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Attitudes of the Caregivers (Parents &Spouses) Towards Obsessive Compulsive Disorder Patients

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Abstract: *Obsessive compulsive disorder (OCD) is a chronic, disabling condition that affects both patient and their families. The objective of the present descriptive study was to find out the attitudes of the caregivers (parents and spouses) towards the patients of OCD. An interview schedule was used for data collection, which was constructed in two phases. The initial form was prepared on the basis of literature review, and some caregivers were interviewed. The final form was then constructed with the help of responses of the caregivers (parents and spouses); further assistance was taken from Parental Attitude and Belief Scale [11]. Survey method was used for data collection. Sample included caregivers (parents and spouses) of 30 diagnosed OCD patients and was taken from Services Hospital and Mayo Hospital, Lahore. The responses of the respondents were recorded on the spot. Analysis indicated that a higher percentage of the caregivers (parents and spouses) had a positive attitude towards the OCD patients. Increase in financial and household responsibilities was also reported by majority of the caregivers.*
Keywords: *Obsessive compulsive disorder (OCD), attitudes, obsessions, compulsions*

I. Introduction

Obsessive compulsive disorder shortly known as OCD is usually characterized by two types of symptoms, obsessions and compulsions that are absurd, irresistible, stressful and uncontrollable that affects almost 2-3% of people over a life span [1]. Obsessions are recurrent thoughts and persistent impulses while compulsions are repetitive mental acts or behaviors including repetitive checking of doors, washing and counting [2].

Research studies conducted in the familial context of OCD have consistently found its bidirectional influence signifying that families are not only affected by this disorder but also have an effect on it [3]. Evidence indicates marked distress and disrupted family functioning as common consequences that are faced by the family members of OCD patients and are estimated between 60-90% [4, 5]. On the contrary a research conducted by Steketee and Pruyn [6] reports that intense negative and rejecting reactions of close family members can aggravate anxiety, depression, obsessions and compulsions. It is also found that not only negative reactions but excessive accommodation and over involvement on the part of the relatives has been proved as a cause of problem [7, 8].

The family members especially caregivers are in a do or die condition that is why it is said that OCD rarely leaves the family system unaffected [6]. It is a tormenting disorder including marital discord, frustration, financial strain, impaired functionality in different parts of life as its outcomes in most cases [6]. Vikas, Avasthiand Sharan [9] concluded that the caregivers of OCD patients report more burden than that of depressed patients. Cooper [10] noted that the main thing that differentiates families of OCD patients from other mentally disordered patients' families is an intricate way through which they get involved into the illness.

The effects of OCD on family are clear but the kind of the attitudes of the caregivers that result from this debilitating disorder are not very clear [11]. Attitude is a feeling or mind about a particular person or situation [12]. Knowing the attitudes of the caregivers is important as they have an influence on the patient's problem. This will be helpful from the clinical viewpoint, as it provides foundation of the effective, strategically targeted psycho education of the family and the patient. Results of this study will be useful from a research perspective also as they will provide a measure of caregivers' attitudes and practices specific to OCD that may help in verifying treatment efficacy in family-focused clinical sessions.

In Pakistan, researches carried out on OCD include its nature and demographic features [13, 14, 15]. Not much noteworthy work is found in the domain of attitudes of the caregivers; so, this present study is an attempt to fill this void. The reason behind selecting parents and spouses as a sample for this study was that, in Pakistan mostly these two entities are the caregivers of the patients.

1.1 Objective

The objective of the research was to

- Study the attitude of the caregivers (parents and spouses) towards the patients of obsessive-compulsive disorder.

1.2 Research Questions

Following research questions were formulated for the study;

- Do the caregivers (parents and spouses) have positive attitude towards the patients of obsessive compulsive disorder patients?
- Do the caregivers (parents and spouses) have negative attitude towards the patients of obsessive compulsive disorder patients?

II. Method

A descriptive study design using survey method was implemented. Caregivers (parents and spouses) of 30 diagnosed patients from Mayo Hospital and Services Hospital, Lahore were selected as a sample of this study. Interview schedule based on 13 items was used as an instrument of data collection and was developed by the researcher. The instrument was developed in two steps; the initial form was formulated after reviewing literature and different researches. The attitudes and causes found were enlisted in a form of interview schedule. Secondly some caregivers (parents and spouses) were interviewed and more attitudes and causes were added in this primary form. Additional guidance was taken from two psychologists and PABS (Parental Attitudes and Belief Scale by Peris et al., [11]). The instrument was validated by three psychologists. The pilot testing was carried out on seven patients' caregivers (parents and spouses) of PIMH (Punjab Institute of Mental Health), Lahore. Corrections and omissions were made after pilot testing. During final data collection, participants gave informed consent and the interview was carried out in the absence of the patients. Responses were recorded then and there. The data was analyzed with SPSS V19 by using frequency tables and percentages. Later findings, conclusions and recommendations were made by the researcher.

III. Data Analysis

Table 1 :Age Distribution of Patients according to Their Age (years)

Age	*f*	%
18-20	4	13.3
21-23	4	13.3
24-26	6	20.0
27-29	9	30.0
30	7	23.4
Total	30	100

Table 2 Distribution of the attendants according to their relation with the patients

Relation	*f*	%
Father	7	23.3
Mother	14	46.7
Spouse	9	30.0
Total	30	100

Table 3 :Descriptive statistics for the responses of the caregivers (parents & spouses)

Items	*f*	%
Number of Caregiver's (parents & spouses) who considered the patient's problem as a mental illness	30	100
Caregiver's (parents & spouses) perception about the patient's problem		
Psychological illness	27	90.0
Patients do it intentionally	3	10.0
Reasons by the caregivers (parents & spouses) for bringing the patient to the hospital		
Were concerned for different behavior of the patient	5	16.7
Patients had obsessions	7	23.3
Patient had repetitive behaviors	9	30.0
Patients had obsessions and compulsions both	9	30.0

Causes of the Illness according to the caregivers (parents & spouses)		
Genetic	6	20.0
Patient's Personality Type (Takes Tension, Lacks Confidence)	6	20.0
Dissatisfied with the Behavior of the Relatives	2	6.7
Family Tensions	4	13.3
No idea of the Causes.	12	40.0
Caregiver's (parents & spouses) Attitude towards Patient due to his/her Mental Illness		
Tolerant and Patient		
Helpful and cooperative towards the patient	5	16.7
Tries to make the patient understand	11	36.6
Extremely Angry	10	33.3
	4	13.3
Feelings of sympathy for the patient		
Yes	28	93.3
No	2	6.7
Caregiver's (parents & spouses) limitation of social activities due to the patient's problem	8	26.7
Yes	22	73.3
No		
Regular Provision of Medicines		
Yes	24	80.0
No	6	20.0
Increase in household and Financial Responsibilities due to Patient's Problem		
Yes		
No	18	60.0
	12	40.0
Provision of Help in Completion of the ritual (compulsion)		
Yes	21	70.0
No	9	30.0
Tired of Taking up Patient's Responsibilities		
Yes	9	30.0
No	21	70.0
Caregivers (parents & spouses) Attitude towards Patient		
Caring	21	70.0
Ignoring	4	13.3
Abusive	5	16.7
Feelings of the caregivers (parents & spouses) when the patient's problem is at its peak		
Feels Pity for the Patient		
Feels Tensed and Depressed	6	20.0
Leaves him alone	4	13.3
Feels Angry	6	20.0
Feels Annoyed	6	20.0
	8	26.7
Responses of the caregivers (parents & spouses) to the Serious Condition of the Patient		
Takes him to the Doctor		
Provides Help in Completion of ritual (compulsion)	14	47.7
Tolerates and Tries to Calm Him Down	6	20.0
Cannot Tolerate and leaves the patient alone	6	20.0
	4	13.3

IV. Conclusions

The findings of this research revealed that majority of the caregivers (parents and spouses) had positive attitude towards the patients of OCD. This verdict was made on the basis of responses of the caregivers (parents and spouses). It is significant to mention that much noteworthy work is not available in Pakistan on the attitudes

of caregivers (parents and spouses) towards OCD patient. So, this study was carried out as an attempt to address this gap in the literature.

Higher ratio (90%) of caregivers (parents and spouses) considered the patient's illness as a psychological disorder this shows that they were aware of the patient's problem. When asked about provision of medications 80% caregivers (parents and spouses) showed compliance and the rest who responded negatively, majority claimed that medicines have no effect. This aspect also reflects the positive and negative attitude of the caregivers (parents and spouses), which was not found in earlier work.

In country like Pakistan, family members especially parents and spouses play an important role in the care of people who have any kind of mental condition. Looking after home and patient at the same time, results in an increased burden upon the caregivers (parents and spouses). According to the findings of this study 60% of the caregivers (parents and spouses) said that they were facing difficulties like, increase in household and financial responsibilities. This finding is supported by an earlier study conducted by Cooper [10], which quotes that OCD results in an increased financial strain among the family members.

The majority (93.3%) of the caregivers (parents and spouses) reported that they felt sympathy with the patient. 70% of the caregivers (parents and spouses) also reported the provision of help to the patient in completion of the compulsion. They helped for different reasons and most of them said that they accommodated for the sake of peaceful home environment. This finding is braced by the work of Colvocoressi et al., [16] that shows that 88% of the caregivers (parents and spouses) who have at least one OCD family member are involved in some kind of accommodation.

This study indicated that 26.7% of the caregivers (parents and spouses) felt annoyed, 20.0% said that they felt angry and 20.0% said that they used to leave the patient on their own when his/her condition is serious, in addition 16.7% and 13.3% of the caregivers (parents and spouses) reported the enactment of abusive and ignorant acts respectively. These feelings and acts collectively indicate towards negative attitudes and are also mentioned in different previous studies carried out by Wagner, [17]; Hyman and Pedrick [18] connoting ridicule, neglect, hostility, frustration and anger as common emotional responses of the family members of the OCD patients.

When questioned about their socialization, 73.3% of the caregivers (parents and spouses) said that they had not limited their social activities due to the patient's disorder. This indicated that the social lives of the caregivers (parents and spouses) were not affected by OCD. This finding contradicts with previous findings that reveal that relationship of the family members with relatives and friends gets deteriorated [10, 19, & 20].

In interpreting and generalizing these findings it is important to consider a number of limitations. The results indicates that majority of the caregivers (parents& spouses) have positive attitude but sometimes it was felt that few of the caregivers (parents and spouses) were hiding their exact emotions and attitudes towards the patient so they might not appear as irresponsible. However some of them were really concerned about the patient and were eager to know what they can do for the patient. Restrictions of Pakistani cultural setup were observed to be an important factor for accommodation on part of the caregivers (parents and spouses). Mixed diagnosis and comorbidities of this disorder appeared as a big constraint in this whole process. This characteristic of OCD is also discussed in words like "hidden epidemic" and "chameleon like" in the studies of Gururaj et al., [21] and Hudak [22] respectively. The sample selected for the study was small and limited to the hospital boundaries only. The limitations discussed must be overcome to confirm the findings of this study.

Collectively findings of this descriptive study provides basis for further research in this domain. An exploratory research can be carried out to explain the reasons behind these attitudes. The results will be helpful both from the clinical and research perspective as they will help to identify the attitudes and practices that serve as a barrier in effective treatment and intervention of OCD in patients.

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