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Predicting Obsessive-Compulsive Personality Disorder Symptoms Based on Defense Mechanisms and Cognitive Distortions Mediated by Mentalization in University Students

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ABSTRACT

The aim of this study was to predict the symptoms of obsessive-compulsive personality disorder (OCPD) based on defense mechanisms and cognitive distortions, with the mediating role of mentalization, among students of selected universities in Isfahan Province. This research employed a descriptive-correlational design and was conducted cross-sectionally. The statistical population included all students of selected universities in Isfahan Province in the year 2024. From this population, 300 students were selected through convenience sampling. Data were collected using four instruments: the Defense Style Questionnaire (DSQ-40), Abdollahzadeh's Cognitive Distortions Questionnaire (2009), the Mentalization Questionnaire by Fonagy (2016), and the Millon Clinical Multiaxial Inventory-III (MCMI-III). Structural equation modeling (SEM) and path analysis were used for data analysis. The results indicated that both defense mechanisms and cognitive distortions significantly predicted OCPD symptoms, both directly and indirectly through mentalization. Moreover, SEM analyses revealed that mentalization played a significant mediating role in the relationship between defense mechanisms and cognitive distortions with OCPD symptoms. These findings highlight the importance of addressing cognitive and defensive processes and considering the mediating function of mentalization in the diagnosis and treatment of obsessive-compulsive personality symptoms. This study introduces a new model to enhance the understanding of contributing factors to OCPD and emphasizes the necessity of incorporating cognitive and defensive components into therapeutic planning.

Keywords: *Obsessive-Compulsive Personality Disorder Symptoms, Defense Mechanisms, Cognitive Distortions, Mentalization*

1. Introduction

Obsessive-Compulsive Personality Disorder (OCPD) is classified among Cluster C personality disorders and is characterized by traits such as an excessive need for orderliness, perfectionism, a tendency to control others, rigidity, and a preoccupation with controlling all details. Individuals with OCPD believe that all elements must be in their exact place. These characteristics not only lead to reduced flexibility but also, in some cases, are linked to other

psychological disorders (Kotov et al., 2020). In student populations—who face various life and academic transitions and challenges—such traits may contribute to obsessive behaviors and thoughts, disrupting both academic and social functioning (Luyten et al., 2020). Understanding the contributing factors to the development of OCPD, especially among university students, can play a significant role in reducing the harms associated with this disorder and improving quality of life.

Among the key factors influencing the development and persistence of OCPD symptoms are defense mechanisms and cognitive distortions (Luyten et al., 2020). A defense mechanism is an unconscious response by the ego, as a part of personality, aimed at reducing anxiety by altering perception of reality. These unconscious mechanisms, employed to cope with stress and anxiety, can solidify maladaptive thought and behavior patterns (Cramer, 2006, 2017, 2019). In individuals with OCPD, these mechanisms are particularly salient, as research shows a higher reliance on mechanisms such as repression, avoidance, and intellectualization. Studies further reveal that people with OCPD are more likely to use defense mechanisms like suppression or avoidance, which in turn reduce their adaptability to their environment and reinforce compulsive-obsessive behaviors (Sperry, 2022). These mechanisms impair effective coping with environmental demands and strengthen OCPD traits. In fact, individuals with OCPD tend to use such mechanisms to foster a sense of control and safety when faced with uncertainty, which ultimately perpetuates maladaptive cognitive and behavioral patterns and exacerbates the severity of the disorder (Beck & Haigh, 2021). Excessive use of these mechanisms reduces psychological flexibility. When chronically employed, they impair one's ability to adapt to life's changes and challenges and may obstruct therapeutic efforts or behavior change. For individuals with OCPD, these defense mechanisms serve not only to alleviate anxiety but also as tools to preserve a perceived sense of control and structure in both their internal and external worlds, even when doing so reinforces their psychological and behavioral problems (Fertuck et al., 2019).

In addition, cognitive distortions—as another influential factor—function as irrational and inaccurate beliefs about the self and others, contributing to obsessive behaviors and dysfunctional social and academic performance. These distortions manifest as incorrect and biased information-processing patterns that facilitate obsessive thoughts and behaviors (Beck & Haigh, 2021). They are indirectly associated with defense mechanisms and, in individuals with OCPD, intensify maladaptive perfectionism and the desire to control the environment. Those with OCPD commonly experience persistent cognitive distortions that not only exacerbate obsessive-compulsive symptoms but also solidify inflexible and perfectionistic personality traits (Topalalioğlu, 2025). Individuals with OCPD frequently use these distortions as psychological defenses against internal distress and anxiety. Examples include all-or-nothing thinking, overgeneralization, catastrophizing, and magnification, which allow them to align their internal world with unrealistic and unattainable standards, thereby avoiding anxiety and perceived failure (Wells & Matthews, 2017). Studies show that individuals with more complex cognitive distortions are more likely to utilize suppressive defense mechanisms, further reinforcing obsessive behaviors (Luyten et al., 2020). Other research has shown that cognitive distortions in OCPD not only directly influence compulsive behaviors but also contribute to the development of impaired self-concept and diminished capacity to cope with challenges and negative emotions. These individuals often adhere to rigid, illogical cognitive schemas that hinder healthy social interactions and effective problem-solving. Specifically, extreme perfectionistic thinking—a hallmark of OCPD—can lead to anxiety and eventual failure in achieving personal goals (Fonagy et al., 2002b; Fonagy et al., 2017).

Furthermore, research indicates that mentalization, as a cognitive process, can mitigate cognitive distortions and their negative impact on individual behavior. Mentalization refers to the ability to understand and interpret one's own and others' thoughts, emotions, and intentions. This skill allows individuals to critically evaluate their thought patterns and reduce their susceptibility to cognitive distortions that reinforce OCPD symptoms (Bateman & Fonagy, 2018).

Mentalization, as the capacity to comprehend and interpret mental states of oneself and others, plays a key mediating role. Weaknesses in mentalization skills can lead to increased use of maladaptive defense mechanisms and cognitive distortions, thereby intensifying the manifestation and severity of OCPD symptoms (Fonagy et al., 2021). Numerous studies have shown that impairments in mentalization are associated with personality disorders, especially OCPD (Bouchard et al., 2020). Investigating how mentalization may mediate the relationship between defense mechanisms and cognitive distortions with OCPD traits is important for providing a more comprehensive explanation of the disorder's etiology. Recent research suggests that

mentalization, as a mediating variable, can influence the link between defense mechanisms and cognitive distortions and the symptoms of OCPD. In other words, an individual's ability to process and interpret psychological information across different levels—including cognitive and emotional—plays a crucial role in regulating and adjusting their defensive and cognitive responses (Fertuck et al., 2019). Moreover, studies indicate that deficiencies in mentalization may exacerbate compulsive and perfectionistic behaviors in individuals with OCPD (Bateman & Fonagy, 2018).

Students, as a young and future-oriented demographic, face multiple social, academic, and psychological pressures, which can accelerate the onset of personality disorders such as OCPD (Baer et al., 2023). Students in Iranian universities, particularly in Isfahan Province, are often exposed to intense academic competition, social pressures, and high expectations from family and society. These pressures—especially prevalent in top universities within the province—due to their strong emphasis on academic and professional success, foster conditions conducive to the emergence of extreme perfectionism and excessive need for control and order, hallmark traits of OCPD. These expectations often lead to anxiety and stress among students and increase their reliance on unconscious defense mechanisms and maladaptive cognitive distortions (Luyten et al., 2020).

Identifying the factors contributing to the development of OCPD symptoms—including defense mechanisms and cognitive distortions with the mediating role of mentalization—can aid in developing effective psychotherapeutic interventions and preventative programs. In Iran, particularly among student populations, comprehensive studies in this domain are lacking, even though recognizing such associations could enhance both therapeutic and preventative strategies. The findings of this research may assist researchers and clinical psychologists in formulating interventions aimed at reducing obsessive behaviors by targeting defense mechanisms and cognitive distortions (Beer et al., 2023). By focusing on students from universities in Isfahan Province and considering their cultural context and specific psychological needs, this study not only contributes to psychological knowledge regarding personality disorders but also supports policymakers and mental health professionals in designing supportive programs that enhance student mental health (Fonagy et al., 2021).

Based on the foregoing, the present study seeks to answer the question: Can OCPD symptoms be predicted based on defense mechanisms and cognitive distortions, mediated by mentalization, among students of selected universities in Isfahan Province?

2. Methods and Materials

2.1. Study Design and Participants

Given the objectives and nature of the present study, this research is categorized as basic in terms of purpose, quantitative and correlational in nature, and descriptive (non-experimental) in terms of method, using path analysis and structural equation modeling (SEM). The statistical population of this study included all students from selected universities in Isfahan Province during the 2024 academic year. The sampling method used in this research was convenience sampling. According to Hooman (2019), for each variable entered into the regression equation, a minimum of 50 participants is recommended. Therefore, considering four variables in the regression model, a sample size of 250 participants was estimated. However, to ensure greater precaution and account for potential attrition, 300 participants were included in the study.

2.2. Measures

Millon Clinical Multiaxial Inventory–III (MCMI–III): This personality inventory, developed by Theodore Millon, is a validated diagnostic tool widely used in clinical psychology to assess personality patterns and clinical disorders. It evaluates various dimensions of personality and psychological disorders and is extensively used for diagnosis, assessing severity, and evaluating treatment interventions in clinical psychology. The MCMI–III consists of 175 true/false items in which participants indicate whether each statement applies to them. It includes 24 primary clinical scales categorized into four main domains: Clinical Personality Patterns, Severe Personality Pathology, Clinical Syndromes, and Severe Clinical Syndromes. Scores are calculated using Base Rate (BR) scores, which convert raw scores into standardized indices. Scores between 60 and 74 suggest a personality trait tendency, while scores of 75 or above indicate a likely personality disorder or clinical syndrome. Scores above 85 reflect a stronger presence of these conditions. Reported reliability coefficients for this test generally range from 0.70 to 0.90, indicating acceptable to high reliability .

Defense Style Questionnaire (DSQ-40): This is a standardized and widely used instrument for assessing

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individual defense styles, developed by Andrews et al. in 1993 based on the original questionnaire by Bond et al. (1983). It is utilized in both clinical and research settings, particularly to explore the role of defense mechanisms in psychological and personality disorders. The DSQ-40 contains 40 items that assess 20 defense mechanisms across three major categories: mature, neurotic, and immature. Each item is rated on a 9-point Likert scale ranging from "strongly disagree" to "strongly agree." The average score in each category represents the individual's dominant defense style. Scores for each mechanism range from 2 to 18; a score above 10 indicates the use of that mechanism. The dominant defense style is identified by the highest average score among the categories. This questionnaire has been validated in countries such as Japan, France, Brazil, Portugal, and Iran. For example, research in Japan showed concurrent validity with the Maudsley Personality Inventory. Similarly, studies in France, Brazil, and Portugal confirmed its validity and utility. In Iran, it was translated, revised, and standardized by Heydari-Nasab (2006), with satisfactory findings for content, concurrent, and construct validity (Heydari Nasab & Shairi, 2011).

Cognitive Distortions Questionnaire (CDQ): Developed by Abdollahzadeh and Salar in 2010, this validated instrument assesses cognitive distortions, particularly in clinical and cognitive psychology contexts. It aims to identify and evaluate dysfunctional thinking patterns and cognitive distortions, enabling researchers and clinicians to examine how individuals process and interpret experiences. The questionnaire includes 20 items across 10 dimensions, each targeting specific types of cognitive distortions. Items are rated on a 5-point Likert scale ranging from "strongly disagree" to "strongly agree," reflecting the respondent's level of agreement with each statement. In addition to subscale scores, a total cognitive distortion score is calculated by summing or averaging all item scores. Higher total scores indicate greater prevalence and intensity of cognitive distortions, reflecting a more maladaptive thought processing style. These scores help researchers construct a cognitive distortion profile and guide therapeutic planning. Studies on the Persian version report Cronbach's alpha values exceeding 0.70 for the full scale and subscales, indicating good internal consistency and reliability.

Reflective Functioning Questionnaire (RFQ): This self-report measure, designed to assess mentalization ability in adult populations, was developed by Fonagy and colleagues in 2016 through a three-phase research process. Factor analysis of the instrument revealed two components: certainty and uncertainty about one's own and others' mental states. The original version contains 26 items. For the certainty subscale, items are scored directly on a 7-point Likert scale ranging from "strongly agree" to "strongly disagree." In the shortened version, mentalization is measured using 14 items divided into two subscales: certainty (9 items) and uncertainty (5 items). Items on the uncertainty subscale are reverse-scored. Fonagy et al. (2016) reported internal consistency coefficients of 0.63 for certainty and 0.67 for uncertainty in a non-clinical sample. Test-retest reliability over a three-week interval yielded coefficients of 0.85 for uncertainty and 0.74 for certainty.

2.3. Data Analysis

Data analysis in this study was conducted using structural equation modeling (SEM) and path analysis via AMOS software. First, the normality of the data distribution was assessed using the Kolmogorov–Smirnov test, and the absence of multicollinearity was confirmed through examination of the correlation matrix among variables. Descriptive statistics, including means and standard deviations, were calculated for all main variables. To evaluate the adequacy of the measurement model and the structural relationships among latent variables, multiple fit indices were used, including the Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), Goodness of Fit Index (GFI), Normed Fit Index (NFI), and the chi-square/degrees of freedom ratio (χ^2/df). Direct and indirect effects were tested, and the significance of mediating effects was assessed using the bootstrap method with bias-corrected confidence intervals to determine the robustness of the indirect paths through the mediating variable, mentalization.

3. Findings and Results

In the present study, 300 participants took part, of whom 186 were women and 114 were men. The mean age was 22.74 years with a standard deviation of 4.06. The means, standard deviations, and Kolmogorov–Smirnov (K–S) test results are presented in Table 1.

Table 1

Descriptive Statistics and Kolmogorov–Smirnov Test for Research Variables

Variable	Mean	SD	Z (K–S)	p (K–S)
Mature	36.30	3.46	0.924	0.20
Immature	47.17	4.72	0.951	0.15
Neurotic	114.97	4.19	0.962	0.20
Cognitive distortions	52.18	3.62	0.817	0.08
Certainty	39.26	4.91	0.914	0.14
Uncertainty	41.18	4.73	0.971	0.10

As shown in Table 1, the Kolmogorov–Smirnov test confirms the normal distribution of the data. The assumption of no multicollinearity was tested using a correlation matrix between research variables, with results shown in Table 2.

Table 2

Correlation Matrix Between Variables

Variables	OCPD	Mature	Immature	Neurotic	Cog. Distortions	Certainty	Uncertainty
OCPD	1						
Mature	−.27**	1					
Immature	.44**	−.77**	1				
Neurotic	−.31**	.61**	−.69**	1			
Cognitive Distortions	.41**	−.29*	.24**	−.14**	1		
Certainty	−.21**	.11*	−.35**	.21**	−.46**	1	
Uncertainty	.52**	−.19**	.28*	−.34**	.42**	−.57**	1

*p < .05, **p < .01

Table 2 shows that significant pairwise correlations exist among the model variables. A significant negative relationship exists between OCPD and mature defenses, neurotic defenses, and certainty. In contrast, immature defenses, cognitive distortions, and uncertainty show a significant positive relationship with OCPD. Table 3 presents model fit indices.

Table 3

Model Fit Indices

RMSEA	GFI	CFI	IFI	NFI	CMIN/DF	DF	CMIN	Model
0.037	0.974	0.963	0.964	0.980	2.48	99	245.896	Research Model
<0.05	>0.90	>0.90	>0.90	>0.90	<3	–	–	Good Fit

To evaluate model fit, indices introduced by Gefen et al. (2003) were used. These indices fall into three categories. Absolute fit indices include the Goodness of Fit Index (GFI), which was 0.974, indicating a good model–data fit. Comparative fit indices include the Comparative Fit Index (CFI = 0.963), Normed Fit Index (NFI = 0.980), and Incremental Fit Index (IFI = 0.964), all indicating a well-fitting model. Parsimonious fit indices such as the chi-square/degrees of freedom ratio ($\chi^2/df = 2.48$) and Root Mean Square Error of Approximation (RMSEA = 0.037) also support a good model fit. The final tested model is illustrated in Figure 1.

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Figure 1

Final Model with Standardized Path Coefficients

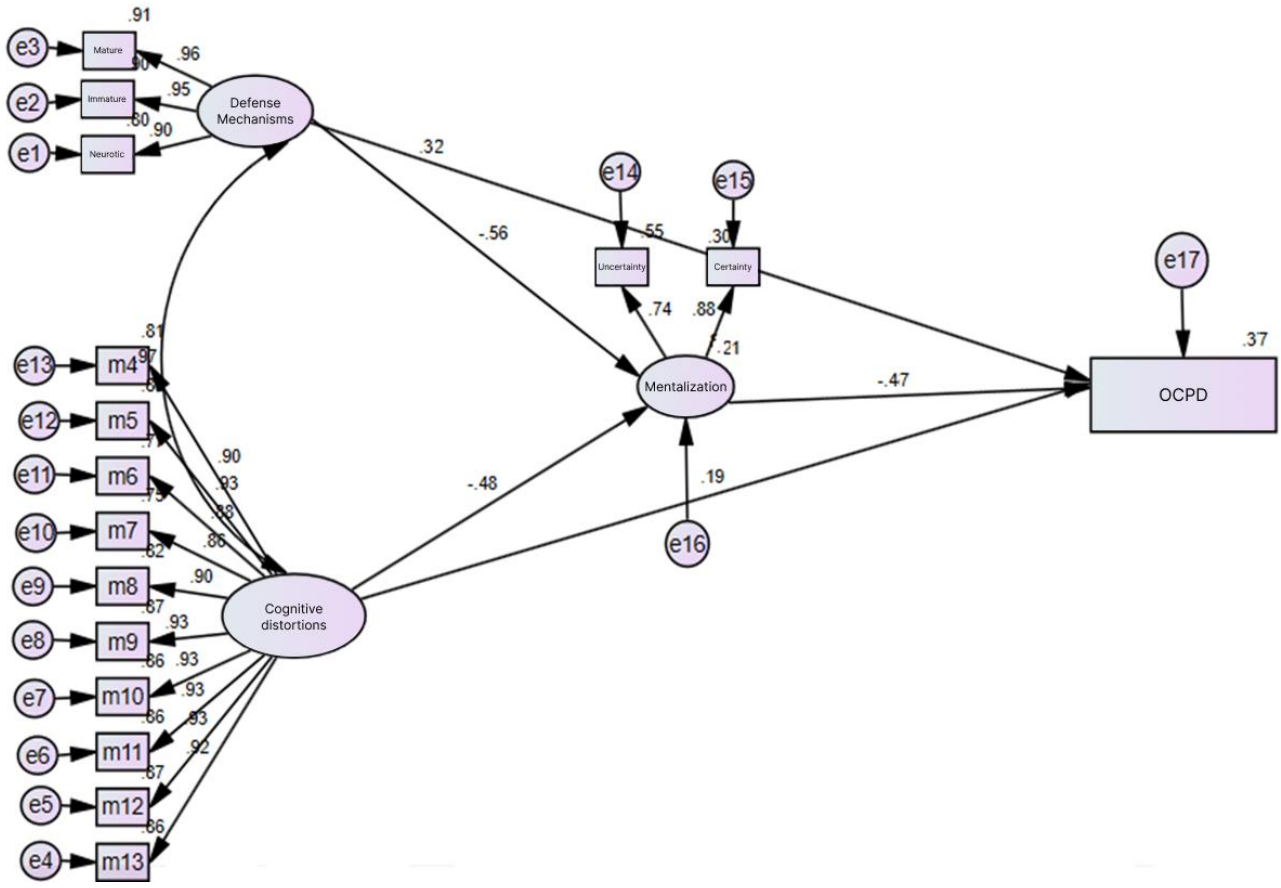

Table 4

Standardized Direct Path Coefficients in the Research Model

Pathway	Coefficient	SE	CR	p
Defense Mechanisms → Mentalization	−0.56	0.203	−3.969	0.002
Defense Mechanisms → OCPD	0.32	0.346	2.710	0.010
Cognitive Distortions → Mentalization	−0.48	0.199	−4.959	0.001
Cognitive Distortions → OCPD	0.19	0.838	2.636	0.010
Mentalization → OCPD	−0.47	0.255	−5.592	0.001

According to Table 4, the direct effects of defense mechanisms and cognitive distortions on OCPD are 0.32 and 0.19, respectively. The direct effects of defense mechanisms and cognitive distortions on mentalization are −0.56 and −0.48, respectively. The direct effect of mentalization on OCPD is −0.47, all of which are statistically significant ($p < .01$). To examine mediation, the bootstrapping method in AMOS was used, and the results are presented in Table 5.

Table 5

Bootstrap Test Results for Indirect Paths

Pathway	Coefficient	Lower Bound	Upper Bound	p
Defense Mechanisms → OCPD (mediated by Mentalization)	0.24	0.084	0.355	0.020
Cognitive Distortions → OCPD (mediated by Mentalization)	0.20	0.039	0.483	0.001

Table 5 shows that the indirect effects of defense mechanisms and cognitive distortions on OCPD are 0.24 and 0.20, respectively ($p < .05$). The lower and upper bounds of these indirect paths do not include zero, indicating the statistical significance of these mediating effects. In other words, the mediating role of mentalization in the relationship between defense mechanisms and cognitive distortions with OCPD is confirmed.

4. Discussion and Conclusion

The objective of this study was to examine the role of defense mechanisms and cognitive distortions in predicting obsessive-compulsive personality disorder (OCPD) symptoms, with mentalization as a mediating variable. The findings generally confirmed the significant role of both defense mechanisms and cognitive distortions in the development of OCPD symptoms, and highlighted the mediating role of mentalization as a key variable that can provide a deeper understanding of these relationships. These results may serve as a foundation for designing effective therapeutic interventions and preventive programs for individuals suffering from OCPD symptoms. The main hypothesis of the study—that OCPD symptoms can be predicted based on defense mechanisms and cognitive distortions mediated by mentalization—was supported. The results showed that defense mechanisms and cognitive distortions had both direct and indirect (via mentalization) effects on OCPD. The direct effects of defense mechanisms and cognitive distortions on OCPD were 0.32 and 0.19, respectively, while the indirect effects through mentalization were also significant (0.24 and 0.20, respectively). Consistent studies, such as that by Luyten et al. (2020), have also emphasized the importance of mentalization as a mediator in mitigating the negative effects of cognitive distortions and defense mechanisms (Luyten et al., 2020).

To interpret these findings, it is important to understand that defense mechanisms are unconscious psychological processes individuals use to reduce anxiety or internal conflict. Individuals with OCPD often rely on mechanisms such as rationalization, isolation, and reaction formation (Kramer, 2006). These mechanisms help individuals indirectly experience or avoid unpleasant emotions or impulses. For instance, rationalization might lead someone to justify their extreme perfectionism. Cognitive distortions, on the other hand, are irrational and maladaptive patterns of thinking that influence one's perception of self, others, and the environment (Beck, 1976; Beck & Haigh, 2021). Individuals with OCPD typically exhibit distortions like dichotomous (black-and-white) thinking, catastrophizing, and exaggeration of negative outcomes, which in turn reinforce perfectionism, rigidity, and fear of making mistakes. Mentalization refers to the individual's ability to understand and interpret one's own and others' mental states (Fonagy et al., 2021; Fonagy et al., 2002a, 2002b; Fonagy et al., 2017). In those with OCPD, deficiencies in mentalization may impair their ability to comprehend their own and others' motives and emotions, which could intensify obsessive patterns and compulsive behaviors. Mentalization can act as a mediator between defense mechanisms and cognitive distortions in predicting OCPD symptoms. In other words, individuals with maladaptive defense mechanisms may, due to poor mentalization, experience greater cognitive distortions, which subsequently increase the severity of OCPD symptoms. For example, a person using isolation as a defense mechanism may excessively suppress emotions due to an inability to mentalize and develop more rigid distortions around control and order.

Like many other studies, this research also faced several limitations: (1) the sample consisted only of students from selected universities in Isfahan Province, limiting the generalizability of the findings to other age or social groups; (2) the sampling method could have introduced bias and reduced the external validity of the results; and (3) the use of self-report instruments might have been affected by response biases or participants' cognitive distortions. Therefore, it is recommended that future studies include more diverse populations, including non-student groups. Future research could also explore other variables such as attachment styles and emotion regulation within predictive models of OCPD. Additionally, longitudinal designs are suggested to assess causal relationships between variables.

From a practical standpoint, therapies aimed at enhancing mentalization, such as mentalization-based therapy, may be effective in reducing OCPD symptom severity. Intervention programs that help students replace immature defense mechanisms with more mature ones could also have positive outcomes. Educational programs at universities should be designed to reduce cognitive distortions and strengthen students' mentalization abilities.

Authors' Contributions

Authors contributed equally to this article.

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Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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