

Irrational Beliefs and Their Relationship to Obsessive-Compulsive Disorder in a Sample of Patients with Heart Disease- A Field Study at the 240-Bed Mixed Hospital in Laghouat
الأفكار اللاعقلانية وعلاقتها بالوسواس القهري لدى عينة من المصابين بأمراض القلب - دراسة ميدانية
بمستشفى المختلط 240 سرير الأعواد

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Abstract: This study investigated the relationship between irrational beliefs and obsessive-compulsive disorder (OCD) and examined whether statistically significant differences in these variables existed based on gender among a sample of heart patients. The study employed two specialized measurement tools- one for irrational beliefs and another for OCD- administered to a random sample of 30 individuals from the target population. A descriptive correlational research design was utilized, given its suitability for the study's objectives. Statistical analysis using SPSS revealed several key findings: a strong positive correlation exists between irrational beliefs and OCD in heart patients; both irrational beliefs and OCD are prevalent at high levels within this patient group; and crucially, no statistically significant gender-based differences (at the $p \leq 0.05$ level) were found in either irrational beliefs or OCD among the sample of heart patients.

Keywords: Irrational beliefs, Obsessive-compulsive disorder, Heart patients

الملخص: هدفت هذه الدراسة إلى الكشف عن العلاقة بين الأفكار اللاعقلانية والوسواس القهري ومعرفة فيما لو كانت هناك فروق ذات دلالة إحصائية عند مستوى الدلالة (0.05) في الأفكار اللاعقلانية والوسواس القهري لدى عينة من المصابين بأمراض القلب تعزيز لمتغير الجنس، ولقد تم الاعتماد على أداتين للقياس أداة خاصة للأفكار اللاعقلانية وأداة خاصة للوسواس القهري، حيث تم توزيعها على عينة عشوائية قوامها 30 فردا، من مجتمع العينة معتمدين في ذلك على المنهج الوصفي الارتباطي لما تهمته الدراسة الحالية، وبعد إخضاع النتائج للمعالجة الإحصائية أسفرت النتائج على: وجود علاقة موجبة قوية بين الأفكار اللاعقلانية والوسواس القهري لدى عينة من مرضى من مرضي القلب. مستوى مرتفع في الأفكار اللاعقلانية لدى عينة من مرضى القلب. مستوى مرتفع في الوسوسات القهري لدى عينة من مرضى القلب. عدم وجود فروق ذات دلالة إحصائية في الأفكار اللاعقلانية لدى عينة من مرضى القلب تبعاً للجنس. عدم وجود فروق ذات دلالة إحصائية في الوسوسات القهري لدى عينة من مرضى القلب تبعاً للجنس.

الكلمات المفتاحية: الأفكار اللاعقلانية- الوسوسات القهري. مرضى القلب.

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- Introduction:

Mental health is fundamental to individual and societal well-being. Consequently, extensive research efforts are dedicated to developing theories that explain and treat psychological disorders. The overarching goal is to facilitate individuals' adaptation to themselves and their environment, ultimately fostering a level of contentment that benefits both the individual and society by restoring internal equilibrium.

Psychological illnesses pose significant challenges, capable of eroding an individual's happiness and negatively impacting the safety and security of those around them. Families with a member suffering from a mental or psychological illness often experience distress and hardship, in addition to the impairment such conditions cause to an individual's productivity, creativity, and contribution to work.

Among the disorders that particularly threaten an individual's mental health is obsessive-compulsive disorder. Obsession is defined as an intrusive thought, while compulsion refers to repetitive and forceful behaviors that persist, dominate, and impose themselves on the individual. Despite awareness of the bizarre, absurdity, irrationality, and futility of these thoughts and behaviors, individuals find it difficult to resist them. Resisting these urges often leads to anxiety and tension, accompanied by an internal insistence to perform the compulsive act. Obsessions and compulsions are frequently intertwined, acting as two sides of the same coin (Hamed Zahran, 2003, p. 151).

The role of irrational beliefs in psychological disorders is profoundly significant in mental health, as these beliefs are a primary source of insecurity, maladjustment, and impaired psychological and social adaptation. In recent years, a robust research trend has emerged, emphasizing the importance of cognitive aspects in individuals' personalities and their impact on emotions and psychological and social adjustment. Psychology has witnessed increasing interest in cognitive processes such as thinking,

Irrational Beliefs and Their Relationship to Obsessive-Compulsive Disorder in a Sample of Patients with Heart Disease

perception, and memory. This interest has garnered attention from numerous researchers in psychology generally, and particularly in counseling and psychotherapy.

Among the prominent theories in psychological counseling that have effectively incorporated cognitive aspects and sought to explain emotional disorders through irrational thinking is Albert Ellis's Rational Emotive Behavior Therapy (REBT). This theory aims to modify cognitions to alter behavior and influence emotions, stemming from the strong conviction that cognition plays a fundamental role in both the genesis and treatment of emotional disturbances.

In this context, the potential relationship between irrational beliefs and obsessive-compulsive disorder emerges as a compelling area of study, given OCD's widespread impact. This relationship gains heightened importance in individuals with chronic health conditions, such as heart disease. For these patients, irrational beliefs may manifest as exaggerated fears about their health status, obsessions related to specific symptoms, or intense anxiety about potential complications, even in the absence of supporting medical evidence. Such intrusive thoughts can, in turn, lead to compulsive behaviors like repeated checking of vital signs, excessive clinic visits, or avoiding certain activities due to fear of cardiac impact, thereby exacerbating levels of anxiety and stress.

1- Study Problem:

Chronic diseases are among the most prevalent and serious illnesses affecting humans. Since the beginning of the 20th century, the incidence of chronic diseases has significantly increased, with researchers at the World Health Organization confirming that the highest percentage of annual deaths is attributable to chronic conditions. Heart disease, for instance, is a widespread contemporary illness globally (Abdul Rahman Mohammed El-Eisawy, 2005, p. 100). The onset of a physical illness, particularly one affecting a vital organ and becoming chronic, such as heart disease, often leads to a deterioration in an individual's physical and psychological state. With advancements in medicine and accumulated knowledge in healthcare, it has become impossible to

separate the physical and psychological aspects; humans are an integrated biopsychological unit where one aspect cannot be isolated from the other. This illness also results in physical and psychological complications. From the moment a heart patient learns of their diagnosis, numerous erroneous thoughts and beliefs often emerge. These thoughts, which the individual develops about themselves and their responses to their lifestyle and illness management, are often irrational, unrealistic, illogical, and cannot be empirically validated, ultimately diminishing their enjoyment of life. Consequently, these become negative, self-defeating emotions that affect the individual and their relationship with themselves.

Among the most prominent theories attempting to explain emotional disorders about irrational thinking is Ellis's REBT. Ellis posits that irrational thinking manifests as cognitive distortion or a distorted, irrational perception of oneself and negative life events. He suggests that the tendency towards rational thinking becomes clearer in adulthood and possibly later, requiring significant effort from individuals holding irrational beliefs, who may even require therapeutic assistance. This theory aims to modify cognitions to alter behavior and influence emotions, based on the strong conviction that cognition plays an essential role in both the genesis and treatment of emotional disturbances. Among the disorders that may be linked to irrational beliefs is obsessive-compulsive disorder, which is one of the most significant psychological disorders attracting research interest. Therefore, this study investigates the relationship between irrational beliefs and obsessive-compulsive disorder in a sample of heart patients.

In light of the foregoing, the following questions are posed:

- ✓ Is there a statistically significant relationship between irrational beliefs and obsessive-compulsive disorder in a sample of heart patients?
- ✓ Are there statistically significant differences in irrational beliefs among a sample of heart patients based on gender?

Irrational Beliefs and Their Relationship to Obsessive-Compulsive Disorder in a Sample of Patients with Heart Disease

Are there statistically significant differences in obsessive-compulsive disorder among a sample of heart patients based on gender?

1.1- Study Hypotheses:

- ✓ There is a correlational relationship between irrational beliefs and obsessive-compulsive disorder in a sample of heart patients.
- ✓ There are statistically significant differences in irrational beliefs among a sample of heart patients based on gender.

There are statistically significant differences in obsessive-compulsive disorder among a sample of heart patients based on gender.

1.2- Study Objectives:

This study aims to explore the relationship between irrational beliefs and obsessive-compulsive disorder in heart patients by:

- ❖ Investigating the relationship between irrational beliefs and obsessive-compulsive disorder in heart patients.
- ❖ Examining differences in the level of obsessive-compulsive disorder between heart patients with high and low irrational beliefs.

Determining if there are statistically significant differences in the relationship between irrational beliefs and obsessive-compulsive disorder based on variables such as gender and age.

1.3. Study Significance:

This study contributes to the scientific literature on the relationship between irrational beliefs and obsessive-compulsive disorder, particularly in heart patients, a population potentially exposed to additional psychological risks.

- ❖ It elucidates the role of psychological factors in exacerbating compulsive symptoms and their impact on physical health, opening avenues for future studies linking mental health and heart disease.
- ❖ It aids in a deeper understanding of the psychological mechanisms that may affect heart patients, potentially contributing to the development of new

explanatory models concerning the relationship between irrational thinking and psychological disorders.

- ❖ The study's findings can assist physicians and psychotherapists in designing targeted psychological treatment programs for heart patients suffering from OCD, potentially improving their quality of life.
- ❖ It highlights the importance of early psychological interventions to prevent the development of OCD in this patient group.
- ❖ It enables healthcare institutions to develop integrated treatment strategies that combine medical and psychological care for heart patients, potentially reducing disease complications and improving treatment response.
- ❖ It helps psychologists identify the cognitive and psychological factors that should be addressed during psychotherapy for heart patients.

1.4. Study Terminology:

Irrational Beliefs: Ellis defines irrational beliefs as a set of erroneous and illogical thoughts characterized by subjectivity and based on incorrect expectations, predictions, and generalizations. Their nature relies on assumptions, exaggeration, and dramatization to a degree inconsistent with the individual's mental capabilities (Al-Zahrani, 2010, p. 34). Operationally, irrational beliefs are illogical and unrealistic convictions or thoughts, often influenced by emotions, leading to unhealthy conclusions or inappropriate behaviors. These thoughts are frequently distorted or exaggerated, lacking connection to reality or evidence. They are quantified by the score obtained by the participant on the irrational beliefs scale.

Obsessive-Compulsive Disorder (OCD): Sandra Giddens (2008, pp. 7-8) describes obsession as "thoughts, images, and impulses that pass through a person's mind repeatedly. You may know that these thoughts are disturbing and illogical, but somehow you believe you cannot control them. Obsession often results in a great deal of anxiety. For example, you may have recurring doubts that you turned off the stove, causing you to check the stove repeatedly throughout the day to ensure it is off. The

idea that the stove was not turned off is the obsession, and the checking behavior is the compulsion." Operationally, OCD is a mental disorder characterized by recurring and distressing thoughts and involuntary urges to perform specific compulsive behaviors. These thoughts and behaviors consume significant time and cause severe tension, negatively impacting daily life. It is quantified by the score obtained by the participant on the OCD scale.

Heart Patients: This refers to a chronic medical condition where the heart is unable to pump sufficient blood to meet the body's needs, leading to reduced and slowed blood flow in the veins and lungs. This condition can result in various symptoms, including shortness of breath, fatigue, and swelling of the legs and ankles. In this study, heart patients are individuals diagnosed with heart disease who responded to the measurement tools applied in the current study.

2- 2- Methodological Procedures:

2.1- Study Design: Field research necessitates adhering to a specific methodology. Numerous distinct methodologies exist, given the diverse nature of research topics and the varied perspectives researchers adopt. Each researcher selects the methodology best suited to the nature of their subject. Since the objective of this study is to investigate irrational beliefs and their relationship to obsessive-compulsive disorder in a sample of heart patients, we adopted a descriptive correlational design, considering its optimal suitability for the study's subject.

2-2- Study Sample: A sample is a subset of the original population that the researcher attempts to select to be as representative of the original or statistical population as possible. The purpose of obtaining a sample is to test data collection tools. This typically involves identifying preliminary or exploratory sample characteristics such as gender, educational level, and age, depending on the sample the researcher intends to study, often through simple or complex tables, along with appropriate graphs or charts. Essentially, a sample is a set of units extracted from the statistical population that should possess the same characteristics as the study population. In this study, a sample of 30

individuals with heart disease was randomly selected from the 240-bed hospital in Laghouat.

2.3. Psychometric Properties of Measurement Tools:

Researchers in educational and psychological sciences prioritize obtaining accurate data and information about studied phenomena. To this end, they select appropriate means and tools for this task. The fundamental prerequisite for using any data collection tool is its reliability and validity.

The researcher calculated validity using the discriminant validity method (extreme groups comparison method).

Table 1: Score of each item about the total score of the Irrational Beliefs Scale (Researcher's work, 2025: 6).

Group	Sample	Mean	Standard Deviation	T-value	Degrees of Freedom	Significance
Highest Scores	6	82.33	3.20	57.99	16	0.0001
Lowest Scores	6	20.11	0.33			

The table above presents the results of the comparison between the extreme groups, specifically the means of individuals who obtained the highest scores and those who obtained the lowest scores on the test, using a t-test. The calculated t-value was **57.99** at a significance level of **0.01**, indicating statistical significance. Therefore, there are statistically significant differences between the group with the highest scores on the irrational beliefs test and the group with the lowest scores. This demonstrates the test's ability to differentiate between the two distinct groups, thereby confirming its validity and suitability for the current study.

Reliability: The reliability of the Irrational Beliefs Scale was calculated using the Cronbach's Alpha method. The following table illustrates this:

Irrational Beliefs and Their Relationship to Obsessive-Compulsive Disorder in a Sample of Patients with Heart Disease

Table 2: Cronbach's Alpha coefficient for the Irrational Beliefs Scale (Researcher's work, 2025, 6)

Number of Items	Cronbach's Alpha
34	0.99

As evident from the table above, the Cronbach's Alpha reliability coefficient was estimated at 0.99, a high value indicating a strong degree of reliability for the scale.

Validity was also calculated using the discriminant validity method (extreme groups comparison method).

Table 3: Score of each item about the total score of the Obsessive-Compulsive Disorder Scale (Researcher's work, 2025, 6)

Group	Sample	Mean	Standard Deviation	T-value	Degrees of Freedom	Significance
Highest Scores	6	80.56	6.24	28.32	16	0.0001
Lowest Scores	6	21.00	0.86			

The table above presents the results of the comparison between the extreme groups, specifically the means of individuals who obtained the highest scores and those who obtained the lowest scores on the test, using a t-test. The calculated t-value was 28.32 at a significance level of 0.01, indicating statistical significance. Therefore, there are statistically significant differences between the group with the highest scores on the obsessive-compulsive disorder test and the group with the lowest scores. This demonstrates the test's ability to differentiate between the two distinct groups, thereby confirming its validity and suitability for the current study.

Reliability: The reliability of the Obsessive-Compulsive Disorder Scale was calculated using the Cronbach's Alpha method. The following table illustrates this:

Table 4: Cronbach's Alpha coefficient for the Obsessive-Compulsive Disorder Scale (Researcher's work, 2025, 7)

Items	Cronbach's Alpha
83	0.99

As evident from the table above, the Cronbach's Alpha reliability coefficient was estimated at 0.99, a high value indicating a strong degree of reliability for the scale.

3- Study Results:

3.1- Results for Hypothesis 1

Hypothesis 1 posited: "There is statistically significant correlational relationship between irrational beliefs and obsessive-compulsive disorder among a sample of heart patients." To test this hypothesis, Pearson's correlation coefficient was calculated between the study variables. The results from the statistical analysis are presented in the table below:

Table 5: Results for Hypothesis 1: Relationship between Irrational Beliefs and Obsessive-Compulsive Disorder (Researcher's work, 2025, 7)

**Statistically significant at p<0.01 *Statistically significant at p<0.05	Mean	Standard Deviation	Correlation Coefficient	Significance Level
Irrational Beliefs	137,71	17,89	0,49	0,01
OCD	149,09	14,90		

Table 5 indicates a statistically significant correlational relationship, at the 0.05 significance level, between irrational beliefs and obsessive-compulsive disorder among the sample participants, with a correlation coefficient of 0.49. This finding confirms the hypothesis regarding the existence of a relationship. (Times New Roman, character size 12, Interligne:1.15).

3-2- Results for Hypothesis:

Hypothesis 2 stated: "There are no statistically significant differences in irrational beliefs attributable to gender among the sample participants." To verify this hypothesis, a t-test was conducted between genders. The results of the statistical analysis are presented in the table below:

Irrational Beliefs and Their Relationship to Obsessive-Compulsive Disorder in a Sample of Patients with Heart Disease

Table 6: Results for Hypothesis 4: Differences in Irrational Beliefs based on Gender (Researcher's work, 2025, 8)

	Gender	Sample	Mean	Standard Deviation	t-value	Degrees of Freedom	Significance Level
Irrational Beliefs	Males	16	146.64	26.753	0.167	31	0.868
	Females	16	147.54	27.123			

The results for Hypothesis 2 (erroneously labeled Hypothesis 4 in the original table) indicated no statistically significant differences at the $\alpha=0.05$ level in irrational beliefs between genders. The findings showed that the differences between the mean scores of the study sample's responses on the instrument were very close. The mean score for males was 146.64, while for females it was 147.54, with standard deviations of 26.753 for males and 27.123 for females. These values were not significant at the 0.05 level, indicating no differences in irrational beliefs attributable to gender. This suggests that gender cannot be considered a determinant of irrational beliefs in this study, and that females and males share similar patterns of thinking.

This research aimed to explore the relationship between irrational beliefs and obsessive-compulsive disorder in heart patients, a phenomenon warranting special attention due to its potential impact on patients' quality of life and treatment effectiveness. The study provided valuable insights into this association, emphasizing the necessity of addressing psychological aspects alongside medical care.

3.3. Results for Hypothesis 3

Hypothesis 3 stated: "There are no statistically significant differences in obsessive-compulsive disorder attributable to gender among the sample participants." To verify this hypothesis, a t-test was conducted between the sample participants. The results of the statistical analysis are presented in the table below:

Table 7: Results for Hypothesis 5: Differences in Obsessive-Compulsive Disorder based on Gender (Researcher's work, 2025, 8)

	Gender	Sample	Mean	Standard Deviation	t-value	Degrees of Freedom	Significance Level
OCD	Males	16	175,73	28,63	0.411	31	0.682
	Females	16	164,60	27,30			

The results for Hypothesis 3 (erroneously labeled Hypothesis 5 in the original table) indicated no statistically significant differences at the $\alpha=0.05$ level in obsessive-compulsive disorder based on gender. The findings revealed that the differences between the mean scores of the study sample's responses on the instrument were very close. The mean score for males was 175.73, while for females it was 164.60, with standard deviations of 26.830 for males and 27.209 for females. These values were not significant at the 0.05 level, indicating no differences in obsessive-compulsive disorder attributable to gender. This suggests that gender cannot be considered a determinant of OCD in either gender and that females and males possess similar characteristics in their susceptibility to OCD.

3.4. Discussion of Results:

Hypothesis 1: The hypothesis stated: "There is a correlational relationship between irrational beliefs and obsessive-compulsive disorder in a sample of heart patients." The statistical analysis revealed a statistically significant correlational relationship between the study variables. This finding can be interpreted by asserting that the presence of irrational beliefs inevitably leads to feelings associated with obsessive-compulsive disorder. Albert Ellis postulates that irrational beliefs are a set of erroneous and illogical thoughts characterized by subjectivity, based on incorrect expectations, predictions, and over-generalizations. Their nature relies on assumption, exaggeration, and dramatization to a degree inconsistent with the individual's mental capabilities (Al-Zahrani, 2010, p. 34). This was observed during the administration of the test to the sample participants, where a set of irrational thoughts were inherent to them,

Irrational Beliefs and Their Relationship to Obsessive-Compulsive Disorder in a Sample of Patients with Heart Disease

particularly those related to others, such as: "People must treat me well and fairly, and if they don't, it's terrible and unbearable." Such thoughts lead to feelings of anger, aggression, and negativity. Similarly, thoughts related to life circumstances, as noted by Al-Ghamdi and Al-Zahrani, include: "Life must be the way I want it to be, and if it's not, it's terrible and unbearable." These thoughts lead to feelings of sorrow and psychological pain (Al-Ghamdi, 2009, p. 34; Al-Zahrani, 2010, p. 38).

All of these factors inevitably lead to intrusive thoughts, which result in obsessive-compulsive disorder. Fiona Challacombe et al. (2011) indicate that obsessions, also known as "intrusive thoughts," are unwanted and unacceptable thoughts that seem to appear in one's mind in an uncontrolled manner. Obsessions can be thoughts in words, images, or impulses, as if one desires to do something. Some individuals are so distressed by their intrusive thoughts that they wish to stop thinking about them entirely. All of this is sufficient to transform these negative emotions into psychosomatic illnesses, such as heart disease. To our knowledge, no previous study has either corroborated or contradicted our findings.

Hypothesis 2: The hypothesis stated: "There are no statistically significant differences in irrational beliefs among a sample of heart patients based on gender." Following statistical analysis, the results indicated no differences between genders in irrational beliefs. This result is logical from the researcher's perspective, as the eleven irrational beliefs proposed by Albert Ellis do not suggest that females are more affected than males or vice versa. Ellis (Ellis) presented several characteristics of irrational beliefs, including: Demandingness: Ellis posits a correlational relationship between an individual's desires and their constant demands, and their emotional disturbance. This could be an insistence on satisfying those demands or always succeeding in a task without any failure. Disturbance occurs when individuals impose such demands on themselves, and when these demands are not met, they experience emotional disturbance and judge themselves as failures. Ellis suggests that these phrases should be reduced and the level of irrational demands lowered, but he did not specify or

mention gender differences in this context. Rather, individuals tend towards perfection and the desire to complete tasks at the highest level of mastery and idealism. When they fail to achieve this desire due to incongruence with their realistic capabilities, they experience disappointment and frustration, leading to emotional and physical or psychological disorders.

b. Overgeneralization: This involves adopting general beliefs based on limited experiences, such as a person believing they are a complete failure if they fail once (Al-Ghamdi, 2009, p. 32). Ellis (Ellis) believes that individuals may generalize results that are not based on precise thinking and are founded on individual observation. The tendency to generalize, whether from part to whole, or an individual's judgment of a group of things or individuals based on a single appearance of these things, is a crucial factor in many illnesses and the onset of maladjustment and phobias.

Hypothesis 3: The hypothesis stated: "There are statistically significant differences in obsessive-compulsive disorder among a sample of heart patients based on gender." Following statistical analysis, the results showed no differences between genders. The researcher attributes this finding to the absence of prior indications in theoretical literature suggesting gender differences in the prevalence of obsessive-compulsive disorder (females more than males, or vice versa). Even during our field visits, we observed that the reported incidence of OCD was similar across genders. Zahran highlighted the main causes of OCD as follows:

- ✓ Serious or chronic infectious diseases.
- ✓ Accidents and traumatic experiences.
- ✓ Conflict between good and evil elements within the individual and the presence of conflicting unconscious desires that find expression in the form of obsessive thoughts and compulsive behavior.
- ✓ Continuous frustration in society, constant threats of deprivation, and loss of a sense of security.
- ✓ Fear, lack of self-confidence, and repression.

Irrational Beliefs and Their Relationship to Obsessive-Compulsive Disorder in a Sample of Patients with Heart Disease

- ✓ Incorrect socialization, strict and authoritarian upbringing, harshness, punishment, and rigid, authoritarian training in cleanliness and excretion during childhood.
- ✓ Imitation of parents' or adults' obsessive-compulsive behavior.
- ✓ Feelings of guilt and a sense of blame, with the patient unconsciously seeking to punish themselves; compulsive behavior serves as a symbolic thought and a relief for the conscience.
- ✓ Freud attributed cases of obsessive-compulsive disorder to a negative homosexual sexual experience that is repressed and later expressed as intrusive thoughts and compulsive behavior.

Some have attributed obsessive-compulsive disorder to an active electrical focus in the cerebral cortex, causing electrical circuits that lead to the same thought or behavior, much like a record skipping and repeating the same tune (Zahran, 1997, p. 511). Our study's results differed from those of Iman Daleel's 2014/2015 study, "Irrational Beliefs and Their Relationship to Obsessive-Compulsive Disorder Symptoms in a Sample of University Students," at Kasdi Merbah University, Ouargla, which reported varying differences in obsessive-compulsive disorder.

4-4-Conclusion:

This study aimed to investigate the relationship between irrational beliefs and obsessive-compulsive disorder (OCD) in heart patients, a phenomenon that warrants particular attention due to its potential impact on patients' quality of life and treatment efficacy. The study provided valuable insights into this association, emphasizing the necessity of addressing psychological aspects concurrently with medical care.

The study's findings unequivocally confirm a strong positive correlation between irrational beliefs and OCD in heart patients. This implies that tendencies toward illogical thinking- such as catastrophic exaggeration of events, an excessive need for approval, perfectionism, or exaggerated self-blame- are linked to a notable increase in OCD symptoms within this patient group. The data revealed that both irrational beliefs and

OCD manifest at high levels within the studied sample of heart patients, indicating that these psychological issues are not merely peripheral phenomena but integral to the challenges they face.

Interestingly, the study did not reveal statistically significant differences in the levels of irrational beliefs or OCD based on gender. This outcome suggests that both male and female heart patients may be equally susceptible to developing these cognitive patterns and compulsive behaviors, underscoring the need for comprehensive support programs that do not differentiate between genders.

These results provide compelling evidence that irrational beliefs may serve as a fertile ground for the exacerbation or emergence of OCD in heart patients. When patients cling to unrealistic beliefs about their illness or future, they become more prone to developing health-related obsessions or fears of complications, which can lead to compulsive behaviors aimed at reducing anxiety. However, these behaviors often increase distress and impede recovery. This highlights that cardiac health is not solely a physical concern but extends to encompass the patient's psychological and mental well-being.

Recommendations:

Based on the findings of this study, we recommend the following:

- ✓ **Integrate Psychological Support into Routine Care:** Cognitive Behavioral Therapy (CBT) or other forms of specialized psychological support should become an integral part of comprehensive treatment plans for heart patients. This type of therapy can help patients identify and modify irrational beliefs and reduce OCD symptoms, thereby improving their adherence to medical treatment and overall quality of life.
- ✓ **Develop Comprehensive Awareness Programs:** It is essential to design and implement psychological awareness and education programs targeted at heart patients and their families. These programs should focus on understanding the link between thoughts, beliefs, and mental health, equip patients with coping

Irrational Beliefs and Their Relationship to Obsessive-Compulsive Disorder in a Sample of Patients with Heart Disease

skills to manage stress associated with heart disease, and encourage them to seek psychological assistance without hesitation.

- ✓ **Train Healthcare Professionals:** Extensive training should be provided to physicians, nurses, and other cardiac healthcare professionals on how to recognize signs of irrational beliefs and OCD in their patients. This training will enable them to make appropriate and timely referrals to mental health services.
- ✓ **Conduct Further Research on Intervention Efficacy:** We advocate for future studies that systematically evaluate the effectiveness of various psychological interventions in reducing levels of irrational beliefs and OCD in heart patients. These studies should include long-term follow-up to assess the impact of these interventions on clinical outcomes and patients' quality of life.
- ✓ **Develop Specific Assessment Tools:** It is recommended to develop psychological assessment tools specifically designed to account for the unique context of heart patients, ensuring accurate and comprehensive measurement of irrational beliefs and OCD in this population.

Addressing these psychological aspects is not merely an addition but a fundamental component of heart patient care to ensure their holistic recovery and enhance their quality of life.

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