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Identifying the Level of Emotional Flexibility and Perfectionism in People with Obsessive Beliefs and Determining the Role of Reality Therapy on Changes in these Factors

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Abstract

Background and Aim: Emotional flexibility is the ability to regulate and manage emotions, while perfectionism is the tendency to have very high standards and expectations and is often associated with anxiety, frustration, and psychological problems. In the present study, first, the level of emotional flexibility and perfectionism in people with obsessive beliefs was identified, and then the role of reality therapy (RT) on the above-mentioned changes was evaluated.

Materials & Methods: This quasi-experimental study was conducted with a pretest-posttest design with a control group. The statistical population included people with obsessive beliefs who referred to psychiatric clinics in Tehran in 2025. 30 people were selected through purposive sampling and randomly assigned to two experimental and control groups (15 people in each group). The research tools included the Emotional Flexibility Scale (EFC) and the Hill Perfectionism Inventory (HPI). The experimental group underwent RT intervention in ten 90-minute sessions, and the control group did not receive any intervention. The data were analyzed by SPSS-Ver.23 and using the multivariate analysis of covariance (MANCOVA) test.

Results: The findings of the present study showed that the mean scores of the components of positive emotional regulation, negative emotional regulation, and emotional communication in the experimental group for the pre-test phase were 3.85±22.67, 18.47±2.10, and 3.27±18.80, respectively, while in the post-test phase (after receiving the RT intervention), the aforementioned values were 3.88±28.07, 2.48±23.20, and 3.13±23.60, respectively, which had increased significantly ($P<0.05$). In addition, the total score of perfectionism for the experimental group in the pre-test and post-test phases was 12.06±214.80 and 10.98±189.60, respectively, which showed a significant difference between these two levels ($P<0.05$). For the control group, the change in the above-mentioned values in the two pre-test and post-test phases was not significant ($P>0.05$).

Conclusion: Based on the findings, it can be concluded that RT intervention, as an approach based on individual choice and responsibility, can be effective in modifying dysfunctional beliefs, especially obsessive and perfectionistic beliefs. These findings, while confirming the effectiveness of RT in the treatment of obsessive-compulsive disorders, can provide a basis for designing clinical interventions and training therapists in the field of cognitive psychology.

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Introduction

Obsessive-compulsive disorder (OCD) is characterized by unwanted thoughts, images, or urges, followed by repetitive behaviors or mental acts that are experienced in response to anxiety or other unpleasant emotions (1).

Most people experience intrusive thoughts, but those who suffer from OCD interpret them as more meaningful and distressing. Therefore, they try to avoid situations or stimuli that trigger such thoughts or to control such unpleasant emotions by performing compulsive ritualistic actions (2). Epidemiological studies in the United States indicate that about 28.2% of the population has experienced OCD symptoms at least once in their lives (3). Also, according to an epidemiological study in Iran, these symptoms are 11.2% among adolescents (4). Therefore, considering the significant prevalence of obsessive-compulsive symptoms, investigating their etiology is of great importance. OCD symptoms occur following increased emotional reactions and decreased distress tolerance, which may be due to low emotional flexibility (5).

A person's environment may include external events or the evaluation of emotional responses to these events. Thus, emotional flexibility is usually defined as the capacity to respond to emotional conditions under changing circumstances (6). Accordingly, emotional responses that are in harmony with environmental inputs are an important aspect of mental health (7). The main keyword of obsessive-compulsive personality is perfectionism, and this term was first defined as a unidimensional construct by Burns (8). Hill et al. (2004) defined perfectionism as a continuous and inflexible effort to ensure that everything is flawless and that there are no problems or errors. A perfectionist believes that perfect results can be achieved through effort and hard work, while perfect and flawless results are unattainable and the effort to achieve them will result in psychological harm (9). Previous studies have shown a relationship between the dimensions of perfectionism, especially its negative aspects, and psychological harm (10). On the other hand, perfectionism in performing tasks and duties correctly and accurately causes the inability to delegate and distrust in the correct performance of tasks by others. Ultimately, this process leads to the formation of excessive responsibility and the performance and follow-up of all tasks by these patients themselves (11).

People with Obsessive–Compulsive Personality Disorder (OCPD) are often rigid and inflexible due to perfectionism, and the disorder is associated with outbursts of anger and hostility both at home and at work. These individuals have interpersonal problems based on hostility and are sensitive to intimacy and self-indulgence by others and show less intimate behaviors to others (12). This lack of flexibility and intimacy has led to difficulties in the psychotherapy process, and there is still no empirically validated and standardized treatment for this disorder. Perfectionism is considered one of the obstacles to the treatment of OCD (12, 13). Perfectionists are their own worst critics and have very high expectations of themselves (14). Perfectionism is associated with various components, and both positive and negative aspects can be considered for this phenomenon (15). Achieving perfection and revealing talents and creating a context for the development of latent abilities in humans is very efficient and valuable, but the extreme and negative aspect of perfectionism can cause disruption in the performance of individuals (16).

The main goal of choice theory is to teach individuals to become aware of their basic needs and to avoid exerting external control (17). Treatment of symptoms of disorders classified according to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) requires a multimodal approach that includes a combination of medication (specially to control severe symptoms) and psychotherapy (such as cognitive-behavioral therapy) that helps the individual manage the illness, improve social functioning, and learn coping skills (18).

According to DSM-5, the perspective of reality therapy (RT) can have many advantages and the main goal of this method is that individuals should accept responsibility for their lives in order to have better feelings about themselves and life, because when people ignore or deny reality, they are more likely to repeat their failures (19). The RT method is applied to a variety of clinical disorders and in a wide range of situations, including individual and group therapy, family and marriage counseling, parenting, relationship management in the workplace, addiction treatment, eating disorders and anxiety (20, 21). In the present study, the level of emotional flexibility and perfectionism in individuals with obsessive beliefs was first identified and then the role of RT on the changes mentioned above was evaluated.

Materials &Methods

Study design

The present study was a quasi-experimental design, pre-test/post-test, with a control group and repeated measurements. Based on this method, randomly selected individuals were divided into an experimental group and a control group. After the members were placed in the experimental and control groups, the RT intervention was applied to the experimental group,

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while the control group did not receive any intervention. Finally, after the end of the educational intervention for the experimental group, the post-test phase was conducted for both study groups.

Sampling

The statistical population of the present study was all individuals between 18 and 60 years of age with OCD who referred to counseling centers in Tehran in the 2024-2025 academic year. To select the research samples, from among these individuals (the statistical population under study), 30 individuals (15 experimental individuals and 15 control individuals) were selected through purposive and accessible sampling, were subjected to intervention, and were finally evaluated. The experimental group underwent RT intervention in ten 90-minute sessions, and the control group did not receive any intervention. Age and gender are the most important variables that can affect the dependent variables, so in order to control for demographic effects, the two study groups were matched in terms of the two aforementioned variables.

Inclusion and exclusion criteria

The exclusion criteria for individuals from the present study included "non-regular participation in educational classes", "failure to complete required assignments", and "lack of interest in attending educational classes". Meanwhile, the most important inclusion criteria for selection into the study included "presence of obsessive beliefs based on standardized tests", "informed consent", "age range 18 to 60 years", and "no use of chemical or herbal medications, as well as "no participation in psychological treatment courses" before entering the study.

Measurement tools

The research instruments included the Emotional Flexibility Scale (EFC) and the Hill Perfectionism Inventory (HPI). According to the findings of the study by Rashid and Bayat (2019), the content validity of the EFC was reported to be adequate with a Content Validity Index (CVI) level of 0.916, and the Cronbach's alpha coefficient for the entire EFC was 0.866, indicating adequate reliability of this scale (22). In addition, in the study by Hasni-Nia et al. (2019), the content validity of the HPI was reported to be acceptable and adequate, and its reliability was also confirmed by the Cronbach's alpha coefficient determination method, such that the value of this coefficient for positive and negative perfectionism was 0.66 and 0.60, respectively (23).

Statistical analysis

Initially, the data were recorded in SPSS-Ver.23 software and descriptive and inferential statistical methods were used to examine the research hypotheses. Analysis of variance with repeated measures and analysis of covariance at a significance level (α=0.05) were used to analyze the variables and research findings.

Results

The findings of the present study showed that the mean scores of the components of positive emotional regulation, negative emotional regulation, and emotional communication in the experimental group for the pre-test phase were 3.85±22.67, 18.47±2.10, and 3.27±18.80, respectively, while in the post-test phase (after receiving the RT intervention), the aforementioned values were 3.88±28.07, 2.48±23.20, and 3.13±23.60, respectively, which had increased significantly (P<0.05) (Tables 1 to 3). In addition, the total score of perfectionism for the experimental group in the pre-test and post-test phases was 12.06±214.80 and 10.98±189.60, respectively, which showed a significant difference between these two levels (P<0.05) (Tables 4 to 6). However, based on the findings, it was determined that for the control group, the change in the above-mentioned values related to the components of emotional flexibility and perfectionism between the two pre-test and post-test phases was not significant (P>0.05) (Tables 1 to 6).

Table 1: Descriptive findings related to emotional flexibility components in the pre-test phase for the control and experimental groups

Components of EF	Control group		Experimental group	
	Mean	SD	Mean	SD
Positive EF	23.87	3.27	22.66	3.85
Negative EF	19.53	1.55	18.47	2.10
Emotional communication	19.07	3.63	18.80	3.28
Total EF score	62.47	4.84	59.93	5.86

EF: Emotional Flexibility, **SD:** Standard Deviation, **RT:** Reality Therapy

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Table 2: Descriptive findings related to emotional flexibility components in the post-test phase for the control and experimental groups

Components of EF	Control group		Experimental group (RT group)	
	Mean	SD	Mean	SD
Positive EF	23.40	1.92	28.07	3.88
Negative EF	20.07	1.83	23.20	2.48
Emotional communication	19.33	3.62	23.60	3.13
Total EF score	20.93	2.45	24.95	3.16

EF: Emotional Flexibility, **SD:** Standard Deviation, **RT:** Reality Therapy

Table 3: Covariance analysis of emotional flexibility variable for the two phases of pre-test and post-test in the experimental group

Components of EF	Variance sources	Sum of squares	Degree of freedom	Mean of squares	F	P-value	Effect size
Positive EF	Intervention	121.44	1	121.44	38.72	<0.001	0.50
	Error	84.68	27	3.14			
	Total	19158.00	30	-			
Negative EF	Intervention	50.33	1	50.33	18.79	<0.001	0.36
	Error	72.29	27	2.68			
	Total	13458.00	30	-			
Emotional communication	Intervention	85.55	1	85.55	45.56	0.69	0.52
	Error	50.69	27	1.88			
	Total	13532.00	30	-			
Total EF score	Intervention	307.75	1	307.75	138.09	0.01	0.62
	Error	60.17	27	2.23			
	Total	117351.00	30	-			

EF: Emotional Flexibility

Table 4: Descriptive findings related to perfectionism components in the pre-test phase for the control and experimental groups

Components of perfectionism	Control group		Experimental group	
	Mean	SD	Mean	SD
Interpersonal sensitivity	58.60	9.57	59.20	8.07
Striving to be great	25.07	2.81	25.67	4.48
Order and organization	30.80	3.74	32.07	3.43
Perception of pressure from parents	29.93	3.15	29.73	3.37
Purposefulness	33.67	3.72	31.87	3.52
High standards for others	34.27	5.57	36.27	3.51
Total perfectionism score	212.33	18.35	214.80	12.06

SD: Standard Deviation, **RT:** Reality Therapy

Discussion

The findings of the study showed that RT has a significant effect on perfectionism in individuals with obsessive beliefs. The results obtained in this hypothesis were consistent with the findings of Sheikh Esmaili et al. (2013) (25), Koosheh and Yazdkhasti (2016) (26), Jorabchi Esmaili et al. (2016) (27), and Surawy et al. (2015) (28), who showed in their research that RT led to a significant reduction in perfectionism. Glasser's reality therapy interventions are a psychotherapy approach based on "choice theory" that focuses on the individual's responsibility for their current choices and achieving their basic needs. Instead of focusing on the past or diagnosing the disease, this method emphasizes the present and, by evaluating current behavior, helps the individual to improve their quality of life and relationships with better choices (29).

Perfectionism in OCD often involves two main dimensions: functional perfectionism (focus on perfect performance) and cognitive perfectionism (strict expectations of oneself and others) (30). Findings from previous studies have shown that perfectionism is associated with increased anxiety, rumination, and avoidance and contributes to the perpetuation of obsessive behaviors (31). In OCD, cognitive perfectionism is more strongly associated with

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symptom severity and treatment resistance. These individuals believe that small mistakes can have catastrophic consequences, so they resort to obsessive behaviors to reduce anxiety. Previous research has shown that perfectionism increases rumination and persistent worry, which leads to impaired concentration and reduced quality of life (32). Also, perfectionistic obsessions are usually accompanied by fear of failure and excessive worry about the consequences of failure, which manifests as intense obsessions (33). Based on the concept of conscious choice, emphasis on individual responsibility, and attention to basic human needs (such as belonging, power, freedom, and fun), Glaser's reality therapy provides a powerful framework for changing perfectionistic beliefs (29). This intervention teaches clients how to choose constructive and realistic behaviors instead of succumbing to the pressures of destructive perfectionism. A key focus of this process is changing attitudes toward failure and error; RT helps individuals accept failure as a natural and necessary part of growth and learning, rather than as a sign of inadequacy or deficiency (35).

Table 5: Descriptive findings related to perfectionism components in the post-test phase for the control and experimental groups

Components of perfectionism	Control group		Experimental group	
	Mean	SD	Mean	SD
Interpersonal sensitivity	57.00	10.42	52.80	7.06
Striving to be great	25.00	2.03	21.60	3.85
Order and organization	30.07	3.47	27.67	3.15
Perception of pressure from parents	30.00	2.51	26.73	3.41
Purposefulness	33.13	3.25	28.73	3.03
High standards for others	33.53	4.50	32.07	2.99
Total perfectionism score	208.73	14.21	189.60	10.98

SD: Standard Deviation, **RT:** Reality Therapy

Table 6: Covariance analysis of emotional flexibility variable for the two phases of pre-test and post-test in the experimental group

Components of EF	Variance sources	Sum of	Degree of	Mean of	F	P-value	Effect
Interpersonal sensitivity	Intervention effect	43.20	1	43.20			
	Error	836.91	1	30.99	1.39	<0.001	0.24
	Total	95808.00	27				
Striving to be great	Intervention effect	92.46	1	92.46			
	Error	15.82	27	0.59	157.74	<0.001	0.50
	Total	16949.00	30				
Order and organization	Intervention effect	36.83	1	36.83			
	Error	39.77	27	1.47	25.00	0.01	0.42
	Total	26439.00	30				
Perception of pressure from parents	Intervention effect	65.37	1	65.37			
	Error	31.56	27	1.17	55.92	0.01	0.52
	Total	24599.00	30				
Purposefulness	Intervention effect	59.87	1	59.87			
	Error	94.32	27	3.49	4.86	0.036	0.15
	Total	29305.00	30				
High standards for others	Intervention effect	29.40	1	29.40			
	Error	34.17	27	1.26	23.27	<0.001	0.46
	Total	33673.00	30				
Total perfectionism score	Intervention effect	3262.37	1	3262.37			
	Error	948.99	27	35.15	92.81	<0.001	0.47
	Total	1197283.0	30				

EF: Emotional Flexibility

This change in attitude reduces psychological stress, self-criticism, and fear of judgment; and provides the basis for self-acceptance and a reduction in perfectionistic beliefs. Clinical studies show that such changes reduce avoidance behaviors and ruminations, which constitute a major part of the perfectionistic pattern in OCD (35). Another explanation for the effectiveness of RT on reducing perfectionism can be described as the fact that when people encounter events in their lives, different interpretations come to mind and they usually process it by choosing one of them. However, perfectionists consider very high standards

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for success and if they do not reach those ambitious goals, they consider themselves failures. They interpret all events in the world with an all-or-nothing rule; for perfectionists, the result of everything is either complete failure or complete success (36).

The findings of the present study showed that RT has a significant effect on the emotional flexibility of individuals with obsessive beliefs. The results obtained in this part of the study are consistent with the results of studies by Jeldkar et al. (2014) (37), Atadokht et al. (2015) (38), and Najafi et al. (2015) (39). Emotional flexibility means the ability to regulate and change emotional responses according to the situation. In individuals with obsessive beliefs, this flexibility is usually reduced, causing negative emotions such as anxiety and fear to be maintained in a stable and repetitive manner. This reduction in emotional flexibility is directly related to an increase in the intensity of rumination and avoidance behaviors (19-22). Longitudinal studies have also shown that high emotional flexibility is a better predictor of treatment and reduction of OCD symptoms. In fact, emotional resilience, as an important regulatory factor, plays a mediating role in controlling rumination and reducing the severity of obsessive-compulsive symptoms. RT interventions strengthen this resilience by teaching responsibility and conscious choices (40).

In explaining the results obtained, it can be said that, as shown in previous studies, emotional flexibility is highly correlated with components such as responsibility and internal control. If people have a positive and realistic image of themselves, they experience a sense of worth and emotional flexibility. One of the reasons why the scores of the experimental group increased after the intervention sessions is that during these sessions, based on the RT approach, clients were taught to recognize and correctly meet their basic needs; because correctly satisfying basic needs increases emotional flexibility and self-esteem. By teaching the skills of conscious choice and accepting limitations, RT enables the individual to regulate emotional reactions in a balanced way. This is accompanied by an increase in the ability to recognize emotions and respond appropriately to them (41).

Conclusion

The findings of the present study showed that the mean score of emotional flexibility components in the experimental group for the post-test phase (after receiving the reality therapy intervention) had increased significantly. In addition, the score of perfectionism components for the experimental group was observed between the two pre-test and post-test phases with a significant difference between the two levels. For the control group, the change in the values of emotional flexibility and perfectionism in the two pre-test and post-test phases was not significant. Based on the findings, it can be concluded that reality therapy intervention, as an approach based on individual choice and responsibility, can be effective in modifying dysfunctional beliefs, especially obsessive and perfectionistic beliefs. These findings, while confirming the effectiveness of reality therapy in the treatment of obsessive-compulsive disorders (OCDs), can provide a basis for designing clinical interventions and training therapists in the field of cognitive psychology.

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