


RESEARCH ARTICLE 	<b>Cognitive Distortions and Their Relationship with the Onset of Obsessive-Compulsive Disorder -A Field Study in a Group of Hospitals in Algeria</b>
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<b>Doi Serial</b>	<a href="https://doi.org/10.56334/sei/8.9.58">https://doi.org/10.56334/sei/8.9.58</a>
<b>Keywords</b>	Cognitive Distortions, Obsessive-Compulsive Disorder, Adolescent
<b>Abstract</b> This study aimed to investigate the relationship between cognitive distortions and the onset of obsessive-compulsive disorder (OCD) in adolescents in several Algerian hospitals a descriptive approach was adopted by using two scales: Cognitive Disorder Scale by Yasmin Abu Hilal (2018) and Bill Brown (1989) and the Obsessive-Compulsive Inventory in a purposive sample of 65 adolescents. Quantitative data were collected and statistical analyzes were conducted leading to the following conclusions. - There is a significant association between cognitive distortions and OCD in adolescence. - The level of cognitive distortions among the adolescent patients is relatively high. - OCD symptom levels are even higher in adolescent patients.	
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## Introduction:

All the impressions that includes consciously accumulate about oneself and about others from the first shout these impressions grow with stages of human psychological development, with sudden life changes, conflicts and moods affected by pressure.

It is not our positive or negative emotions in the situations and events we experience, but our perceptions of these situations, our thoughts about them that create certain emotions when our thinking deviates from reality about and become absurd we see one absorbing one's child's distorted ideas and concepts Observation of obvious situations and events leads to wrong conclusions These distorted and disordered concepts appear in succession or system and involves beliefs with functional disorders and plays an important role in mood disorders Beck emphasized that

dysfunctional psychosis is common in people with disorders. (Salah al-Din, 2015, p. 669).

This cognitive flexibility allows individuals to draw incorrect conclusions even when the situation seems clear. The most common problem in humans is obsessive-compulsive disorder, an irrational thought that constantly accompanies the patient, except for part of his or her mind, which patient believes is useless in this reminds that remind researchers that these psychological changes in patients are forced into their minds for their lives, around them and described as an attack that puts people at risk (Abdul Hamid Yusuf, 2014, p. 343).

Faced with this data, scientific curiosity led us to this study, the importance of which lies in understanding the relationship between cognitive distortions and the emergence of obsessive-compulsive disorder.

### 1- Problem:

- Is there a connection between cognitive deformities and the beginning of obsessive-compressing disorder in adolescents?
- What is the level of cognitive deformities in adolescents?
- What is the level of passionate disorder in youth?

### 2- Hypotheses:

- There is a connection between cognitive deformities and the beginning of compulsory compatible disorder in adolescents.
- Youth have high levels of cognitive deformities.
- The level of passionate disorder in young people is high.

### 3- Study Objectives:

- Understanding the relationship between cognitive deformities and the beginning of compulsive disorders in youth.
- To identify the level of cognitive distortions in adolescents.
- Determination of the level of compulsive compressive disorder in adolescents.

### 4- Study Importance:

- The infection in this study is an attempt to better understand the passion of the teenagers by understanding the infection and the mechanism of developing this disorder.
- Experts increase the first diagnosis of passionate disorder in adolescents, which limits its progression.
- This study contributes to the prevention and development of programs to help young people with cognitive distortions and passionate disorders to handle forced disorders.
- This study encourages researchers to conduct further research and development to better understand the relationship between cognitive distortions and other psychological disorders.

### 5- Operational Concepts:

**5.1- Cognitive Distortions:** These are automatic, erroneous thoughts that individuals adopt about themselves and others, which form since childhood and take different forms, including: binary thinking, random inference, magnification and minimization, emotional reasoning, self-blame and blaming others, idealistic thinking, and unfair comparisons. This is the degree to which individuals in the sample score on the Cognitive Distortions Scale by Yasmine Abu Hilal.

**5.2- Obsessive-Compulsive Disorder:** These are indicators of a group of ideas and actions characterized by obsession and compulsion, as determined by the degree to which individuals in the sample score on the Obsessive-Compulsive Disorder Symptoms Scale by Bill Brown.

**5.3- Adolescent:** An individual whose age ranges between 18 and 25 years.

## I. Theoretical Framework :

**1-Cognitive Distortions:** This term refers to thoughts that do not reflect reality, and they arise from the individual's perception, leading to all types of alterations on one's viewpoint. Such distortions can give an inappropriate view of reality and affect one's conduct as well. This portion of the work seeks to clarify how cognitive distortions operate by explaining the concept, differentiating it with others as well as analyzing its features and features of people exhibiting cognitive distortion.

**1-1-Definition of Cognitive Distortions:** There are multiple explanations of cognitive distortions, and we will emphasize the most significant ones:

- This disorganization and misapprehension of elements is pathological and may deny a person the "ability to adapt and integrate into a stress situation". This is manifested in various forms of logical error and its illogic. (Badawi, 2019, p. 43)
- They are a system of inaccurate assumptions that automatically lead to processes of such as black-and-white thinking, overgeneralization, and exaggeration of worst-case scenarios, underplaying the utmost importance of some situations, over focusing on details and drawing personal conclusions, which bring false perceptions about clear situations and fail to help a person cope up with and find psychological and social balance in their environment. (Salahuddin, 2015, p. 662)
- These are inappropriate thinking patterns that people tend to experience under emotional distress, are universal to all, and are accompanied by emotional stress. (Corwin, Rodl, & Palmer, 2008, p. 23)

There are a number of definitions that are related to cognitive distortions and those competencies are sufficiently baffling meaning and concepts which are the result of lack and deficiency and whose nature is paradoxical, complicated, and composed of a number of intricate details.

### 1.2- Difference between Cognitive Distortions and Related Terms:

- Rational Thought and Cognitive Distortions: This is the simple difference between the two types of thoughts; for instance, cognitive distortions have two edges, one of these, which is a negative edge, is deemed dangerous to the identity of the individual, while the other positive is applied by the therapists in cbt programs to change the belief of the individual. On the contrary, irrational thoughts do not have any other mood other than negativity and these are derived from the cognitive distortions.
- Cognitive distortion & Cognitive impairment: The difference appears in that cognitive distortion is the result of the clash of mental schemes during active thought processes while cognitive impairment is a deficiency of thought processes due to the absence of some or all of the mental operations involved in the thought process. (Ahmed & Al-Saadawi, 2014, p. 162)

**1.3- Characteristics of Cognitive Distortions:** The features of cognitive distortions can be summarized in these key points:

- Cognitive distortion refers to the reliance on embedded stereotypes and social relations in thinking while this pesky stereotype is overprocessed and not while raw information is taken in.
- It can be found in people who are otherwise unremarkable, educated or even against the background, enabled to undertake even scientific work.

- It is not in all cases necessary that malfunctions of the senses arise because of the distortions of thinking.
- Mental schemes, assumptions and preconceived ideas lead to cognitive distortions.
- Cognitive distortion happens to be the appropriate psychological defense mechanism in restoring biological homeostasis.
- One way or another, cognitive distortion is an alteration in the thought processes, and never, a cognitive deficiency.
- The conscientious social nurture of the person makes it possible to foster the preconditions which will make cognitive distortions likely to occur.

1.4- Characteristics of Individuals with Cognitive Distortions: The traits of people who have cognitive distortions include these points:

- They have an over inflating self-perception, whether for better or worse.
- Such individuals have a rigid and conventional approach to thinking and are incapable of adjusting themselves to the new situations that they face.
- They are usually caught in very awkward situations and get embarrassed.
- They are indifferent to other people's feelings and do not wish to understand them, and even hurt them sometimes.
- People always think about how bad things will be and concentrate on the negative sides of their character and their previous failures.
- They can be described as inflexible, combative, egocentric, and unable to accept any other point of view (Al-Rawi, 2021, p. 19).

Cognitive distortions are considered erroneous thoughts that may, in a rather morbid way, control one's system of perception and interpretation of reality. These thoughts are different from other conceptions, chronicity and failure, where, again, there is more depth and effects on behavior. People with cognitive distortions may struggle with logical thought, making choices, and talking to others.

**2- Obsessive-Compulsive Disorder:** Obsessive-compulsive ailment (OCD) is a giant mental problem that influences numerous people. This complex situation includes uncontrollable obsessive thoughts and compulsive movements. People tormented by this ailment often war to do away with those thoughts and behaviors, affecting their ordinary sports, relationships, and overall intellectual well-being. In this segment, we can look at the essence of this sickness.

### 2.1- Definition of Obsessive-Compulsive Disorder:

- It involves irrational and incorrect thoughts and actions that appear trivial and have no real meaning, which the individual is unable to control or manage. (Salem, 1986, p. 57)
- It consists of persistent thoughts and obligatory actions that recurrently occupy the individual, taking hold of them. The individual recognizes the oddity and foolishness of these thoughts but finds it difficult to resist. Resistance leads to feelings of anxiety and tension. . (Jabal, 2000, p. 173)
- Obsessions are persistent and unwelcome thoughts, beliefs, or compulsive urges that a person perceives as intrusive and unsuitable, resulting in notable anxiety and distress. . (APA, 2013, p. 235)

From these explanations, we can deduce that obsessive-compulsive disorder represents thoughts or a collection of thoughts that unreasonably and painfully take over the mind, and the person cannot manage it even though they realize this.

### 2.2- Causes of Obsessive-Compulsive Disorder:

According to psychological theories, it follows from the analysis of biological, psychological and social determinants of obsessive-compulsive disorder. Here are some of those causes:

### 2.2.1- Biological Causes:

- **Genetic Factors:** Certain studies suggest that there is a genetic factor in the distribution of obsessive-compulsive disorder. It has been established that some people tend to suffer from the disorder if there is a first-degree relative who is a sufferer. (Pauls, Abramovitch, Rauch, & Geller, 2014, p. 628)

- **Differences in the Brain:** It has been established that some people suffering from obsessive-compulsive disorder have alterations in their brain structure. There have also been modifications of specific regions of the brain like the prefrontal lobe and the caudate and thalamus nucleuses. (Menzie & Williams, 2016, p. 102)

- **Chemical Imbalance:** Obsessive-compulsive disease is said to be related to a chemical imbalance regarding neurotransmitters, which include serotonin and dopamine inside the brain. Studies have indicated that drugs that serve to growth ranges of serotonin can serve to lessen the signs of the sickness.

### 2.2.2- Psychological Causes:

- **Learning and Reinforcement:** Individuals with obsessive-compulsive disorder might learn to be obsessive and compulsive through positive reinforcement. For instance, a person learns that when he or she anxiously performs certain actions, certain things get better hence obsessing more on carrying out such actions.

- **Anxiety and Stress:** Anxiety is a very significant area in obsessive-compulsive disorder. The disorder can begin with higher than normal anxiety hyperactivity.

- **Intrapersonal Conflicts:** Psychoanalysis has regarded obsessive-compulsive disorder as well connected to internal conflicts such as moral conflict, self-identity conflict, and even those associated with the sense of duty. Such conflicts would give rise to the developing of intrusive ideas and related compulsions.

### 2.2.3- Social Causes:

- **Socialization:** Socialization is another risk factor towards development of obsessive-compulsive disorder. For more severe cases, people are typically children raised in overly strict households and are incessantly criticized or deprived of affection. (Mataix-Cols & van Grootheest, 2006, p. 825)

- **Exposure to Stress:** As an addition to risk factors outlined by baile, a person's exposure to social stressors such as psychological trauma gust or major life events may be another risk factor for many diseases, e.g, obsessive-compulsive disorder.

- **Exposure to Bullying:** There are also some studies that support the idea that interacting with bullies as a child contributes to the onset of obsessive-compulsive disorder later in life. (Olatunji & Sawchuk, 2005, p. 1012)

## 2.3- Symptoms of Obsessive-Compulsive Disorder:

These symptoms of OCD include obsessions and compulsions. Obsessions are unwanted and distressing recurrent and persistent thoughts or images that are intrusions of the mind inasmuch as they provoke anxiety. Compulsions are actions that are aimed at reducing distress from the obsessions enacted as per instructions and performed to ruling laws. The symptoms of obsessive-compulsive disorder can be described in the following terms:

- The idea or performance of the act itself should not be a source of pleasure.

- Obsessive or compulsive thoughts, thoughts that have not been accompanied by and behavioral patterns that consist of hygiene anxiety or hand washing, should be invasive, dominant and disturbing, i.e., be present every now and then over a certain period of time. Finger (2010) indicated that a recurrence could also mean the reiteration of reaching a certain outcome, and in this direction, if obsessions or compulsions occur most of the days of two weeks or more, it can be pronounced as a disorder. It should be understood that visceral attraction should not be considered as a pathology except in those cases when it hinders the harmony of the individual and their ability to carry out activities as

normal.

- *The time frame of the committed action:* to put it more simply, in this context, are the actions performed of a compulsive nature performed over longer or shorter time frames than usual, and this is determined by the nature of the behavior.

- *The form of the behavior:* the construal of behavior which necessitates a limitation of movement and leads to compulsive acts, for instance, when one women is observed to take stones from the left hand and put them in the right hand and repeat the process again and again.

- *Sequential behavior:* When someone is seen engaging in some activities in the routine of doing several things in one animal such activities include but are not limited to an individual who puts on her or his clothes from the right side to the left side every time bringing orderliness at the activities being carried out.

- *Perfect system:* means adhering to strictness and remaining within, for example, a self-destructing system and this is) unacceptable to somebody (for instance, a student who has decided to arrange his books in a definite way, but has found one out of them in a wrong position starts correcting them and the process can take them hours.

- *Self-standard:* i.e. how far the individual is pleased with himself and whether there is any action or these thoughts can be a disruption in their everyday tasks and can be a nuisance to them. (Saafan, 1996, p. 38)

## 2.4- Diagnosis of Obsessive-Compulsive Disorder:

The diagnosis assumes that obsessive thinking and/or neurotic symptoms including these needs are manifested and developed every day for two consecutive weeks at least. The majority of the information on diagnosis of obsessive-compulsive disorder is derived from the Diagnostic Centre (DSM) in the Fifth Edition (DSM-V):

**A.** Along with presence of obsessions there are other criteria compulsions also has to be satisfying.

- The second type may involve experiencing recurrent & persistent internal triggers (thoughts, images, or urges) which at some point in time of the suffering of an individual are intrusive & unwanted, and most of the people in this situation distress them.

- The patient experiences such pathological thoughts, images, or urges and tries to distract or replace them with other ideas or activities – compulsions.

**B.** Obsessive thoughts or compulsive actions may take a considerable amount of time unusual for normal activities, which goes beyond one hour every day, or cause significant clinical frustration, or impair performance in social, professional, or other important areas of performance.

**C.** It is not the physical effects of a substance (e.g. substance abuse or medication), or any other medical condition

**D.** Symptoms of other psychiatric disorders do not adequately describe the disorder (e.g. hyperphobia such as general anxiety disorder, facial expressions such as body dysmorphic disorder, hair pulling). (Abu Shaaban, 2010, p. 30)

**2.5- Forms of Obsessive-Compulsive Disorder:** There are several classifications for addictive disorders, and some of these classifications are listed below.

- Denotes a disapproving and affirming mood for the person, and is often an unpleasant, not disturbing, thought.

- The presence or absence of behaviors or behaviors that cause individuals to repeat certain stereotyped ritual behaviors.

- Mixing obsessive thoughts with difficult or obsessive behaviors, such as the belief that one carries germs, the compulsive habit of always washing one's hands. (Jassim, 2004, p. 177)

Other studies have categorized depression as follows.

- Doubtful: These are opinions about the work the person has completed, whether it is still incomplete or incorrect. This obsession was observed in 75% of all patients, such as locking the door and then returning to consider whether it was locked or not.

- Obsessive Denial: This is an endless series of thoughts that often focus on future events. This form was found in 12% of all patients.

- obsessive impulses: This tendency was found in 20% of patients, indicating a strong desire for any action ranging from simple unnecessary acts to horrific crimes

- Complex fears: These were present in 26% of all patients, where they were afraid of losing control and doing embarrassing things in life. (Al-Aissawi, 2004, p. 100)

- Imagination: These are mental images of events that have happened or are imagined and are present in 50% of the sample.

- Idealist's obsessions and thoughts : This is seen in the episode as feelings of guilt, doubt, and strange thoughts, where there is a struggle to avoid and get rid of these thoughts, but to no avail, as if his efforts he will not think about this thought to make the illness more difficult. They contradict his current wishes, which fuel anxiety. (Al-Aissawi, 2004, p. 103).

After considering this addiction disorder extensively, we realized that it is a disorder that is associated with many genetic, environmental and psychological factors, which have increased the severity of the disorder which is not limited to one form or one form, but is the background and pattern of manifestations in many different forms And is diverse and overlapping, which can make the treatment somewhat difficult.

## II. Practical Framework:

### 1- Research Methodology, Sample, and Research Community:

**1.1- Research Methodology:** We used the descriptive methodology.

**1.2- Research Community:** The research community consists of all individuals suffering from obsessive-compulsive disorder.

**1.3- Study Location:** The study was conducted in a group of Algerian hospitals.

**1.4- Pilot Sample:** The pilot sample consisted of 30 cases selected intentionally to standardize the study tools on them through appropriate methods of validity and reliability, noting that they were excluded from the final application.

**1.5- Research Sample:** The research sample was selected intentionally (all of them suffer from obsessive-compulsive disorder).

**Table (01): The distribution of the sample individuals according to the research variables.**

Variable	Levels of the Variable	Sample Size	Percentage (%)
Gender	Male	45	69.23
	Female	20	30.76
Total		65	100
Age	[18-21[	21	32.30



	[21-23[	33	50.76
	[23-25]	11	16.92
Total		65	100

**Source:** Prepared by the researchers. **2- Research Tools:**

**2.1- Cognitive Distortions Scale:** This scale was developed by Yasmin Abu Hilal (2018) to quantify distorted thoughts and beliefs. The scale consists of 52 items divided into 9 dimensions, as follows.

- Ignoring Positives (15 items)
- Belief in Luck (3 items)
- Binary Thinking (5 items)
- Comparing self to others (4 items)
- Magnification (6 items)
- Random Inference (7 items)
- Catastrophic Thinking (7 items)
- Taking an External Source (3 items)
- Emotional Reasoning (2 items)

A 5-point Likert scale indicating agreement and disagreement was used to measure the degree of opinion change. Thus, the scale's total score ranges from 52 to 260.

The validity was calculated by internal stability, which confirms the psychometric properties of the scale, and the census of coefficient using Alfa (0.87) to Chronbach adopted during the study.

**2.2- Obsessive-Compulsive Disorder Scale:** The Obsessive-Compulsive Disorder Scale was developed by Bill Brown (1989). This scale consists of 42 items divided into 6 dimensions, viz:

- Obsessive Thoughts (11 items)
- Compulsive Behaviors (11 items)
- Anxiety (5 items)
- Doubt (5 items)
- Tension (5 items)
- Depression (5 items)

Each element on the scale is rated on a 4-point leak scale, with the score 42 to 168 points.

Psychometric properties on the scale were confirmed and reliability was calculated through internal stability, and the census of the reliability coefficient using Alfa (0.86) of Chronbach adopted in the study.

### 3- Presentation, Interpretation, and Analysis of Results:



**3.1- Presentation and Discussion of the General Hypothesis:** To test the hypothesis, which states that there is a correlation between cognitive distortions and the onset of obsessive-compulsive disorder in adolescents, Pearson's coefficient was calculated, and the results are shown in the following table:

**Table (02): Shows the relationship between cognitive distortions and the onset of obsessive-compulsive disorder in adolescents.**

Variable	Sample Size	Sample Size	Sample Size	Significance Meaning.
Cognitive Distortions	65	0.76	0.05	Significant
Obsessive-Compulsive Disorder				

**Source:** Prepared by the researchers.

Based on the table, it is clear that the value of the Pearson correlation coefficient between psychological adjustment and adolescent-onset obsessive-compulsive disorder is 0.76, which is statistically significant at 0.05 level of significance. This confirms the hypothesis.

According to the researchers, these results can be explained by the fact that people both amplify threats and think negative events are more likely and will be worse than they actually turn out. This creates anxiety because individuals also overestimate how probable it is they might have such thoughts (which makes the thoughts even scarier). The study's findings are in line with work done by Abramowitz & Co (2003) as well as with other research from 2023 which points towards an important role for extreme beliefs or thought patterns when someone develops obsessive-compulsive syndrome!

Furthermore, these findings can be linked to the unattainable standards people with OCD often set for themselves – along with an inflated belief in their ability to control events and a desire for complete certainty that things will turn out OK. This idea is supported by research from Salkovskis (2006) and Julien et al. (2006), who both found a strong connection between high levels of perfectionism and severe OCD. On the other hand, familial influences are crucial when it comes to both developing OCD and acquiring faulty thinking patterns: being raised in environments that are very strict or include violence may make some individuals more likely than others to develop these problems, concluded Mataix-Cols et al. (2006) after studying group young adults diagnosed with OCD.

**3-2- First Partial Hypothesis:** The hypothesis stated that the level of cognitive distortions in adolescents is high. To test the hypothesis, the actual arithmetic mean was calculated and compared to the theoretical arithmetic mean, and the obtained results are recorded in the following table:

**Table (03): Shows the level of cognitive distortions in adolescents.**

Variable	Actual Arithmetic Mean	Theoretical Arithmetic Mean	Difference
Cognitive Distortions	212	156	56

**Source:** Prepared by the researchers.

As shown in the table above, the observed average estimate was 212—higher than the anticipated theoretical mean of 156 by an absolute difference of 56. Such findings might reflect phenomena specific to this stage of life, such as those affecting neurodevelopment (the growth and maturation of structures in the brain's nervous system) and metabolism (how bodies convert food into energy). There is evidence that failure of the prefrontal cortex to develop properly may raise vulnerability to various mental health problems. This part of the brain has special duties like rational thinking and keeping emotions under control. Data from an investigation by Casey et al. published 2008 and work on teenagers' brains done Peper & Dahl suggest why this could be so: during

adolescence, ongoing changes both in structure (composition) areas linked with perception (how we see things), emotion (feelings about what see) can lead—as has been well-documented since at least 2013—to circuits becoming altered in ways increasing susceptibility towards cognitive distortions (thoughts perceptions reality that make normal daily living hard).

Moreover, these factors can be accredited for the outcome: the psychological and social pressures experienced by young people in relation to their identity, social interactions and academic achievement. This may cause them to take up distorted thinking patterns as a defence mechanism. On the other hand, teenagers' lack of life experience can also mean they misunderstand situations or events – something that was noted by Compas et al (2001) and Steinberg (2005) when concluding their studies. They found that when adolescents are under psychological pressure, they often develop unhelpful ways of coping like cognitive distortions.

**3-3- Presentation and Discussion of the Second Partial Hypothesis:** The second partial hypothesis states that the level of obsessive-compulsive disorder is high in adolescents. The actual arithmetic mean was calculated and compared to the theoretical arithmetic mean, and the obtained results are shown in the following table:

**Table (04): Shows the level of cognitive distortions in adolescents.**

Variable	Actual Arithmetic Mean	Theoretical Arithmetic Mean	Difference
Obsessive-Compulsive Disorder	140	105	35

**Source:** Prepared by the researchers.

One can see in the table above that the computed average ended up at 140, compared to a theoretical average of 105. This shows an observed average, which is higher than what one, would expect by 35 points: so yes – our supposition was right: young people do indeed have quite severe OCD

The scientist credits this outcome to the neurological and hormonal changes that define adolescence. As adolescents undergo significant brain reorganization – particularly in the prefrontal cortex region controlling executive functions and emotional responses – there may be effects on regulation so intense (obsessive) feelings/thoughts can't be controlled well enough nor impulses overall. A study published by Paus et al. (2008) supports these claims after findings links between increases in anxiety related conditions such as Obsessive-Compulsive Disorder (OCD) with changing levels of white matter within their brains during teenage years

Moreover, obsessive-compulsive disorder (OCD) does not develop from genetics or environmental factors alone; rather, both are important for its onset. Taylor's (2013) work has shown that there is an interaction between these two things – something we already suspected with OCD because sometimes the illness seems to run in families even when we can't see exactly how they've passed it down genetically. This new study takes us another step down the path of understanding why some people get OCD while others don't at all no matter what kind of lives they lead!

Additionally, this outcome may result from the growth of cognitive skills in teenagers. As they mature, their abstract thinking and capacity for self-reflection also develop – meaning they might become more aware of intrusive thoughts and fears. This heightened consciousness could help bring about obsessive-compulsive disorder (OCD), an anxiety condition comprising both obsessive thoughts (which are distressing) and compulsive behaviors (repetitive actions a person feels driven to perform). Confirming earlier research, a recent study found that as adolescents' cognitive abilities improve it becomes easier for them think ahead and weigh possible consequences of their actions: something which in turn makes some individuals feel anxious enough to start fretting about germs or checking door locks.-Oswalt et al 2009

Conversely, excessive social media usage can result in more comparisons with others and worries about how one appears – especially among youth populations. If their surroundings change, significantly as they enter puberty and high school it might also push them towards needing greater levels of control over things; this too has been linked with developmentally inappropriate behaviors such as obsession by researchers including Andreassen (2016) alongside Vidal-Ribas et al., whose work was published back in 2014.

### Conclusion:

In the course of conducting this study, we aimed at examining the relationship between cognitive distortions and the incidence of OCD in adolescents within the setting of a group of Algerian hospitals. On the theoretical level, the variables of interest were defined as cognitive distortions and obsessive-compulsive disorder with regard to the fieldwork, including data collection performed by means of the Cognitive Disorder Scale by Yasmine Abu Hilal, and the Obsessive-Compulsive scale, created by Bill Brown, data processing, presentation, and analysis. Based on it, we concluded that there was a correlation between cognitive distortions and the incidence of obsessive-compulsive disorder at a high level of both in the adolescent sample.

Recommendations Based on the result of this study, the following recommendations and suggestions can be proposed:

- Promotion of awareness regarding cognitive distortions and OCD among adolescents, and their parents by conducting campaigns, workshops, and seminars for the adolescents to understand what those distortions are in nature and how they present symptoms that reflect an obsessive-compulsive disorder.
- Fully assessing for cognitive distortions and early symptoms of OCD - Periodic
- Working to minimize environmental factors that may exacerbate cognitive distortions or OCD symptoms
- Making certain regular visits are conducted with specialists to monitor progress and modify treatment plan when necessary
- Holding researches which are devoted to preparing preventive and therapeutic psychological programs that help to alleviate cognitive distortions and obsessive compulsion.

### Conflict of interest

Authors declares that there is no any conflict of interest in research article.

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