

## Justifiability DiagnosticSurvey of MMPI-2RF in the way of scrupulosity Tribulation

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### ABSTRACT

*In this study the 'Justifiability DiagnosticSurvey of MMPI-2RF in the way of scrupulosity Tribulation' was considered and the main question was that if renewed questionnaire of MMPI-2RF have Justifiability Diagnostic in scrupulosity Tribulation-obligity? Method of survey was psychometrics. Statistical society and pepoel who were engaged in scrupulosity Tribulation should have it's remarks and refered to consultancy center or Therapeutic clinics and visited Psychologist or Psychiatris, so among five therapeutic centermiad, part 1 of legal razi hospital, part 2 of legal Razi hospital, Shafa center 2, 30 sample was selected. Applied tools was renewed MMPI-2RFquestionarre which was valid and Justifiability. Statistical single T and independent T methods was used to compare normal and Scrupulous people. In Justifiability Diagnosticoefficient of sensitivity, accuracy and precision were used. The results showed that the reconstructed form of Minnesota Multiphase Personality characteristics questionnairehad discriminant validity, and there wassignificant difference between normal and Scrupulous people. significant difference was observed between two group only in the scale of introversion and social avoidance. Test have Justifiability Diagnostic and able to separate normal and Scrupulous people through thought Inadequacy, Irritant Ideas, Negative upsetter Emotion, stress and Mental Neurosis.*

**Key words:** Justifiability Diagnostic of renewed form, personality characteristics, scrupulosity Tribulation

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### INTRODUCTION

In the field of psychopathology and clinical psychology examines various topics and there are various duties and tasks involved in these two scientific disciplines. Academic subjects in which the efforts of the fundamental principles of psychology, deviant behavior detection and its causes should be investigated. Dsm-iv diagnostic categories with about 400 diagnoses can cover. Then, the fourth edition of the diagnostic and statistical of mental disorders (DSM - IV), it has been described as obsessive-compulsive disorder that obsessions or compulsion was so intense that there is a time-consuming and causes much suffering or causing significant disruption to functions. People with this disorder considered that their reactions are irrational or inappropriate. These are not pleasant thoughts and behaviors sources although their work may reduce discomfort. According to studies it has been found that intrusive thoughts that come to mind of ordinary people with obsessive thoughts often have the same nature. In other words, clinical obsession with thoughts naturally quite similar in terms of content, but the anxiety is more

easy to raise and they don't wipe out. The failure modes with different titles, such as obsessive compulsive disorder or obsessive-compulsive disorder is introduced, But as "obsessive compulsive" the third edition of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (1980) suggested in more recent writings of other titles are used. Perfectionism despite having a debilitating obsession, has always been disregarded. In fact, the secret and hidden nature of the disorder, with the growth process, a complex painting draws that in which resulted in the diagnosis and course of treatment makes it difficult. A person with OCD, always afraid that if it does not know what will happen during his/her normal daily activities and they are suffering from fear and anxiety. Studies emphasize that there is no authority in the consciousness or awareness of own thoughts. Obsessive-compulsive disorders in people with high incomes and somewhat more enlightened groups. Often begins in late adolescence and early adulthood and the incidence is equal in men and women. Lifetime prevalence of OCD in the general population is estimated 3-2 percent, The figure to the phobia, substance-related disorders and depressive disorders in the fourth row of the most common psychiatric diagnoses. Disorder and obsessive compulsive disorder are similar and Ideally suited to the treatment of this disorder may respond, Including employment, mental and physical make repeated requests for reassurance, which is seen in hypochondria, closely have resemble obsessive fears and obsessive compulsive rituals and As fears of becoming obese patients with anorexia nervosa and their fear of excessive weight, is similar obsessions and Physical deformity disorders, manic hair, you also have many similarities with obsessive compulsive disorder and drugs used to treat this disorder, are effective in OCD patients. There are various uncertainties in the precise diagnosis of obsessive - compulsive disorder that Obsessive characters can not easily determine the payment. Such uncertainty has led to OCD diagnosis and the use of various tools for diagnosing the disorder, research shows various accounts. So is not as easy to use the various tools in the diagnosis of obsessive - compulsive payments. It can not be right until obsessive - compulsive disorder and it is properly diagnosed, We can not treat the methods used in this field. These complexities have led to the identification and diagnosis of obsessive - compulsive use of special tools. Due to recurrent disease, obsessive compulsive disorder, a common psychiatric disorder in the general population and the fourth. The disorder clinics and outpatient psychiatric centers in about 10 percent of clients comprises. The fourth edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, lifetime prevalence of the disorder in the 2.5 percent rate in the year 1.5 to 1/2 percent. So Use the right tools for the diagnosis of obsessive - compulsive disorder can be expensive to treat mental relief. Diagnostic validity study is also trying to address one of the most reliable tools that can mental disorders with an emphasis on clinical issues identified and recognized. It is noteworthy that Psychological assessment process, step complicated, subtle, and professional; Comprehensive data collected by the various measuring tools, documentation needs to be referred for psychological services deals. Psychological assessment of various factors influenced and clever humans, wise, experienced and professional with an emphasis on the need for psychological services and therapeutic approach - training, personal growth activities. Psychological assessment process focuses on the therapeutic approach, has always been paid to the detection of psychological problems and is trying to make an accurate diagnosis to appropriate treatment services provided. Psychological evaluation in cases where, in the wrong direction and Accurate way to identify the signs and symptoms of adverse psychological or psychiatric disorders has been neglected, When diagnosing problems and psychological disorders were false and without any doubt, provide counseling and psychotherapy, the output will be low. Another important point is, Obsessive compulsive disorder in the absence of early maturity into a lifelong chronic disease that it affects all aspects of life of the patient and the prognosis is poor. Therefore, the high prevalence of the aforementioned points, detection and accurate diagnosis of OCD and its principles, and finally deal with this serious disorder is essential. Using valid and reliable tools to accurately diagnose the disorder in the area, The results can be beneficial, the effectiveness of this new method is reflected in the Iranian population. It is important that Prevalence of obsessive idea that a high percentage of patients in clinics and doctors' offices and clinics, and is allocated to psychiatrists, no doubt it is important to justify the development of such studies and the exact use of psychometric instruments in addition to treatment by therapists who can help them, To the correct diagnosis and identify the type of obsession can use the methods of treatment To their patients, they can improve. Now many universities and scientific centers of the world, have done extensive research in this field. But unfortunately in our country, very few investigations and our researchers have not yet released a research work. Since today Psychometrics and psychology deals with different approaches. Also the psychometric approach is closely related to clinical. Clinical Psychology is considered a cognitive measure and Psychometric experts in the field of clinical disorders have been highly past and this was not still good tools because this issue is of interest to the researcher, the survey is to evaluate. Finally, this research could be undertaken on Minnesota Multiphase Personality Inventory diagnostic validity reconstructed form -2 (MMPI-2RF) was considered, They should be trying to be credible and useful information through systematic research and practical The spectrum of obsessive - compulsive disorder and Perhaps the most effective and practical method for the treatment of obsessive-compulsive patients identify and development and optimization of therapeutic interventions for these methods of payment To the minimum possible time, we observed that the maximum effectiveness and efficiency.

Minnesota Multiphase Personality Inventory is known as the oldest psychological tool in psychopathology, psychotherapy and It is nearly 70 years old. The first version of the Minnesota Multiphase Personality Inventory,

which is known as the original in 1942 by was released to the world by Hathaway and McKean lee. Then a second version of MMPI in 1989 under the supervision Butcher and his team (MMPI-2) at the University of Minnesota published. After a while the questionnaire in 1992, with emphasis on the period of adolescence and the age range 13 to 18 years Multidimensional Scale of the Minnesota – Adolescents (MMPI-A) in the medical field - the research was published. Then in 2003 the scale clinical Tellegen reconstruction and the second version of the questionnaire, the Minnesota Multiphase Restructured Clinical scales (MMPI-2RC) is introduced. Finally, in 2008, the second version of the questionnaire Multidimensional Tellegen and Ben Porath Minnesota - Minnesota, which had been restored at all scales in mental health Minnesota Multiphase Personality Inventory as reconstructed form -2 (MMPI-2RF) as the gold version was released to the world. Therefore, MMPI as a tool in the field of mental health and mental indicators are used. In addition to the psychopathology of mental health measures. Also, another important question is that Extensive research and clinical practice, has made it possible the questionnaire not only for those who are suffering it also applies to any other person. But still it can not be used as a tool of psychological detail, on the other hand diagnosis, identification of obsessive-compulsive disorder, such as Yale-Brown test is used. However, the diagnosis of obsessive - compulsive disorder in the halo of the MMPI-2RF is ambiguity; because manufacturers believe these tests, the MMPI-2RF tests can detect abnormalities and Major concerns psychiatrists, psychologists and other mental health professionals can be resolved with the implementation of this test. Thus, the absence of empirical findings on the psychometric properties of the background Minnesota Multiphase Personality Inventory form a reconstructed version - Minnesota -2 (MMPI-2RF) in obsessive-compulsive disorder, Diagnostic validity of the instruments can be identified as the source of uncertainty in the assessment. Thus the efficiency MMPI-2RF study is focused in the direction of OCD. The subjects mentioned in the title are the questions that:

The Minnesota Multiphase Personality Inventory reconstructed form -2 (MMPI-2RF) for obsessive - compulsive disorder is a valid diagnosis?

What extent Coefficient Accuracy and precision of Minnesota Multiphase Personality Inventory reconstructed form -2 (MMPI-2RF) in order to identify obsessive - compulsive?

## MATERIALS AND METHODS

Since the validity of a subset of the diagnostic validity and Studies of psychometric validity as a subset of the study are considered, therefore, research in the field of psychometric schemes proposed. Therefore, the development of a preliminary version of the MMPI-2RF with a few questions in the diagnosis of OCD, the second version or beta version was developed and using standard psychometric analysis, were developed to the diagnostic validity of the instrument through the same application can be used in practice. Since the study was to evaluate the diagnostic validity of the reconstructed form Minnesota Multiphase Personality Inventory -2 (MMPI-2RF) in order to identify obsessive - compulsive disorder in men and women, Therefore, all people with obsessive - compulsive disorder have symptoms of obsessive - compulsive disorder and have been referred counseling centers and health clinics, psychologist, psychiatrist or psychotherapist and Diagnosed with a psychologist, psychiatrist or psychotherapist, a diagnosis of obsessive - compulsive psychological records that have been developed and individuals, including both men and women as the population of the present study are discussed. Thus, according to the method of sampling, five centers "Duration", "Razi Hospital of Act 1," "Part 2 Razi hospital law," "Obsession Healing Center 1" and "Healing Center Obsession 2» Were considered as sampling units, 30 individuals were selected from each center and Questionnaires (150 questionnaires) among people who lived in the center, were distributed. Thus, each of the 30 persons who suffered from OCD or suffered from obsessive compulsive disorder, were selected as sample size, The questionnaires were administered on them. Thus, the final sample of 150 OCD suffer or are suffering from a disorder and 150 normal subjects were selected and Psychological measures were defined as samples are available. This measuring instrument is personality inventory (MMPI-2RF) that was released to the world by McKean lee, Hathaway. Boucher (2003) and then Ben Porath and Tellegen (2008) as The MMPI-2RF be a new approach in measuring psychological advantage; Because accurate clinical measures, psychological effects, physical problems, psychological roots, personality disorders and Above all levels and psychosocial problems associated with the need for psychotherapy and offers. The results of confirmatory factor analysis and using the software end, determined that the instrument has good construct validity. In addition, with respect to psychiatric diagnosis and a parallel tool, which has high criterion validity. The validity of all clinical scales is above 0.80.

MMPI-2RF in Iran by Kamkari and Shokrzadeh (1389) was translated and adapted into finding and with a sample size of 120 students graduate from physical education of Islamic Azad University in Tehran center was validated. Validity for clinical scales was above 0.80 and this was done by using Cronbach's alpha. In addition, 30 of the sample, were tested again three months later and Reliability coefficients, with emphasis on test - retest, more than 0.80, respectively. To interview 30 patients were tested twice, Criterion validity was assessed and documented valid reasons. This action by calculating the correlation between the rank of the student in the clinical interview RC1 to

RC9 with emphasis on clinical scales and the results obtained from the questionnaire the correlation coefficients range between 0.50 to 0.65, respectively. As researchers began to test the validity and reliability of the above is acceptable and in iran Applications will be suitable in psychological assessment.

The test-retest with an emphasis on the reuse of standardized psychological tests by Aslankhani and associates (2010) The University Police, the validation and validity with a sample size of 200 students from first year to fourth, validity beyond 0.80, respectively. The results of confirmatory factor analysis and standard plots at  $\alpha = 0.05$  significant and the construct validity of this tool is demonstrated. The test has been standardized in Iran and by software way is developed to speed scoring and for each subject, five distinct profiles in order to provide preventive care, guidance and advice provided. The test consisted of two domains is an option and If true - would be inaccurate scoring.

In order to analyze the data and test the research question , T statistical model a comparison was made scores from one group of subjects with the scale of the scaled scores (with emphasis on T Mc Gall). Also, two independent groups t statistic model to compare the two groups OCD patients and normal subjects were studied. In order to investigate the validity of diagnostic tools, standard deviation was used as an index and score higher than two standard deviations from the mean, as the cut-off point was considered. Finally, using the ROC curve based on correct and incorrect diagnoses, agreement to close the tables associated with the diagnostic validity of diagnostic validity reconstructed form Minnesota Multidimensional Personality Questionnaire -2 towards obsessive - compulsive disorder and Factor determining the sensitivity, accuracy and precision were used.

**Table 1. Comparison of scores**

Test Recognition	Clinical Recognition ( Not Patient)	Clinical Recognition (Patient)
+ Positive	(FP) False Positive	(TP) True Positive
- Negative	(FN) False Negative	(TN) True Negative

## RESULTS

True Positive: The patient is correctly diagnosed.

False Positive: Healthy subjects, the diagnosis is wrong.

True Negative: Healthy subjects, correctly diagnosed healthy.

False Negative: One patient wrongly diagnosed as healthy.

**Table 2.**

Sensitivity	Features
TP/ TP+FN	TN/TN+FP
Accuracy (Positive Value)	Negative Value
TP/TP+FP	TN/TN+FN
Accuracy (Total Recognition) (TP+TN)/(P+N)	

**Table 3. Clinical Indicators Analysis**

Criterion	Sensitivity	Features	Authenticity	Accuracy (Positive Value)	Negative Value
Emotional Inadequacy	0.307	1	0.536	1	0.519
Thought Inadequacy	0.107	0.96	0.826	0.945	0.757
Behavioral Inadequacy	0.306	0.993	0.65	0.978	0.588
Dispirit	0.386	0.98	0.683	0.951	0.615
Physical Complain	0	1	0.50	0	1
Low Positive Emotion	0.073	1	0.536	1	0.519
Unsocial Behavior	0	0.993	0.496	0	0.498
Irritant Ideas	0.846	0.913	0.88	0.907	0.856
Negative upsetter Emotion	0.58	0.993	0.786	0.988	0.702
Strange Expreinces	0.240	1	0.62	1	0.568
Hypomanic Activities	0	1	0.50	0	1

With emphasis on diagnostic validity indices can be said that scale clinical study, "thought disorders" with Allergy factor of 0.70, 0.96, true 0.83, precision 0.95, NPV 0.76 And "persecutory beliefs and harassment" by a factor of allergy 0.85, character 0.91, verified 0.88, precision 0.91, NPV 0.86 And "negative emotions disturbing" coefficients allergy with 0.58, specificity 0.99, true 0.79, precision 0.99, and negative predictive value 0.70 Accounted for the highest coefficients and It is suggested that individuals with obsessive compulsive failure "thinking" and "persecutory beliefs and harassment" and "disturbing negative emotions" can be seen.

**Table 4. Recognition Indicator Analysis "Special Problems"**

Criterion	Sensitivity	Features	Authenticity	Accuracy (Positive Value)	Negative Value
Disease	0.153	0.966	0.56	0.821	0.533
Digestive Complaint	0.08	0.933	0.536	0.923	0.519
Headach Complaint	0	1	0.50	0	1

Neurology Complaint	0.73	0.98	0.526	0.916	0.435
Self- Hesitancy	0	1	0.50	0	1
Mental Pressure- Anxiety	0	0.973	0.486	0	0.493
Stress	0.453	0.933	0.723	0.985	0.645
Anger Tallent	0	1	0.50	0	1
Teenager's Bearing Problems	0	0.933	0.496	0	0.498
Agression	0	1	0.50	0	1
Emotion	0.46	0.853	0.656	0.758	0.612
Social Avoidance	0.073	0.953	0.513	0.611	

With emphasis on diagnostic validity indices, the scale of the problems "Anxiety" factor of allergy 0.45, specificity 0.99, true 0.72, precision 0.99, negative predictive value 0.65 and "Emotional vulnerability" allergy factor of 0.46, character 0.85, verified 0.66, precision 0.76, negative predictive value 0.61 accounted for the highest coefficients and It is suggested that individuals with compulsive "anxiety" and "emotional vulnerability" is observed.

**Table 4. Recognition Indicator Analysis 'personality pathology'**

Criterion	Sensivity	Features	Authenticity	Accuracy (Positive Value)	Negative Value
Agression	0	1	0.50	0	1
Mental Depression	0.54	0.979	0.753	0.964	0.677
Inresponsibility	0	1	0.50	0	1
Mental Neurosis	0.686	0.953	0.82	0.936	0.752
Introspection	0.037	0.993	0.533	0.916	0.517

With emphasis on diagnostic validity indices can be said that the measures of personality pathology, "Psychosis" factor of allergy, 0.54, features 0.98, true 0.75, precision 0.96, negative predictive value 0.68 and "Neuroticism" factor allergy with 0.69, Features 0.95, true 0.82, precision 0.94, negative predictive value 0.75 , assigned to the highest coefficient arises Individuals with compulsive "psychosis" and "neuroticism" is observed.

## CONCLUSION

The psychometric properties of a survey of the Minnesota Multiphase Personality Inventory -2 (MMPI-2RF) may be can said that diagnostic validity of the psychometric properties of the instrument is considered. Several diagnostic validity indices furthermore, the sensitivity, specificity, accuracy and negative predictive value deals. According to the results of psychometric analyzes in order to validate the diagnostic table is as follows:

**Table 5. Mental Analysis Related To Recognition**

Areas	Criterion	Sensitivity	Features	Authenticity	Accuracy (Positive Value)	Negative Value
Triple Inadequacy	Emotional Inadequacy	0.07	1	0.54	1	0.52
	Thought Inadequacy	0.70	0.96	0.83	0.95	0.76
	Behavioral Inadequacy	0.31	0.99	0.65	0.98	0.59
Octoploid Clinical	Disspirit	0.39	0.98	0.68	0.96	0.62
	Physical Complain	0	1	0.50	0	1
	Low Positive Emotion	0.07	1	0.54	1	0.52
	Unsocial Behavior	0	0.99	0.50	0	0.50
	Irritant Ideas	0.85	0.91	0.88	0.91	0.79
	Negative UpsetterEmotion	0.58	0.99	0.79	0.99	0.70
	Strange Expreinces	0.24	1	0.62	1	0.57
	Hypomanic Activities	0	1	0.50	0	1
	Disease	0.15	0.97	0.56	0.83	0.53
	Digestive Complaint	0.08	0.99	0.54	0.93	0.52
Twelve Special Problems	Headach Complaint	0	1	0.50	0	1
	Neurology Complaint	0.07	0.99	0.53	0.92	0.44
	Self- Hesitancy	0	1	0.50	0	1
	Mental Pressure- Anxiety	0	0.97	0.49	0	0.50
	Stress	0.45	0.99	0.72	0.99	0.66
	Anger Tallent	0	1	0.50	0	1
	Teenager's Bearing Problems	0	0.99	0.50	0	0.50
	Agression	0	1	0.50	0	1
	Emotion	0.46	0.85	0.66	0.69	0.61
	Social Avoidance	0.07	0.96	0.52	0.62	0.51
	Agression	0	1	0.50	0	1
	Mental Depression	0.54	0.98	0.75	0.97	0.68
Fifth Personality Pathology	Inresponsibility	0	1	0.50	0	1
	Mental Neurosis	0.69	0.95	0.82	0.93	0.75
	Introspection	0.07	0.99	0.54	0.92	0.52
						No

Given the scale of the failure of the three we can get that "Alexithymia" and "treatment failure" as a diagnostic measure of obsessive - compulsive disorder is not considered; but always "thought disorders" as one of the diagnostic criteria for obsessive - compulsive disorder is considered. Thus, with regard to sensitivity, specificity, and accuracy "thinking failure" rate is higher than 0.70 and Negative predictive value is only a figure higher than 0.70 has the capability of doing little however, we can confirm that the failure of the trilogy, the only measure "thinking failure" that has diagnostic validity in obsessive - compulsive disorder. The eight branches clinical scales, as can be said that scale of "poor morale", "somatization", "low positive emotions", "antisocial behavior", "strange experience" and "Hypo-manic activity orientation" is not a valid diagnostic and can not obsessive - compulsive



disorder can be identified. however, the scale of eight branches clinical scales are "persecutory beliefs and harassment" and "disturbing negative emotions" that The diagnosis of obsessive - compulsive disorder a valid diagnosis can be applied; because of the sensitivity, specificity, accuracy and precision, scale "persecutory beliefs and harassment" beyond 0.85 and Negative predictive value is the only figure that 0.79 is capable of doing little and "Negative emotions disturbing" level of specificity, and accuracy is beyond 0.70 and The sensitivity of less than 0.70 negative predictive value 0.70 respectively. In addition to scale, "thought disorders" and scale the triple failure "persecutory beliefs and harassment" and "disturbing negative emotions" at eight branches clinical scales can measure the validity of the diagnosis "anxiety" in obsessive - compulsive disorder was observed. As the scale of "negative emotions disturbing" sensitivity scale "stress" is not desirable. However, the level of specificity, accuracy and negative predictive value for the diagnosis of OCD is good - is mandatory. Finally, with emphasis on the five subscales of personality pathology - which could be said that The subscale "neuroticism" of diagnostic validity in obsessive - compulsive disorder and Scale as well as "neurosis" in sensitivity of less than 0.70 is; The level of specificity, accuracy and negative predictive value are desirable goal and It can be used as a diagnostic criterion for the disorder, obsessive - compulsive. Scale failure "thinking", "persecution persecutory beliefs," "disturbing negative emotions", "anxiety" and "neuroticism" and "psychosis" as The six scales are considered in the diagnosis of obsessive - compulsive disorder is a valid diagnosis. The results of the study Kamkari (2009), about the diagnostic validity of the reconstructed form Minnesota Multiphase Personality Inventory -2 (MMPI-2RF) is coordinated and MMPI-2RF can be used in the practice of psychology. Also, research and insights are consistent to BenPorath and Tellegen (2008). The MMPI-2RF can diagnose OCD - having benefited. With emphasis on medical findings, Kamkari, fakheri, Shokrzadeh and Mirqaemi About the diagnostic validity of the MMPI-2 scores in the diagnosis of obsessive - compulsive personality disorder and obsessive can be coordinated findings of this study on a new version of the MMPI (MMPI-2RF) with the previous version of the MMPI (MMPI-2) was emphasized.

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