

Relationship between Coping Strategies and Emotion Regulation among Persons with Obsessive Compulsive Disorder

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ABSTRACT

Background: OCD is one of the most debilitating and chronic mental health conditions where difficulties in emotion regulation and coping strategies are found. Emotion regulation is a diverse collection of the control process to express emotion, whereas coping emphasizes on appraisal to evaluate threats and challenges. The present study attempts to measure the relationship between emotion regulation and coping strategies in OCD. **Materials and Methods:** It was a cross-sectional, institution-based descriptive study on 60 persons with OCD, who has attended IOP, Kolkata, recruited through purposive sampling. Y-BOCS, BDI, ERQ, and CSI were administered respectively, and data was analyzed using SPSS 25. **Results:** It has emerged that the severity of OCD and coping strategies are positively correlated to self-criticism and wishful thinking. While analyzing the relation between emotion regulation and coping strategies, cognitive reappraisal was found to be positively correlated with cognitive restructuring, social withdrawal was negatively correlated with social support. It showed when emotion is regulated through expressive suppression it has negative relation with social support and expressed emotion, is positively correlated to social withdrawal and wishful thinking. **Conclusion:** The study reflected that persons with OCD face difficulties in regulating emotion leading to dysfunctional coping which can contribute knowledge to develop an intervention strategy.

Keywords: Obsessive Compulsive Disorder, Coping Strategies, Emotion Regulation

INTRODUCTION

Human wellbeing is a broad concept, one that includes many aspects of our everyday lives. It encompasses relationships with family, emotional, mental and physical wellbeing. Mental Health is one vital entity for growth, productivity and healthy life. It is common to find people in every society suffering from mental health problems, though it often stays as the "hidden epidemic". Among various Psychiatric disorders, Obsessive Compulsive Disorder (OCD) is one of the most chronic conditions that have a significant impact on the personal, social and occupational life of the individual afflicted by it. It is considered among one of the ten most disabling medical conditions worldwide (Gururaj GP, 2008). OCD has two distinct parts i.e., Obsession and Compulsion. Obsessions consists intrusive unwanted, uncontrollable, reoccurring thoughts, images or impulses which causes significant distress and a sense of dread to an extent that one is compelled to perform some repetitive and unwanted act which is termed as Compulsion. According to the NMHS (2015-16) report of India, the prevalence rate of OCD is 0.8%. Men were found to have an early onset and higher prevalence of OCD (Jaisoorya et al., 2008). The age of onset in OCD typically ranged between the 20s to early 30s (Angst et al., 2004).

Emotion regulation is the complex process that involves initiating, inhibiting or modulating one's state of behaviour in a given situation. It helps to reinterpret an emotion eliciting situation. Difficulties in regulating emotion in OCD consistently implicated that they struggle

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more in accepting their emotion, engaging in goal-directed behaviour, controlling their impulses, and tolerating negative emotion (Yap et.al. 2017). Emotion regulation and Coping strategies are often found to be related to one another. If one has the ability to regulate emotion eliciting situations, it is considered to be a beneficial way of coping in response to a stressful situation. Similarly, if an individual with OCD has difficulty in regulating unwanted emotion they often struggle to cope as well, leading to disruption in their psychological functioning. Coping is the effort to prevent or diminish the threat, harm and loss or to reduce associated distress. It is a psychological pattern through which one manages their thoughts, feelings and actions that are encountered during various stages of life, to promote positive psychological outcomes. Coping skill is necessary for every path of human life. There is a specific pattern of coping strategies that people use in response to a stressful situation. Among them, some use problem-focused engagement coping strategies consisting cognitive restructuring and problem-solving ability which emphasizes managing stress-producing situations. Other types include emotion-focused engagement strategies (social support and express emotion) and emotion-focused disengagement coping strategies (social withdrawal and self-criticism). Problem avoidance and wishful thinking are also considered to be another pattern of problem-focused disengagement coping strategies (Tobin et.al, 1984). Individuals with OCD have shown aberrations related coping and is usually engaged in more maladaptive coping strategies in comparison with other mental disorder (Abramowitz et.al, 2003). As the literature suggests that emotion regulation and coping strategies are considered as the overlapping regulatory process, there is a growing need to study them. While individually both coping strategies and emotion regulation has been evaluated by many researchers there is still a dearth in research where it is evaluated in the same platform, hence the present study aims to assess if there is an association between emotion regulation and coping strategies among persons with OCD.

MATERIALS AND METHODS

This study was a cross-sectional, institution-based descriptive study, with 60 persons with Obsessive Compulsive Disorder, who has attended the outpatient department of Institute of Psychiatry, Kolkata, West Bengal and was recruited through purposive sampling. Both male and female participants aged between 18-45 were included in the study. After being diagnosed by a consultant psychiatrist as per the International Classification of Disease-10-Diagnostic Criteria of Research (ICD-10-DCR) criteria for OCD without a co-morbid moderate to severe depression were recruited for the study. Those with a history of any other co-morbid psychiatric illness, developmental disorder, history of any serious/acute/chronic medical illness/disability/neurological condition, and age of onset earlier than 12 years were excluded from the study. Informed consent was obtained from the participants. The researchers administered Beck Depression Inventory to assess the level of depression among persons with OCD and those who have a minimal or mild level of depression was included in the study. The Yale-Brown Obsessive Compulsive Scale was administered to check the presence of obsession and compulsion and its severity. Socio-demographic proforma was used to elicit socio-demographic information and clinical proforma was used to elicit histories of clinical information of the participants, followed by administering Coping Strategies Inventory (Tobin et al., 1989) and Emotion Regulation Questionnaire (Gross & John, 2003). Coping Strategies Inventory is a 72 items self-report questionnaire, in 5 points Likert format divided into 14 subscales including 8 primary scales, four secondary scales and two tertiary scales used for measuring ways of the coping mechanism of the participants in the study. Emotion Regulation Questionnaire is a 10 items questionnaire with two subscales measuring cognitive appraisal and expressive suppression. Statistical analysis of the data was done by using SPSS (Statistical Package for Social Science) version 25.0, to meet the

objectives of the study. Socio-demographic and clinical data were assessed by using descriptive statistics whereas Pearson Correlation was used at an inferential level to assess the relation between OCD, Coping Strategies and Emotion Regulation.

RESULT

Socio-demographic and clinical data sheets are semi-structured proforma; which were used to gather socio-demographic information. The mean age of the sample size of the present study was 32-40 years, among which the majority 65% were female and the rest 35% were male. Among 60 patients with OCD 36.7% were found to be educated up to class VIII, followed by 23.3% educated up to class X, 12% up to class XII, 9% up to Graduation, 3.3% received no formal education, 1.7% up to Post Graduation. While 53.3% of the participants were found to be married and 36.7% were single with 81.7% Hindu participants and the rest 18.3% were Muslims. The results also showed that 53.3% of the participants were residents of rural areas, 31.7% from an urban area, and 15% were from sub-urban. The study revealed 61.7% of participants belong to a nuclear family, 36.7% were from joint family and the rest 1.7% was from extended family. The average monthly incomes of the participants were approximately between 5000-12000 INR. 55% of the participants were found to be homemakers, 13.3% belong to other professions, 10% were students, 10% were unemployed, 5% were industrial skilled workers, and 3.3% were professionals and industrial unskilled workers. In clinical profile, among 60 individuals with Obsessive Compulsive Disorder 93.3% were diagnosed under mixed obsessive thoughts and acts (F42.2), 6.7% was diagnosed under pure obsessive thought and rumination. 74% were found to have the side effects of the medicines and the rest 26% were not suffering from any side effects of the medicines with 63.3% have no history of mental illness and 36.7% have a family history of mental illness.

Table 1: Correlation between Severity of OCD and Coping Strategy

Coping Strategies	Severity of OCD
Problem Solving	.162
Cognitive Restructuring	.059
Social Support	.022
Express Emotion	.034
Problem Avoidance	.133
Wishful Thinking	.300*
Social Withdrawal	.221
Self Criticism	.425**

** Correlation is significant at the 0.01 level (2- tailed)

* Correlation is significant at the 0.05 level (2-tailed)

Table 1 indicates that Pearson correlation was performed to assess the association between the severity of OCD and coping strategies, which showed that the severity of OCD is positively correlated with wishful thinking ($r = 0.300$ at 0.05 level) and self-criticism ($r = 0.425$ at 0.01 level) which implicates higher the severity of OCD, more is the use of wishful thinking and self-criticism (coping strategies).

Table 2: Correlation between Emotion Regulation and Coping Strategies

Coping Strategies	Cognitive Reappraisal	Expressive Suppression
Problem Solving	0.097	.045
Cognitive Restructuring	0.284*	.241
Social Support	-.299*	-.561**
Express Emotion	.047	-.429**
Problem Avoidance	.012	.238
Wishful Thinking	.052	.366**
Social withdrawal	.269*	.523**
Self Criticism	.101	.233

* Correlation is significant at the 0.05 level (2-tailed)

** Correlation is significant at the 0.01 level (2- tailed)

Table 2 indicates that Pearson correlation (two-tailed) was performed to assess the correlation between coping strategies and emotion regulation which implies among different domains of coping strategies, cognitive reappraisal is positively correlated with cognitive restructuring ($r = 0.284$), at 0.05 level, and social withdrawal ($r = 0.269$), at 0.05 level indicating that higher the use of cognitive reappraisal, more is the use of cognitive restructuring and social withdrawal as coping strategy. Cognitive reappraisal is negatively correlated with social support ($r = -0.299$) at 0.05 level, implicates that the higher the use of cognitive reappraisal, the lesser is the use of social support as a coping strategy. Expressive suppression is negatively correlated to social support ($r = -0.561$), at 0.01 level, and express emotion ($r = -0.429$), at 0.01 level, which represents that higher the use of expressive suppression, less is the use of social support and express emotion as coping strategy. Expressive suppression is positively correlated with wishful thinking ($r = 0.366$), at 0.01 level, and social withdrawal (0.523), at 0.01 level implicates higher the use of expressive suppression, more is the use of wishful thinking as (coping strategy).

DISCUSSION

Obsessive-compulsive disorder (OCD) was considered a relatively rare disorder until about two decades ago. Indian research on various aspects of OCD has shown broad similarities with that of research from other parts of the world. OCD in comparison with other anxiety disorders or mood disorders has been found to be impaired in social and occupational functioning (Torres et al., 2006). The present study showed how coping mechanism and emotion regulating strategies lead to distress in OCD. In this study, the socio-demographic background and clinical profile of the persons with OCD were assessed where it was indicated that the mean age of the persons with OCD was between 32-40 years which represented that the majority of the participants were in their 30's and it is similar with a study by Mahajan et al., (2014). It was found from the present study that that 65% of the persons with OCD were female and 35% were male which implicates that, it is more prevalent in adult women than adult men. The finding showed that among the persons with OCD 53.3% of the participants were residents of rural areas. This has emerged that 53.3 % of participants with OCD were married and the rest 36.7% were single which is similar to the study by Mounika & Kumar (2017). The educational background of the present study showed among the persons with OCD, only 36.7% were educated up to class VII, which was

inconsistent with the study conducted in the past by (Khandelwal et al., 2009) that stated 24.4% of the participants were graduates or above. The present study also revealed that the majority of the participants were Hindus (81.7%) and almost 61.7% were from a nuclear family, which is similar to the study by Sharma et al., 2019. The approximate monthly income of the person with OCD in the present study is between Rs 5000-12000 INR. The result displayed that among 60 participants 55% are homemakers, 13.3% belong to another profession, and 10% are students. The clinical profile of the present study reflected that 93.3% has mixed obsessional thoughts compared to those suffering from predominantly obsessional thoughts and ruminations and predominantly compulsive acts. As we know that genetic factors play an important role in developing mental illness, 36.7% of OCD sufferers with a family history of mental illness are comparatively low in accordance to a study by Chowdhury et al., (2016) where 45% of family members of OCD sufferers had a psychiatric illness.

While assessing the relationship between OCD and coping strategies it was found that a positive correlation exists between the severity of OCD and wishful thinking. In other words, those with a severe form of OCD faces difficulty in altering the stressful situation and uses wishful thinking as their coping mechanism to deal with the situation, implicating that OCD sufferers use wishes or wishful ideas to make something desirable to happen and try to avoid something undesirables from actually occurring. This study is similar to another study by Kantor (2016), where it was stated that persons with OCD seem to truly believe in wishful ideas. Like other domains of coping, self-criticism is also related to OCD and while analyzing the result of the present study positive correlation was found between the severity of OCD and self-criticism. This indicates that persons with a higher level of OCD have a feeling of inability to overcome difficulties so they choose in blaming and criticizing themselves, to escape from a stressful situation. This study is consistent with a study by Golestaneh et al. (2017), where it was found, that persons with OCD use more self-criticism in comparison to the normal population. The current study assessed an association between emotion regulation and coping strategy which demonstrated that cognitive reappraisal is positively correlated with cognitive restructuring. In other words, it can be stated that those who use the cognitive appraisal to regulate their emotion uses more cognitive restructuring as their coping mechanism to change their cognition which in turn affects their emotion generating process and help them to deal with the situation more effectively. The finding of the study is consistent with another study in the past by (Gross & John, 2003), which stated that an emotion-eliciting situation is constructed in a way that changes its emotional impact and works as a strategy for dealing with challenges and aversive emotions. Cognitive reappraisal was found to have a positive correlation with social withdrawal which indicates those with higher use of cognitive reappraisal uses more social withdrawal as a coping strategy. While the present study does not conclude the same result as the past study, it implicates that the sample of the present study has a higher use of cognitive reappraisal, which help them to alter their cognition and behavioural process and withdraw themselves socially to cope in response to a stressful situation. A negative correlation was found between cognitive reappraisal and social support among the persons with OCD which means the higher the social support lower is the use of cognitive appraisal strategy. Even the present study does not go similar to few other studies (Gaenefski et al., 2001; John and Gross, 2004) it can be described that the participants with OCD in the present study received more social support which decreases their ability to reframe events in a more positive way. Another major component of emotion regulation is expressive suppression which showed an association with coping strategies. The finding suggested that expressive suppression is negatively correlated with express emotion indicating those with higher use of expressive suppression strategy uses less in releasing and expressing emotion to cope with a stressful event. The present study is similar to the study by

Gross & John (2003), which stated that the use of expressive suppression by the participants may mask their inner feelings and hide their emotions which results in a lower level of positive wellbeing. Expressive suppression is also found to be negatively correlated with social support indicating, the lack of social support results in higher use of expressive suppression that signifies when the expressive suppression decreases the chances of getting social support, facing difficulty in expressing and regulating their emotions decrease as well. The finding of the study is similar to a study by (Srivastava et al., 2009), where it was revealed that suppressing emotional expression is associated with lower social support and lower social satisfaction. The present study found a positive correlation between expressive suppression and wishful thinking indicating higher use of expressive suppression, linked with more use of wishful thinking as coping strategies. As no such study was found on expressive suppression and wishful thinking, the present study concluded that those with OCD who suppress their emotion has more wishful thoughts or fantasies to draw attention away from the stressor and to cope in response to stressful events. A positive correlation was found between expressive suppression and social withdrawal indicating higher use of expressive suppression leading to more social withdrawal which signifies that suppression makes conversation difficult and reduced responsiveness that leads to more negative experiences.

LIMITATIONS

The present study had a relatively small size sample so it can be suggested that a study can take a larger sample size in future, and a control group can be used in the study for comparison to get a more comprehensive picture. A longitudinal study with a similar domain in the future may provide a clearer picture regarding the needs and problems of persons suffering from OCD. Male and female comparison on coping strategies and emotion regulation can be done in future.

CONCLUSION

The present study contributed to the knowledge of the studied areas, which will help in understanding the development and maintenance of OCD and will further help in developing intervention strategies from a psychosocial perspective which will eventually benefit persons with OCD, to lead a better life.

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CONFLICT OF INTEREST

None

ETHICAL CLEARANCE

Taken

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