62.58	14.20	02
Repetition and counting	172	465	36.98	08.39	08
Revision	179	465	38.49	08.37	07
Obsessive	155	279	55.55	07.56	04

compulsive thoughts					
Rumination	239	465	51.39	11.6	06
Slowness	163	279	58.42	07.95	03
Scrutiny	193	279	69.17	09.41	01
Total	2049	3906		100	

Source: made by researchers (2020)

Commentary: It is clear from table (09) that OCD symptoms exist in the study sample. The dimension of “scrutiny” came in the first place by 69.17%, followed by the dimension of “organization, accuracy and order” by 62.58%. In the third place we find the dimension of “slowness” by 58.42%, followed by the acquisition of compulsive thoughts with 55.55%. Then, the dimensions of “general factor of OCD” and “rumination” came with average percentage from 54.34% to 51.39%. The last two dimensions are “revision” and “repetition and counting” which do not exceed 40%. These data confirm the emergence of obsessive-compulsive symptoms in the study sample during the quarantine period of the Covid-19 pandemic.

Table N°10. iterations and percentage results for the dimensions of metacognition beliefs

Metacognition beliefs					
Dimensions	Total of sample iteration	Total of dimension iteration	Percentage of the dimension %	Percentage of the scale %	Order
Cognitive confidence	2232	1166	52.24	28.78	01
Positive beliefs	2232	1132	50.71	27.94	03
Cognitive self-confidence	2232	1753	78.53	43.27	01
Total	6696	4051		100	

Source: made by the researchers (2020)

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$(\text{Total sample iterations} \div \text{total dimension iterations}) \times 100$ - dimension percentage.
 $(\text{Total sample iterations} \div \text{grand total of sample iterations}) \times 100$ - percentage of the scale.

Commentary: It is clear from table (09) that the study sample obtained a high percentage regarding the dimension of cognitive confidence which amounted to 78.53%, offset in OCD by the dimension of scrutiny with 69.17%, followed by the dimension of “organization, accuracy and order” with 62.58%. For the dimensions of positive beliefs and cognitive confidence, the sample showed moderate levels ranging from 50.71 to 52.24.

8.4. Interpretation of the second hypothesis results: we observed that the participants that showed symptoms of OCD recorded an average scores in favor of negative beliefs related to: lack of confidence in the effectiveness of memory towards events, words and places, in addition to intolerance of stress and anxiety towards dealing with the events of daily life. They cannot adapt their cognitive skills to stress and anxiety, which reveals a moderate negative belief rate in the sample. As for cognitive beliefs in particular, we observe a high level of cognitive beliefs, which may be explained in the dimension of scrutiny in terms of the OCD scale among the participants. This imbalance of thinking concerning metacognition was explained by the study of: Seleem&Saada (2015) “which concluded that metacognition is an important factor in the development and treatment of various psychological disorders. They concluded the following result: “the imbalance in metacognition concepts is linked to the symptoms of OCD” (Seleem&Saada, 2015, pp179-180).

It seems that negative metacognition beliefs about inability to control and risk have fairly predicted the symptoms of OCD-related anxiety. This is explained by the high ratio in the dimensions of ‘scrutiny’ and ‘organization, accuracy and order’. This results was also found by Gutierrez & all (2020) where their results indicate that

"the relationships between sensitivity, anxiety and OCD are partly attributable the role of metacognition, and gender has had no significant effects on any of the variables" (Gutierrez & all, 2020, pp:4-5). This is consistent with our conclusion in the first hypothesis stating that there are no differences between metacognition beliefs of different demographic variables.

8.5. Interpretation of the third hypothesis:

"Metacognition beliefs have to do with the onset of OCD symptoms in a sample of social sciences students in Ghardaia during quarantine."

Through the results of tables (09) and (10), we can deduce the relationship of functions and metacognition beliefs in how an individual adapts to events, particularly to those who are beyond his knowledge and methods, which leads to disorders. This is what we saw through the symptoms of OCD, which were significant in most dimensions. This finding was referred to by Fidel Sbitti (2020) in his article on epidemiology:

In crises, fear, anxiety and suspicion push the individual towards contradictory and illogical behaviors,..., this causes the escalation of fear and anxiety compared to normal diseases, which may be more serious than the epidemic. The individual regains a lifestyle that resembles an uncivilized primitive life driven by feelings and primitive needs. (<https://www.canadavoice.info>)

According to Hala Al-Hafnawi (2020): The fear that a person will fall into the same cycle of the epidemic, either by himself or by the loss of one of his surroundings, has increased the pressure on the individual. Although the current situation is better than historical periods ago, the novelty of the epidemic itself does not allow for the existence of quality information that can bring reassurance, instead, the information available on the epidemic, and its ease of spread, reinforces fears more among communities (<https://futureuae.com/ar/Author/Index/116/>)

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We have previously pointed out that the metacognition model, which hinders psychological adaptation, can lead to dysfunction and cognitive impairment, resulting in negative self-treatment, causing disorders such as anxiety, distress, a sense of threat and the use of counter-strategies with ineffective impact. These findings, from the relationship of dysfunctional beliefs and cognitive treatment to the onset of obsessive-compulsive symptoms linked in one way or another to health protocol procedures, are consistent with the findings of the Nance & Melissa Study (2019): The results of metacognition have largely predicted the OC symptoms related to unacceptable thoughts and fears of dirt and repeated washing. It suggests that each model has specific strengths in predicting certain types of OC symptoms.

9. Conclusions and recommendation:

In this research paper, we reviewed the reality of metacognition beliefs, the psychological disorders that the epidemic can cause, and in particular the way of thinking and cognitive skill of the environment around the individual, in addition to the importance of attitudes of metacognitive beliefs. Whenever the beliefs are negative, it leads to cognitive impairment, and may cause the individual to have a dysfunctional handling of events during his daily life. We tried to highlight a sample of social sciences students during the quarantine of Covid-19 pandemic. Through the results concluded, we can recommend the following:

- Developing proactive strategies to deal with emergency crises.
- Identifying clear visions of psychological health programs, and work to keep an interest in them.
- Building and activating preventive programs, especially those related to intervention methods.
- More studies on metacognition beliefs and their relationship to other variables.

- Thinking of an integrated model of science to create more effective solutions adapted to current and emergency situations.

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