Psychosocial factors associated with patients with OCD

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Abstract

Background: Obsessive compulsive disorder is a disabling condition characterized by intrusive thoughts which are intrusive, recurrent and distressing in nature, leading to repetitive compulsive mental and physical acts. There are number of factors which play a significant role in OCD such as behavioral, cognitive, environmental and psychosocial factors. Keeping this in view the present study aims to explore the social support, coping and interpersonal behavior among the patients with Obsessive-Compulsive disorder **Methodology:** A sample of 30 patients with OCD and 30 normal control matched on age, education and socio- economic status for which purposive sampling method was used. A Social Support Inventory to explore the perceived social support, Coping Style Questionnaire and Interpersonal Relationship Scale was administered on both the groups. **Results:** Result indicated that the group of patients with Obsessive-Compulsive disorder scored high on emotional coping and avoidant coping, score less on perceived social support and express less empathy as compared to normal controls. Results also revealed that emotional coping and self- disclosure are the predictors of OCD. On the basis of results of present study, it can be concluded that, Patients with OCD had poor coping, social support and perceived social support as compared to normal controls. The possible implication of the present study could be that Interpersonal behavior is associated with patient's social interaction so future intervention should investigate social cognition, interpersonal effectiveness therapy and training for resilience.

Keywords: *Psychological Factors, Coping Style, Social Support, Interpersonal Behaviour and OCD.*

Introduction

Obsessive compulsive disorder (OCD) is a disabling condition characterized by intrusive thoughts which are intrusive, recurrent and distressing in nature, leading to repetitive compulsive mental and physical acts. There are number of psychosocial factors which play a significant role in OCD such as behavioral, cognitive, and environmental factors.

Interpersonal factors are also one of the factors which are precipitative and maintaining factors for OCD. As per interpersonal theory, patients with OCD often think and feel burdened to society as well themselves because of the awareness about their irrational behavior but at the same time not able to control their behaviors. As a result, patient with OCD blame themselves for every negative thing that happen in their life and this thought will have impact on their interpersonal behavior or relationship (Shapiro & Stewart, 2011)[1].

People with Obsessive compulsive disorder report to have low level of perceived social support because of their symptoms in comparison to the people with healthy control group. Previous researches also revealed that symptoms of OCD can be improved if the family, friends, and the other loved ones have healthy relationship and supportive communication with the patient (Steketee, 1997)[2].

It is also established fact that patients with OCD used maladaptive coping style such as isolation of affect and denial of the facts related with their obsessions.

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Researches suggests that coping mechanism used by the patients with OCD is predominantly lacks adaptive coping (Mortiz et al., 2018)[3]. Several researches identified thought suppression in patients with OCD and used emotional avoidance when exposed to the thoughts and feelings associated with their obsessions (Allen & Barlow, 2009)[4].

The patients with OCD know about their irrational behaviour and because of this they keep on thinking about negativistic outcome for everything which lays impact on their interpersonal relationships. On the other hand, adequate social support and adaptive coping strategies used by patients with OCD will be helpful for them to maintain adequate interpersonal relationship. In contrary, inadequate level of coping and social support leads to disturbed or poor interpersonal relationship. There are various researches which have explored various psychosocial factors in patients with OCD but none of the research have explored social support, coping and interpersonal behavior in patients with OCD. Hence, present study is designed to fill the gap in the literature with the aim to explore the psychosocial factors such as social support, coping and interpersonal behavior in patients with OCD.

Materials and Methods

Socio Demographic and clinical Data Sheet: A semi structured socio- demographic and clinical data sheet was specially constructed for the current study. It consisted of various socio-demographic variables which included age in years, educational qualification, marital status, residential address, religion, income and clinical variables which included duration of illness, onset of illness, family history and treatment history.

General Health Questionnaire (GHQ-12; Goldberg, 1978)[5]: The scale is a self- report screening inventory which consists of 12 items. It helps in exploring the psychological distress in general population and it also helps in screening out the population with psychiatric blues among the healthy groups. It is a self-administered screening tool which helps in revealing the difference in clinical states and non- clinical group. 0.80 is the validity for the scale.

Yale Brown Obsessive Compulsive Scale (Y-BOCS; Goodman, 1989)[6]: This scale was designed to remedy the problems of existing rating scales by providing a specific measure of the severity of symptoms of OCD that is not affected by the type of obsessive or compulsive traits present. The scale helps in providing the overall picture of past and current symptomatology, it also helps in knowing the severity of current symptoms. It is a scale which is rated by the clinician and provides separate scores for severity of obsessions and compulsions. The reliability of the scale is 0.98 and the validity is 0.89.

Hamilton Depression rating scale (HAM-D; Hamilton, 1950)[7]: This is a 21-item rating scale. It is considered to be a very important clinician rating scale which is used to measure the intensity and frequency of symptoms of Depression. The Cronbach alpha reliability for the scale is 0.77 and internal consistency is 0.82.

Coping style questionnaire (Roger et al., 1993)[8]: This is a 60-item scale. It investigates coping strategies used by the patient groups as well as the normal controls under four domains- Rational Coping (RATCOP), Detached Coping (DETCOP), Emotional Coping (EMCOP) and Avoidance Coping (AVCOP). The reliability for Rational Coping (RATCOP), Detached Coping (DETCOP), Emotional Coping (EMCOP) and Avoidance Coping (AVCOP) were 0.85, 0.79, 0.80 and 0.74 respectively.

Social Support Questionnaire (Nehra et al., 1996)[9]: This is 18 item scale in which seven items are positively worded and seven are negatively worded. It was used widely to assess the perceived social support in an individual. The reliability for the scale is 0.62.

Interpersonal Relationship Scale (Garthoeffner et al., 1993)[10]: It is a 49-item scale to assess the overall relationship quality. The scale has been widely used to study the effectiveness of relationship enhancement programs of premarital or marital couples (Gordon & Waldo, 1984)[11]. The reliability for the scale is 0.77 and the validity is 0.94

The Present study was conducted at SGT Hospital & Medical College, Gurugram and Nur Manzil Psychiatric Center, Lucknow and Purposive sampling method was used in the present study. Sample size consists of 60 subjects, under which 30 patients with the diagnosis of Obsessive-Compulsive disorder and 30 Normal Controls

who scored less than 3 on GHQ-12 and matched with patients with OCD group on age, education and socio-economic status were taken. Patients with comorbid diagnosis of organicity, substance use disorder and severe depression were excluded from the present study.

Among the patient population there were both male and female participants and the mean age of patients were 33.83 + 10.06 years and mean years of education of patients with OCD were 11.83 + 3.92 years. In the present study, most of the patients 60% were from middle from socio-economic status. The mean score of Y-BOCS was 28.27 + 9.67 which signifies that sample included in the present study were having severe level of obsessive-compulsive disorder and mean score of HAM-D was found to be 17.90 + 7.24 which indicates that the sample included in the present study was having moderate level of depression.

Results and Discussion

Table 1: Showing the Social support between patients with Obsessive Compulsive Disorder and Normal Control (Independent sample t- test).

VARIABLE	Patients with OCD N=30 MEAN + SD	NORMAL CONTROL N=30 MEAN + SD	t	df	p
PGI SSQ	42.53 + 8.40	47.80 + 6.86	-2.65	58	0.014**

**= $p<0.01$

Table 1 shows the social support between patients with Obsessive Compulsive disorder and Normal Control. It shows the patients with OCD have significantly lower perceived social support ($p<0.01$) as compared to Normal control.

Table 2: Showing the coping mechanism between patients with Obsessive Compulsive Disorder and Normal Control (Independent sample t- test).

VARIABLE	Patients with OCD N=30 MEAN + SD	NORMAL CONTROL N=30 MEAN + SD	t	df	P
RATCOP	28.13 + 7.00	30.00 + 7.51	-0.99	58	0.32
ENCOP	27.70 + 10.05	18.07 + 7.18	4.27	58	0.001**
DETCOP	20.56 + 5.74	21.20 + 6.24	-0.40	58	0.68
AVCOP	24.26 + 5.09	20.83 + 7.74	2.02	58	0.04*

*= $p<0.05$; **= $p<0.01$

Table 2 shows the coping mechanism between patients with Obsessive Compulsive Disorder and normal control. It shows that patients with OCD showed significantly more avoidant coping ($p< 0.05$) and emotional Coping ($p<0.001$) as compared to normal control whereas on rest of the domains i.e. rational coping, and detached coping both the groups were similar.

Table 3: Showing the interpersonal behaviour between patients with Obsessive Compulsive Disorder and Normal Control (Independent sample t- test).

VARIABLE	Patients with OCD N=30 MEAN + SD	NORMAL CONTROL N=30 MEAN + SD	t	df	p
TRUST	64.80 + 12.20	70.73 + 11.10	-1.97	58	0.05
SELF- DISCLOSURE	53.33 + 12.56	50.33 + 10.65	0.99	58	0.32
GENUINENESS	15.83 + 3.71	17.03 + 3.05	-1.36	58	0.17
EMPATHY	16.20 + 4.71	18.60 + 4.44	-2.03	58	0.04*
COMFORT	26.06 + 4.04	24.33 + 4.30	1.60	58	0.11
COMMUNICATION	8.83 + 1.46	8.50 + 1.99	0.73	58	0.46

*= $p<0.05$

Table 3 shows the interpersonal behaviour between patients with Obsessive Compulsive Disorder and Normal control. It shows that patients with OCD showed significantly express less empathy ($p<0.05$) as compared to normal control whereas on rest of the domains trust, self- disclosure, genuineness, comfort and communication both the groups were similar.

Table 4: Stepwise multiple regression of Y-BOCS total as dependent variable and interpersonal behaviour, coping and social support as independent variable.

MODEL	PREDICTOR	R	R Square	Unstandardized Coefficient		B	t	F	df	Signi-ficance
				B	Std. err					
1.	ENCOP	0.64	0.41	0.61	0.13	0.64	4.44	19.76	29	0.001
2.	IRS Self-Disclosure	0.75	0.57	-0.30	0.09	-0.40	-3.19	18.23	29	0.004

Table 4 shows the significance of Interpersonal Behavior, Coping and Social support was verified for YBOCS- total score in patients diagnosed as Obsessive-Compulsive Disorder (n = 30). The regression revealed that in interpersonal relationship Trust, Genuineness, Empathy, Comfort, and communication, in Coping Rational adaptive style, detached adaptive style, and avoidance maladaptive coping style and perceived social support, did not satisfy the inclusion criteria and are hence excluded. Therefore, only two predictor variables i.e. Emotional maladaptive style and self-disclosure were accepted.

The model revealed that emotional maladaptive coping and self-disclosure was contributing significantly and positively towards Y-BOCS Scores. The regression coefficient for emotional maladaptive coping was 0.61 and for self-disclosure is -0.30. Emotional maladaptive coping and self-disclosure explains 0.57% of variance in the YBOCS- Total (Multiple R is 0.75). Finally, K was found to be 27.36 in the contribution of Y-BOCS scores.

The main aim for our study was to explore the social support, coping and Interpersonal behavior among the patients with Obsessive-Compulsive disorder and normal control. And the results of the present study indicated that patients with OCD have significantly lower perceived social support ($p<0.01$), have significantly more avoidant coping ($p< 0.05$) and emotional coping ($p<0.001$) and significantly express less empathy ($p<0.05$) as compared to normal control.

The result of the present study was in the line of previous literature (Pino et al. 2016)[12] which revealed that patient with OCD were unable to understand the mental and emotional states of other people. The reason behind this is that most of the times patient with OCD remain preoccupied with their obsessions and never understand others perspective which leads towards poor interpersonal relationship and maladaptive coping style. At the same time patient with OCD had significantly less perceived social support as compared to normal controls. The reason behind this is that their family members try to console them or insist them not to perform their compulsions. As a result, patients with OCD perceive it negatively which results in less perceived social support.

The regression model revealed that emotional maladaptive coping and self-disclosure was contributing significantly and positively towards Y-BOCS Scores. The regression coefficient for emotional maladaptive coping was 0.61 and for self-disclosure is -0.30. Emotional maladaptive coping and self-disclosure explains 0.57% of variance in the YBOCS- Total (Multiple R is 0.75). Finally, K was found to be 27.36 in the contribution of Y-BOCS scores.

Therefore, the findings can be conceptualized in a way that emotional maladaptive coping and self-disclosure were found to be significant predictor of Y-BOCS scores. Patients with Obsessive Compulsive Disorder feels that no one understands their condition or illness and because of this they are unable to trust others and they also face difficulty in disclosing their feelings. As a result, they use maladaptive emotional coping style to deal with their problems.

Previous literature also suggests that OCD is associated with several restrictions in their capacity with intimacy. These patients avoid people because they have fear of rejection and they also feel people might break their trust which reveals that they have less emotional and intellectual intimacy with the partners (Newth & Rachman, 2001)[13].

Conclusion and Acknowledgement

As it is evident in the findings that interpersonal behavior is associated with patient's social interaction so future intervention can be devised by incorporating factors which are associated with social interaction of the patient. As the interpersonal domain of these patients is found to be impaired so it is important to include interpersonal effectiveness therapy especially focusing on the domains of emotional coping and self-disclosure. Various other programs can be devised to improve their coping such as – a framework for cognitive preventive treatment and training for resilience can be organized which can help them in dealing with their problems and challenging situations in their daily life. And subsequently that will prevent the vulnerability of Obsessive-compulsive disorder and other diseases.

The possible limitation of the present study is that the result of the present study cannot be generalized as the sample size was considerably small and the presence of a clinical control group such as depression could have given better understanding of the results.

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