

Beware From Obsessive Compulsive Disorder (OCD) If You Experience Distress Family History In Your Life.

Himalshi Serasinghe

Department Of Philosophy University Of Kelaniya Sri Lanka

Corresponding Author: Himalshi Serasinghe

Abstract: The primary purpose of the research was to evaluate and identify disturbed family history in Obsessive Compulsive Disorder. The survey was conducted by the researcher within the patients who are diagnosed as Obsessive Compulsive Disorder and School children who are not suffering from Obsessive Compulsive Disorder. The researcher reached to the population under the mix method. The targeted group was evaluated by distributing two questionnaires and interview to measure the association between disturbed family history and Obsessive Compulsive Disorder. A questionnaire (N=30) and interviews (N=30), were utilized to gather data from OCD patients and non-OCD patients. The research suggested that there is a positive relationship between Obsessive Compulsive Disorder and family disturbances. At the end of the study, data analyses showed that the parental marriage, traumatic life events, sexual abuses, maltreated by family, insult children in front of others, genetic factors were affect for person's to be and grow up with Obsessive Compulsive Disorder.

Keywords: Disturbed family history, mental health, Obsessive Compulsive Disorder,

Date of Submission: 02-10-2018

Date of acceptance: 18-10-2018

I. Introduction

Obsessive-compulsive disorder (OCD) is an anxiety disorder characterized by obsessions or compulsions (or both) that are distressing, time-consuming, or substantially impairing. OCD is the fourth most common psychiatric illness; with a lifetime prevalence of 1 to 3%. The World Health Organization has identified OCD as a leading global cause of nonfatal illness. The hallmark of OCD is the presence of obsessions, compulsions, or both. Obsessions are repetitive and persistent thoughts (e.g., of contamination), images (e.g., of violent scenes), or urges (e.g., to stab someone). Obsessions are intrusive, unwanted thoughts that cause distress or anxiety. The person attempts to ignore or suppress these obsessions with another thought or action (i.e., a compulsion). Compulsions (or rituals) are repetitive behaviours (e.g., washing) or mental acts (e.g., counting) that the person feels driven to perform in response to an obsession. Compulsions are meant to neutralize or reduce the person's discomfort or to prevent a dreaded event. Everyone obsesses about some event occasionally. The diagnosis of OCD, however, generally requires that obsessive thoughts occur for more than 1 hour each day. In addition, obsessions related to OCD do not suddenly start and stop with a specific event. Although many people know about obsessions regarding contamination, there are many variations of OCD and patients often do not realize that certain thoughts they have are consistent with OCD. Most persons with OCD have multiple obsessions and compulsions. (Grant, 2006)

Though OCD is broadly characterized by obsessions and compulsions, it is a very heterogeneous disorder that manifests in a variety of ways. Researchers have outlined four major symptom dimensions, or subtypes, of OCD, including

- Contamination obsessions and cleaning compulsions,
- Responsibility for harm obsessions and checking compulsions,
- Symmetry/incompleteness obsessions and ordering/arranging/repeating compulsions
- Aggressive/sexual/religious obsessions (e.g., "unacceptable thoughts") and mental/checking compulsions (Abramowitz et al., 2010).

The cause of OCD remains poorly understood. Childhood-onset OCD is estimated to be 45 to 65% heritable, and OCD with an onset during adolescence or adulthood 27 to 47% heritable. Although genome wide association studies have suggested candidate genes, findings have been inconsistent and many have not been replicated or withstood rigid statistical analysis. Several brain structures and functions have been implicated in OCD. Studies have consistently shown hyperactivity in the orbitofrontal cortex and caudate. Other key implicated regions (suggesting abnormalities in functional or structural connections) include the anterior cingulate cortex, thalamus, amygdala, and parietal cortex. Neuropsychological studies involving patients with OCD have shown deficits in cognitive abilities that are linked to the functioning of the frontal lobe and its

related front subcortical structures, such as executive functioning, impulsivity in motor function, and cognitive inflexibility (not changing behaviour on the basis of new information). If OCD is untreated, the course is usually chronic, often with waxing and waning symptoms. (Grant, 2006)

Another important non biological factor is the family. Circumstances of the loss and its aftermath and the behaviour of parents and other significant caregivers influence the child's reaction. Disturbed Family history like parental divorces, child abuse, traumatic life events different kinds of loss, including the suicide of a parent or sibling, murder, the loss of a parent through death and parental abandonment due to divorce, disease, substance abuse and other family disruption can be affect for the person's obsessive compulsive disorder.

II. Methods

II.I Sample

Sample has been categorized in two types .OCD sample and Non OCD sample. Both were teenagers. The OCD sample was selected from the Colombo city area's hospital where psychiatric patients were getting treatment. The non OCD sample selected from a school in randomly that researcher is identified as a non OCD under the DSM5 criteria. Distributed two questionnaires to both sample. The diagnostic questions were deducted from the sample who are not suffer from OCD.

Questionnaire: The 30 questionnaires were distributed for two mental hospital and one psychiatric center. Namely Manasaayurvedichospital, Senoseth Hospital and SahanaMedura Colombo, Sri Lanka. Firstly, the participants were asked to read and sign the consent forms to agree to take part in the study. Then participants were asked to fill out the questionnaires. Sometimes researcher was writing their answers while they were telling. The results were transferred onto an excel spreadsheet for the analysis.

Interview: interviewed 30 students who are recognized as non OCD patients by researcher under the criteria of DSM5. Before interviewing the participants researcher asked few questions related to symptoms of Obsessive Compulsive Disorder. After recognizing non OCD sample interview from them using semi structure interview method. Interview the participants in a School, Bhodirajamahavidyalaya .each participant interviewed separately and spent 15minutes for each one.

II.II Data analysis

The interviews were transcribed and made into coding sheets. Selective coding was used to identify themes which arise from each interview carried out with each participant. The interview schedule was pre-coded into broad categories . These broad headings were then broken down into sub-headings based on the transcripts of the interviews. The coding was done manually with a base of pre-determined board categories before identifying new concepts and codes within the pre-determined code.

The questionnaires were transferred onto SPSS version 22 manually in order to draw up descriptive statistics. All the questions in the fourth part were categorized into seven variables, such as: genetics, parental marriage, family disputes, separation from family, maltreated from family , sexual abuse and traumatic life events .The mean value was calculated by dividing the total of the scores obtained from all the questions related to a particular variable by the number of questions asked in relation to that particular variable. The demographic factors were converted to numeric values, giving a special number in order to identify the demographic factors through the questionnaire. Then demographic factors were cross-tabulated with other factors to identify how people have responded to the question. Binary logistic Regression have been employed to assessing the predictors.

III. Finding and Discussion

According to information of current research disturbed family factors have been directly affect for children's Obsessions and Compulsions. Researcher has identified seven factors as disturbed family history in this study. The maximum value which participants had mentioned was 63.6% and it is influence of traumatic life events for Obsessive Compulsive Disorder. There were two minimum values which participants have been mentioned that influence of sexual abuse for Obsessive Compulsive Disorder and probability to when any relative suffering from Obsessive Compulsive Disorder and it is 13.3% of total sample.

According to final result of this research when someone have experience traumatic life events of their lives can improve Obsessive Compulsive Disorder. In this research researcher has been identified natural disasters, civil conflicts, and emergency fire cases as traumatic life events of individual's lives. Male have been experienced traumatic life events than women and there are more chance to be an OCD patient when they face traumatic life events of their lives. Experience of childhood trauma were associated with lower self – rated mental and physical health (Arai , Mock and Gallant , 2011). Researcher has been identified there were no any Non OCD participant have experienced of traumatic life event of their childhood but 63.6% participants were suffering from Obsessive Compulsive Disorder when they experienced traumatic life events. The results shown the significant influence of experienced of traumatic life events on OCD. this result confirmed the findings of

Dierkhising and his group have been emphasize that age of onset of trauma exposure was within the first 5 years of life for 62% of youth and approximately one – third of youth report exposure to multiple or co – occurring trauma types each year into adolescence.

Researcher has showed that the positive relationship between divorce and Obsessive Compulsive Disorder. According to research, five participants have been mentioned that their parents have divorced and they are diagnosed as OCD patients it is 8.3% of total sample. Further, data of parental marriage when parents were divorce can have ability to their children to be patient with Obsessive Compulsive Disorder. The Result confirmed findings of Sutherland (2017). Which was significantly worse mental health problems among children Divorce can be stressful time for both parents and children and might be linked with children's negative mental health. There are no any Non OCD participants who are experienced parental divorce of the sample.

Researcher has been categorized parental marriage in main three types. Those are: living with parents, divorce and separated from his partner. There are 51 participants have been mentioned that their parents living with parents since their childhood and it is 85% of total group. Although their parents were living with parents 21 participants have diagnosed as OCD patients and it is 35% of total group. Researcher found that even there were no any disturbed family factor of parental marriage their children can victim of Obsessive Compulsive Disorder.

Researcher have been analysed that 31.7% participants have been felt that they were being maltreated by their family as a child. Among those 14 people are suffering from Obsessive Compulsive Disorder and it is 23.3% of total sample. 5 people also have experienced maltreated by their family and it is 8.3% of total sample but they are not suffering from Obsessive Compulsive Disorder. Male indicate high percentage for maltreatment and Obsessive Compulsive Disorder than women. According to above information researcher emphasize that when family members maltreat their children have probability to be a patient with Obsessive Compulsive Disorder.

According to research data can find equal amount between OCD and non OCD when answering about parent insults. Both people with Obsessive Compulsive Disorder and People with Non Obsessive Compulsive Disorder have been mentioned that they have experience of parental insulats in front of others. It is 10 and 16.7% of total sample.

According to current research 13 participants have experienced parental death during their childhood. Among them 9 participants have suffering from Obsessive Compulsive Disorder and it is 15% of total sample. Although other for people had experiences of parental death they were not recognize as OCD patients. Sanford's analysis address the controversial question of whether disclosure of a significant other's traumatic death cause is associate with mental health outcomes (Sanford, 2017) Sanford also has been identified on his research there is a positive relationship between parental death and mental health outcomes. Researcher also given same opinion to Sanford. Researcher has emphasized that if someone have to face parental death can have more chance person's to be Obsessive Compulsive Disorder.

In current study there are 11 participants who faced sexual abused from blood relative. Among those 8 participants suffer from Obsessive Compulsive Disorder and it is 13.3% of total sample. Childhood sexual abuse (CSA) has been associate with a number a of long term negative consequences, including depression, anxiety and psychosomatic symptomology (Zwickl and Merriam, 2011). Zwickl and Merriam were identified in their experiment childhood sexual abuse associate with a number of negative consequences including anxiety. Researcher has found that the individual who has faced sexual abuse in their childhood can ability to be a patient who are suffering from Obsessive Compulsive Disorder. Obsessive Compulsive Disorder is belongs to anxiety family and in this research also confirmed Zwickl's opinion.

According to current research 8 participants have been mentioned that their family member or any of relative were suffered from Obsessive Compulsive Disorder. In the last two decades, studies done on the gene sequences, large – scale and point mutations and gene – gene, gene environment and gene – drug interactions have led to the discovery of hundreds of genes associated with OCD (Bozorgmehr et al) .If any family member or any relative were suffering from Obsessive Compulsive Disorder according to Bozorgmehr and researcher have been emphasized that have more chance to be a patient with Obsessive Compulsive Disorder.

Epidemiological studies, including family and twin studies, strongly support a genetic component for OCD (Grados , Wilcox 2014) . Researcher analyse that 16 participants have history of any kind of mental disorder rather than Obsessive Compulsive disorder .Among those 10 participants suffer from Obsessive Compulsive Disorder. 6 participants also have history of any kind of mental disorder but they were not victim of Obsessive Compulsive Disorder. 6.7% have chance to be a patient with Obsessive Compulsive Disorder when they have history of any kind of mental disorder of participant's family or any relatives.

IV. Conclusion

After analyzing the surveyed data it is statistically proven that the disturbed family history such as parental divorce, separation, maltreated by family, sexual abuse, traumatic life event, parental death, genetic

factors, insult of children in front of others were directly affect for individual's to be grow up with Obsessions or Compulsions or both in the future. According to current research male have more possibility to be abused than women. Still more than fifty percent married couples were not separated or divorced and it is increasing divorcing rates and separation from their marriage and Researcher indicates that it is influence for children's Obsessive Compulsive Disorder. Participants have been mentioned that parent insult them in front of others is normally they do and it was affect equally both OCD patient and Non OCD participants. Non OCD patients also had experience of insult therefor there is probability to be OCD patients who is coming from such a family back ground. However findings have been emphasize that there are highly positive family factor increasing condition of Obsessive Compulsive Disorder.

Although Sri Lanka have family counseling it's facilitate to control or manage family disruptions but at that time family disruption has already affect family context. In Europe countries have pre-marital counseling and it benefits for spending successful marriage life and live with good understanding without any disturbances. It will directly affect child's mentality also. Findings indicate that need of improving family well-being and promote healthy life. However these findings suggest the need for caution in making any generalization as looking at the population as a whole will be different from its components. The generalizability of this study's findings is also limited by the nature of the sample. However, more research needs to be undertaken in order to address the questions in-depth with different methodologies and with a different Sample and also with different factors of disturbed family history.

Finally the researcher recommends to the other researchers interested in this field to widespread this basement in to many branches and to try on proving that there is a positive influence of various family disruptions and Obsessive Compulsive Disorder in Sri Lankan Society. If one can significantly prove the curiosity then there can be design effective solutions to the society for reduce family disruptions and social managers would apply the practicable solutions and produce more effective managers and social workers to the society.

Finally the researcher recommends to the other researchers interested in this field to widespread this basement in to many branches and to try on proving that there is a positive influence of various family disruptions and Obsessive Compulsive Disorder in Sri Lankan Society. If one can significantly prove the curiosity then there can be design effective solutions to the society for reduce family disruptions and social managers would apply the practicable solutions and produce more effective managers and social workers to the society.

References

- [1]. Arai, S. M., Mock, S. E., & Gallant, K. A. (2011). Childhood traumas, mental health and physical health in adulthood: testing physically active leisure as a buffer. *Leisure/Loisir*, 35(4), 407-422.
- [2]. Ballif-Spanvill, B. et al. (2008) 'Influence of interparental violence on children's attributions of violent and peaceful emotions in conflict scenarios', *Journal of Emotional Abuse*, 8(3), pp. 299-324. doi: 10.1080/10926790802262473.
- [3]. Bulduc, J. L. et al. (2017) 'The Effects of Parental Divorce on College Students The Effects of Parental Divorce on College Students', 2556(October). doi: 10.1300/J087v46n03.
- [4]. Burns, A., Dunlop, R. and Dunlop, R. (2017) 'Parent and Child Similarities in Divorcing and Non-Divorcing Families Parent and Child Similarities in Divorcing and Non-Divorcing Families : A Ten Year Study', 2556(October). doi: 10.1300/J087v39n01.
- [5]. Dierkhising, C. B. et al. (2013) 'Trauma histories among justice-involved youth: Findings from the National Child Traumatic Stress Network', *European Journal of Psychotraumatology*, 4(SUPPL.). doi: 10.3402/ejpt.v4i0.20274.
- [6]. Eslami, B. et al. (2017) 'Lifetime Abuse and Mental Health Among Older Persons: A European Study', *Journal of Aggression, Maltreatment & Trauma*. Routledge, 26(6), pp. 590-607. doi: 10.1080/10926771.2017.1330295.
- [7]. Feigelman, W., Cerel, J. and Sanford, R. (2017) 'Disclosure in traumatic deaths as correlates of differential mental health outcomes', *Death Studies*, 1187(November), p. 07481187.2017.1372533. doi: 10.1080/07481187.2017.1372533.
- [8]. Ford, J. (2007) 'Trauma and posttraumatic stress disorder in children and adolescents', *European Journal of Psychotraumatology*. Taylor & Francis, 109(4), pp. 902-908. doi: 10.1080/20008198.2017.1351198.
- [9]. Graham, R. A. et al. (2017) 'School based post disaster mental health services: decreased trauma symptoms in youth with multiple traumas', *Advances in School Mental Health Promotion*. Taylor & Francis, 10(3), pp. 161-175. doi: 10.1080/1754730X.2017.1311798.
- [10]. Greenwood, J. L. and Greenwood, J. L. (2017) 'Parent - Child Relationships in the Context of a Mid- to Late-Life Parental Divorce Parent - Child Relationships in the Context of a Mid-
- [11]. Ballif-Spanvill, B. et al. (2008) 'Influence of interparental violence on children's attributions of violent and peaceful emotions in conflict scenarios', *Journal of Emotional Abuse*, 8(3), pp. 299-324. doi: 10.1080/10926790802262473.
- [12]. Bulduc, J. L. et al. (2017) 'The Effects of Parental Divorce on College Students The Effects of Parental Divorce on College Students', 2556(October). doi: 10.1300/J087v46n03.
- [13]. Burns, A., Dunlop, R. and Dunlop, R. (2017) 'Parent and Child Similarities in Divorcing and Non-Divorcing Families Parent and Child Similarities in Divorcing and Non-Divorcing Families : A Ten Year Study', 2556(October). doi: 10.1300/J087v39n01.
- [14]. Dierkhising, C. B. et al. (2013) 'Trauma histories among justice-involved youth: Findings from the National Child Traumatic Stress Network', *European Journal of Psychotraumatology*, 4(SUPPL.). doi: 10.3402/ejpt.v4i0.20274.
- [15]. Eslami, B. et al. (2017) 'Lifetime Abuse and Mental Health Among Older Persons: A European Study', *Journal of Aggression, Maltreatment & Trauma*. Routledge, 26(6), pp. 590-607. doi: 10.1080/10926771.2017.1330295.
- [16]. Feigelman, W., Cerel, J. and Sanford, R. (2017) 'Disclosure in traumatic deaths as correlates of differential mental health outcomes', *Death Studies*, 1187(November), p. 07481187.2017.1372533. doi: 10.1080/07481187.2017.1372533.

- [17]. Ford, J. (2007) 'Trauma and posttraumatic stress disorder in children and adolescents', *European Journal of Psychotraumatology*. Taylor & Francis, 109(4), pp. 902–908. doi: 10.1080/20008198.2017.1351198.
- [18]. Graham, R. A. et al. (2017) 'School based post disaster mental health services: decreased trauma symptoms in youth with multiple traumas', *Advances in School Mental Health Promotion*. Taylor & Francis, 10(3), pp. 161–175. doi: 10.1080/1754730X.2017.1311798.
- [19]. Grant, J. E., Mancebo, M. C., Pinto, A., Eisen, J. L., & Rasmussen, S. A. (2006). Impulse control disorders in adults with obsessive compulsive disorder. *Journal of Psychiatric Research*, 40(6), 494-501.
- [20]. Greenwood, J. L. and Greenwood, J. L. (2017) 'Parent – Child Relationships in the Context of a Mid- to Late-Life Parental Divorce Parent – Child Relationships in the Context of a Mid- to Late-Life Parental Divorce', 2556(October), pp. 0–17. doi: 10.1080/10502556.2012.635959.
- [21]. Kunz, J. and Kunz, J. (2017) 'Parental Divorce and Children's Interpersonal Relationships Parental Divorce and Children's Interpersonal Relationships : A Meta-Analysis', 2556(October). doi: 10.1300/J087v34n03.
- [22]. Malone, P. S. et al. (2017) 'Divorce and Child Behavior Problems : Applying Latent Change Score Models to Life Event Data Divorce and Child Behavior Problems : Applying Latent Change Score Models to Life Event Data', 5511(October). doi: 10.1207/s15328007sem1103.
- [23]. Moon, M. and Moon, M. (2017) 'The Effects of Divorce on Children : Married and Divorced Parents' Perspectives The Effects of Divorce on Children : Married and Divorced Parents' Perspectives', 2556(October). doi: 10.1080/10502556.2011.585093.
- [24]. Ocd, O. (2017) 'CLINICAL PRACTICE Obsessive-compulsive disorder: Identification, neurobiology, and treatment', 102(2), pp. 81–86.
- [25]. Program, C. G. et al. (2008) 'Jeffrey S. B. leads the way : Mental health group work for infants , children and mothers affected by family violence', 14(2), pp. 334–341.
- [26]. Rajender, G. et al. (2009) 'Recent Research in Neurobiology of Obsessive Compulsive Disorder and Endophenotypes', 12(2), pp. 285–290.
- [27]. Sanford, N. (2017). *Self and society: Social change and individual development*. Routledge.
- [28]. Short, J. L. (2017) 'The Effects of Parental Divorce During Childhood on College Students The Effects of Parental Divorce During Childhood on College Students', 2556(October). doi: 10.1300
- [29]. Stewart, S. E., Mayerfeld, C., Arnold, P. D., Crane, J. R., O'dushlaine, C., Fagerness, J. A., ... & Moya, P. R. (2013). Meta-analysis of association between obsessive-compulsive disorder and the 3' region of neuronal glutamate transporter gene SLC1A1. *American Journal of Medical Genetics Part B: Neuropsychiatric Genetics*, 162(4), 367-379. /J087v38n01.
- [30]. Strohschein, L. and Strohschein, L. (2017) 'Parental Divorce and Child Mental Health : Accounting for Predisruption Differences Parental Divorce and Child Mental Health : Accounting for Predisruption Differences', 2556(October). doi: 10.1080/10502556.2012.682903.
- [31]. Sutherland, K. E. et al. (2017) 'Emotional Availability During Mother – Child Interactions in Divorcing and Intact Married Families Mother – Child Interactions in Divorcing and Intact Married Families', 2556(October). doi: 10.1080/10502556.2011.651974.54.doi:
- [32]. Wheaton, M. G., Abramowitz, J. S., Berman, N. C., Riemann, B. C., & Hale, L. R. (2010). The relationship between obsessive beliefs and symptom dimensions in obsessive-compulsive disorder. *Behaviour Research and Therapy*, 48(10), 949-954.

Himalshi Serasinghe. "Beware From Obsessive Compulsive Disorder (Ocd) If You Experience Distress Family History In Your Life." IOSR Journal of Nursing and Health Science (IOSR-JNHS) , vol. 7, no. 5 , 2018, pp. 25-29.