

# Comparison of the Extent of Self-Harm and Obsessive-Compulsive Disorder in Young Male Athletes and Non-Athletes

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Received:  June 29, 2022

Published:  July 08, 2022

## Abstract

It turns out that it has attracted the attention of many psychologists, psychiatrists and researchers. It is said that this disorder has always existed throughout human history and today it has a significant proportion of neurotransmitters. The severity and persistence of this disorder sometimes reaches such a level that it completely reduces the strength and efficiency of the person and leaves a crippling effect on the patient's personal and social life. Obsessive-compulsive disorder consists of two parts, obsessive-compulsive disorder and obsessive-compulsive disorder. The overall prevalence (throughout life) of the disorder is estimated at 2.5 percent (American Psychiatric Association, 2000). Research shows that the prevalence of this disorder is similar in many different cultures around the world. Although obsessive-compulsive disorder usually begins in adolescence or early adulthood, it can also begin in childhood. The average age of onset of men is lower than women, i.e 6 to 15 years for men and between 20 and 29 years for women. In most cases, the onset of the disorder is gradual, but in some cases, an acute onset is observed. In most people, the course of the disorder is a chronic fluctuation with exacerbation of symptoms that may be related to stress (same source) [1].

**Keywords:** Obsessive-Compulsive Disorder; obsessive thoughts of violence; Athletes

## Introduction

It turns out that it has attracted the attention of many psychologists, psychiatrists and researchers. It is said that this disorder has always existed throughout human history and today it has a significant proportion of neurotransmitters. The severity and persistence of this disorder sometimes reaches such a level that it completely reduces the strength and efficiency of the person and leaves a crippling effect on the patient's personal and social life. Obsessive-compulsive disorder consists of two parts, obsessive-compulsive disorder and obsessive-compulsive disorder. The overall prevalence (throughout life) of the disorder is estimated at 2.5 percent (American Psychiatric Association, 2000). Research shows that the prevalence of this disorder is similar in many different cultures around the world. Although obsessive-compulsive disorder usually begins in adolescence or early adulthood, it can also begin in childhood. The average age of onset of men is lower than women, i.e 6 to 15 years for men and between 20 and 29 years for women. In most cases, the onset of the disorder is gradual, but in some cases, an acute onset is observed.

In most people, the course of the disorder is a chronic fluctuation with exacerbation of symptoms that may be related to stress (same source). Obsessive-compulsive disorder, despite its relatively low prevalence, is one of the most complex and interesting mental disorders that has attracted the attention of psychiatrists since the early nineteenth century. The theories that have been proposed by various psychiatrists about this disease and its causative agents during this period have neither a solid experimental basis nor have led to effective treatment.

According to the first behavioral theories of obsessive-compulsive disorder, obsessive-compulsive disorder may follow the theory of the other two factors for the formation and perpetuation of fear. According to this theory, anxiety is conditioned by mental events (such as thoughts or images) (classical conditioning) and practical obsessions are formed to reduce the confusion caused by these thoughts [2]. Over time, the ability of obsessive-compulsive disorder to reduce turbulence leads to negative reinforcement. Factors that affect the development of sports or the performance of an athlete or a sports team are very diverse. These factors include

economic, social, and cultural conditions, climate, sociological, managerial, and psychological and physical factors of athletes such as athletes 'personality type, athletes' motivation, athletes 'mental and emotional states, athletes' stress and anxiety, self-confidence and self-esteem. Athletes 'beliefs, the type of relationship between athletes and coaches and sports managers in terms of intimacy and friendship, and athletes' physical fitness, etc. (Najafi Tavana, 2004) Although all of the above factors are very effective in the quality of athletic performance, but the researcher believes that the psychological factors of athletes are much more effective in improving athletic performance than other factors. So, with these interpretations' comparison of the level of self-harm checking disorder and obsessive-compulsive disorder in young male athletes and non-athletes in Mahabad city [3].

### Methods

The method of the present study was descriptive research and since the tool used was a questionnaire, so it should be said that it is survey research and in terms of use is applied research, and in terms of method, a cross-sectional study is a two-group comparative study. The statistical population in this study consisted of all male youth (both athletes and non-athletes) in Mahabad who 20 years are over old. To determine the sample size of the statistical population of athletes 20 years and older in Mahabad city, multi-stage cluster sampling method was used [4]. Thus, first Mahabad city was divided

into three regions in terms of geographical divisions: North, Central and South, then two sports clubs were randomly selected from each region and a research questionnaire was given to the members of that club. In the northern region, the number of people in clubs No. 1 and 2 is 20 and 15, respectively; In the central region, there were 15 people and 18 people, and in the southern region, there were 15 people and 17 people, that is, a total of 100 people. Considering that the number of athletes in 6 clubs was 100, so in order to compare the extent of their obsessive-compulsive disorder, the same number of questionnaires were distributed among non-male athletes 20 years and older in those [5,6].

### Areas

Finally, 200 pure and completed questionnaires were collected. In order to collect information on the theoretical foundations and literature of the research topic, library resources, articles, required books and also the global information network were used. Also in the present study, the standard Padua obsessive-compulsive disorder (PPI) questionnaire designed by Sanavio in 1985 and containing 60 five-choice propositions was used to collect data. It should be noted that this questionnaire in Iran has been standardized by Shams et al. (2010) in 348 non-clinical samples of medical students at the University of Tehran and its validity and reliability have been confirmed and adjusted to 39 [7] (Tables 1 & 2).

**Table 1:** Mean and standard deviation of research variables.

Variables	Group	Mean	Standard Deviation
Obsessive thoughts of self-harm	Athletes	5.59	3.24
	Non-athlete	8.06	3.98
Obsessive thoughts of violence	Athletes	2.73	1.95
	Non-athlete	1.81	1.91

**Table 2:** Test hypotheses results.

Variables	Group	Mean	SD	F (Leven)	Sig (Leven)	t	df	Sig
Obsessive thoughts of self-harm	Athlete	5.59	3.24	3.467	0.064	4.809	198	0.001
	Non-athlete	8.06	3.98					
Obsessive thoughts of violence	Athlete	2.73	1.95	0.256	0.613	3.376	198	0.001
	Non-athlete	1.81	1.91					

### Results

The results of demographic factors showed that 50% of the respondents were athletes and 50% were non-athletes. Also, the average age of the respondents in the present study was 26.15 years. The mean of the research variables also showed that the rate of obsessive thoughts of self-harm and self-harm in young male athletes was 5.59 and the rate of obsessive thoughts of self-harm and others in non-athlete male youth was 8.06. Also, the rate of obsessive thoughts of violence in young male athletes was 2.73 and the rate of obsessive thoughts of violence in young non-athlete men was 1.81.

a) Hypothesis 1: There is a significant difference between

the rate of obsessive thoughts of self-harm

and others in young athletes and non-athletes in Mahabad.

b) Hypothesis 2: There is a significant difference between the rate of obsessive thoughts of violence in

young male athletes and non-athletes in Mahabad.

### Discussion

In the present study, depending on the objectives and research questions, different methods have been used to analyze the data. In general, at the level of descriptive statistics, indicators such as frequency distribution tables, mean and standard deviation, and at

the level of inferential statistics, Kolmogorov-Smirnov test, t-test of independent samples under SPSS 22 statistical software have been used.

## Conclusion

As the results of the above table show, considering the assumption of homogeneity of variances ( $\text{sig} = 0.064$ ) and considering that  $t$  calculated is significant at the level of 0.05 ( $\text{sig} = 0.000$ ), so the assumption  $H_0$  In the first hypothesis, the rejection of  $H_1$  is confirmed. In other words, it can be concluded that there is a significant difference between the rate of obsessive-compulsive disorder and self-harm in young male athletes and non-athletes in Mahabad. As shown in the table above, this average is much higher among non-athletes than non-athletes. Also, the results of the table in the second hypothesis showed that according to the assumption of homogeneity of variances ( $\text{sig} = 0.613$ ) and considering that the calculated  $t$  is significant at the level of 0.05 ( $\text{sig} = 0.001$ ), so the hypothesis  $H_0$  Rejected and assumption  $H_1$  is confirmed. In other words, it can be concluded that there is a significant difference between the rate of obsessive-compulsive disorder in young male athletes and non-athletes in Mahabad. As shown in the table above, this average is higher among athletes than non-athletes.

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DOI: [10.32474/CTGH.2022.03.000171](https://doi.org/10.32474/CTGH.2022.03.000171)



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