

Measure of Effects of Early Obsessive Compulsive Disorder (OCD) In Adult Learning

Sadia Iram ¹

Abstract

The study explored the three dimensions of a teacher's behavior towards his/her pupil: tolerant, coercive control and deterring control and secondly the two basic dimensions of OCD. The approach of the study was quantitative in nature. The population of the study was comprised of the individuals studied in different colleges of the Rawalpindi in Punjab, Pakistan. One-way ANOVA test used for the analysis of data. A Self-assessment questionnaires was used as a tool for data collection. A sample of 47 respondents were taken to analyze the issue what they were encountering. Through SPSS Mean and Standards Deviations were included to get an understanding of the characteristics of the population that composed the study sample. Hence the findings show that it is matter of greater concern that the coercive and deterrent style of teaching has very harmful impact on the life of an individual as the respondents quoted that the fear of doing wrong and the failure became the part of their personality but some was in favor of these kind of teaching style. The results concluded and showed a clear picture that these kind of teaching styles are worse for the learning of students and also have negative impact in their later stages of learning. Complex and fear becomes the part of their personality. The researcher further suggested that it cannot be said that the OCD has only roots into the educational institutions to be grow up in the personality of an individual, or it may be suggested that researchers should look for different tools, such as different questionnaires, that can enhance the reliability of other studies going forward in this direction. Furthermore, although it may be a very time consuming quest, the benefits of a longitudinal study that follows persons with OCD over a period of time through childhood with the parents as self-reporters may prove beneficial.

Key words: Measurement, early OCD, adult learning, teaching patterns.

¹MS Education, Department of Education, Foundation University Rawalpindi

Introduction

A concise review of what is comprehended to be the way of fixations and impulses is important. Obsessions are the meddlesome and industrious contemplations that an OCD individual always fights with. It is difficult to overlook them or "stand up" to them to make them leave. The agreement among clinicians was that OCD was an unmanageable condition with a persistent course that was generally inert to treatment (Abramowitz, 2006).

Compulsions are the inclinations to perform behavioral or mental customs went for diminishing the uneasiness, tension, or uncertainty brought on by over the top contemplations. Compulsions have a tendency to be consider, yet silly and unnecessary concerning the dread or uneasiness which they are proposed to kill. Like fixations, impulses have a tendency to be eccentric. Some regular urgent practices incorporate dreary and unnecessary hand washing, checking tallying, exorbitant supplication, and dull expressing of expressions to kill fears or uncertainty.

Treatment for OCD regularly focuses on these compulsions trying to restrict the sum that they are depended upon to decrease the individual's level of nervousness. In spite of the fact that people know that their contemplations (fixations) are irrational, they don't have the self-discipline or quality to make these musings leave. Basic fixations might be identified with tainting worries of demonstrations of hostility, unsatisfactory religious or sexual contemplations (assaulting somebody) or worries about wellbeing. Compulsiveness, a requirement for precision and symmetry are likewise basic sorts of fixations

OCD is a crippling ailment that influences the social, familial, and money related prosperity of those harrowed, and altogether impacts personal satisfaction (Craftsman and Chung, 2011). By far most of studies which look at child rearing practices in association with the onset of OCD concentrates exclusively on dictator child rearing conduct. The lack of research directed on other child rearing practices requires ventures that look at the association between an assortment of child rearing styles and the onset of fanatical habitual symptomology. Activities of this sort could offer a more nuanced and far reaching comprehension of an ailment which influences around 2.2 million American grown-ups in any given year ("Over the top Habitual Issue", 2015). The adequacy of ERP for OCD has been all around recorded (e.g., Abramowitz, 1998), with reaction rates going from 63% (Stanley and Turner, 1995) to 90% (Abramowitz, 1997) for people who experience a full course of treatment.

Be that as it may, regardless of the viability of ERP, numerous OCD sufferers have not profited from ERP treatment. Specialists assess that among the individuals who follow ERP treatment at least 10% don't react (Vogel, Bjarn, Stiles, and Gotestam, 2006). With expanded episodes of uneasiness and its showed medical problems, it is important that youngsters and youths are educated to deal with their nervousness and stress so they can diminish the danger of long haul wellbeing concerns (Orth, 2011). Puberty is a basic period where critical formative changes happen. The mind creates in the region that oversees both enthusiastic and official working, making it helpless against hereditary dangers of emotional sickness (Rockhill et al., 2010).

OCD has significant medicinal services suggestions as far as immediate expenses to social insurance specialists and experts, and comparatively adds to potential work compel profitability misfortunes and early retirement. This influences the contributory income streams and loss of human capital of around \$4 billion dollars every year (Egede et al., 2014). Notwithstanding the confirmation of treatment resistance and hard-headedness for OCD, little research has been directed to recognize the connects of treatment non-reaction and dropout. A great part of the examination on this theme has concentrated on recognizing sub-sorts of people with OCD who are less receptive to behavioral mediations (e.g., Alonso et al., 2001; Ball, Baer and Otto, 1996; Mataix-Cols, Marks, Greist, Kobak and Baer, 2002).

Statement of Problem

This study has major focus on the measurement of OCD in adults learning. Adult learning refers to the late learning which is acquired by the individual after getting the age of maturity. This learning includes the cognitive learning of the individual and the environment which he/she encountering. By exploring the barriers in the learning which an adult faces due to the early OCD the research addresses the existing gaps in literature to address this issue and the behavior of teachers in overcoming this OCD issue among the pupils to whom they are teaching. This study is conducting by the researcher for the first time. First time is because the researcher is highlighting the social aspects of the disease encountering by the students of age of maturity and also dig out the early and root causes of the respective study.

Purpose of the Study

The study explored the three dimensions of a teacher's behavior towards his/her pupil: tolerant, coercive control, and deterring control and secondly the two basic dimensions of OCD which are first injury, or bad luck, unacceptable thoughts and concerns about symmetry, completeness, and the need for things to be "just right" (Abramowitz et al., 2010). Independent variable as the behavior of teacher, research aimed at to measure of effects of

early OCD in adult learning with early OCD are dependent upon exposure to differing teaching patterns and learning of adult.

Research Questions

Study was based on following research questions:

1. Is there a difference in concerns about being responsible for harm, injury, or bad luck between individuals raised under different teaching patterns (tolerant, coercive control, and deterring control)?
2. Is there a difference in unacceptable thoughts between individuals raised under different teaching patterns (tolerant, coercive control, and deterring control)?

Hypotheses

H₁: There is a significant mean difference in concerns about being responsible for harm, injury, or bad luck between individuals raised under different teaching patterns (tolerant, coercive control, and deterring control).

H₂: There is a significant mean difference in unacceptable thoughts between individuals raised under different teaching patterns (tolerant, coercive control, and deterring control).

Methodology

The approach of the study was quantitative in nature. The population of the study was comprised of the individuals studied in different colleges of the Rawalpindi in Punjab, Pakistan. The study dealt with the variables as the styles of teaching as an independent variable. As the time was not enough the researcher taken the three basic teaching styles as independent variable with dependent variables as adult learning and OCD. One-way ANOVA test used for the analysis of data. A Self-assessment questionnaires was used as a tool for data collection to analysis the responses of individuals encountering the issue and for the analysis of teaching patterns they were facing. The questions were asked from the respondents who were facing OCD and were experiencing teaching patterns to explore their experience during childhood and its effects on their learning while they have grown up. The decision to rate one parent or caretaker versus another was left up to the discretion of the respondent. The test has a total of 20 questions and respondents answer these questions using a 4-point scale from 0 to 4, with a higher score having a positive correlation with symptomatic severity. Respondents received a numerical score for each of the four subscales, which were then used to calculate the overall score and aid in assessment of the specific nature of the respondents' OCD symptoms. A sample of 47 respondents were taken to analyze the issue what they were

encountering. Through SPSS Mean and Standards Deviations were included to get an understanding of the characteristics of the population that composed the study sample.

Results

The first question in the study explored that whether there was a difference in concerns about being responsible for harm, injury, or bad luck among individuals raised under different teaching patterns (tolerant, coercive control, and deterring control). ANOVA test was carried out after the collection of data and it measures the relationship among the variable as the hypothesis was to know that there is a significant mean difference in concerns about being responsible for harm, injury, or bad luck between individuals raised under different teaching patterns (tolerant, coercive control, and deterring control). The ANOVA used harm, injury, or bad luck scores as a dependent variable and teaching patterns as a factor. There was significant difference found between the three teaching patterns and levels of concerns about harm, injury, or bad luck by the targeted population, $F(1,324)=.83$, $p = .53$, $\eta^2= .613$. Again, only 61.3% of variability between the groups was due to independent variable. Although there was no evidence suggesting that differences between groups were significant, sample size might have affected those results. Table 1 presenting the Mean and Standard Deviation for research question 1.

Table 1: Mean and Standard Deviation for research question 1

Teacher's Pattern	Mean	Standard Deviation
Tolerant	1.47	1.06
Coercive	1.97	1.07
Deterrent	1.90	0.96

Research Question 2

The second research question was that whether there is a difference in unacceptable thoughts between individuals raised under different teaching patterns (tolerant, coercive control, and deterring control). For the assessing of mean and standard deviation ANOVA test was carried by the researcher to compare the mean differences among the variables used in the second hypothesis listed in the introduction section. There was significant difference was recorded between the teaching patterns and the adult learning as there arises no confusing element among the pupils but a slight personality difference as the results were $F(1,324)= 3.01$, $p = .058$, $\eta^2= .517$. There was no significant difference found among the

three teaching patterns and levels of concerns about symmetry, completeness, and the need for things to be “just right” by participants.

Although there was no evidence suggesting that differences between groups were significant, the effect size expressed as eta squared was very small. It was estimated that only 51.7% of the variability was due to the independent variable. The small study sample might have influenced the lack of results of statistical significance.

Table 2: Mean and Standard Deviation for research question 2

Teacher's pattern	Mean	Standard Deviation
Tolerant	1.49	1.01
Coercive	1.098	1.09
Deterrent	1.79	0.89

Delimitation of the Study: Study was delimited to 47 participants and further the study was categorized into male and female students of different colleges of Rawalpindi, it was also taken care that the equal representation has to be made for both gender.

Recommendations

A few researchers are there which are addressing the link between the teaching patterns and to the OCD. So, for the limitation elimination of the study and setting up a road map to address this issue following recommendations were made to cope up the problem at all level of concerns and these are:

- The use of a clinical sample with a deciding factor of OCD subtypes would be recommended.
- It cannot be said that the OCD has only roots into the educational institutions to be grow up in the personality of an individual, or it may be suggested that researchers should look for different tools, such as different questionnaires, that can enhance the reliability of other studies going forward in this direction.
- Furthermore, although it may be a very time consuming quest, the benefits of a longitudinal study that follows persons with OCD over a period of time through childhood with the parents as self-reporters may prove beneficial.
- Finally, statistical analysis performed in this research would imply that a larger sample size is advised in order to detect true differences.

Social Implications

This review added another measurement to the field of how showing examples may affect the improvement of OCD. While coercive showing strategy had as of now been appeared to affect the advancement of OCD, this review extended to consider the level of concern members experienced inside subgroups of OCD and in the event, that they are affected by child rearing styles. This current review's unimportant outcomes have conveyed more attention to the field of study that focuses on child rearing style and its conceivable effect on subtypes of OCD.

It can't be decided out that a particular child rearing style may perhaps diminish the level of worry that somebody with OCD encounters, and could likewise be exceptionally useful for clinicians, therapists, analysts and instructors. The consequences of this review might be utilized as a structure for future reviews that can concentrate on various parts, add more energy to their review, utilize a clinical specimen, and include a sound control gathering. Every single logical examination (with huge outcomes or not) have a commitment to medicinal services and social change, analysts need to comprehend what is not as well as what seems to be. In particular, the field of brain research and emotional well-being exploration here ought to proceed in the push to help counteract or moderate OCD improvement. Guardians may have the capacity to play an all the more characterizing part around there of their youngster's improvement.

Conclusion

The research purpose was to measure the relationship between three teaching patterns mainly used by the teachers at early stage of education and its effect on the OCD and its later outcomes as the child grows old. Hence the findings show that it is matter of greater concern that the coercive and deterrent style of teaching has very harmful impact on the life of an individual as the respondents quoted that the fear of doing wrong and the failure became the part of their personality but some was in favor of these kind of teaching style. The results concluded and showed a clear picture that these kind of teaching styles are worse for the learning of students and also have negative impact in their later stages of learning. Complex and fear becomes the part of their personality.

References

- Abramowitz, J. S., Deacon, B. J., Olatunji, B. O., Wheaton, M. G., Berman, N. C., Losardo, D., Hale, L. R. (2010). *Assessment of obsessive-compulsive symptom dimensions: Development and evaluation of the Dimensional Obsessive-Compulsive Scale*. Psychological Assessment.

- Ando H, Yoshimura I (1978). *Prevalence of maladaptive behaviour in retarded children as a function of IQ and age*. J Abnorm Child Psychol. 1978;6: 345Y349.
- Caron C, Rutter M. (1991). *Comorbidity in child psychopathology: concepts, issues and research strategies*. J Child Psychol Psychiatry. 1991;32 1063Y1081.
- Coolahan, K., McWayne, C., Fantuzzo, J., & Grim, S. (2002). *Validation of a multidimensional assessment of parenting styles for low-income AfricanAmerican families with preschool children*. Early Childhood Research Quarterly, 17, 356-373. doi: 10.1016/S0885-2006(02)00169-2
- Enander, J., Andersson, E., Kaldö, V., Lindefors, N., Andersson, G., Rück, C. (2012). *Internet administration of the dimensional obsessive-compulsive scale: a psychometric evaluation*. Journal of Obsessive-Compulsive and Related Disorders, 1, 325-330. doi: 10.1016/j.jocrd.2012.07.008
- Erozkan, A. (2012). *Examination of relationship between anxiety sensitivity and parenting styles in adolescents*. Educational Sciences: Theory & Practice, 12(1), 52-57. Retrieved from <http://www.estp.com.tr>
- Bruch H: Perceptual and conceptual disturbances in anorexia nervosa. Psychosom Med 1962; 24:187–194
- Ford T, Goodman R, Meltzer H. (1999). *The British Child and Adolescent Mental Health Survey 1999: the prevalence of DSM-IV disorders*. J Am Acad Child Adolesc Psychiatry. 2003;42:1203Y1211.
- Giedd JN, Rapoport JL, Kruesi MJP, Parker C, Schapiro MB, Allen AJ, Leonard HL, Kaysen D, Dickstein DP, Marsh WL, Kozuch PL, Vaituzis AC, Hamburger S, Swedo SE. (1995). *Sydenham's chorea: magnetic resonance imaging of the basal ganglia*. Neurology 1995, 45:2199–2202
- Hettema, J., Steele, J., & Miller, W. R. (2005). *Motivational interviewing*. Annual Review of Clinical Psychology, 1, 91–111.
- Horvath, A. O. (1994). *Research on the alliance*. In A. O. H. L. S. Greenberg (Ed.), *The working alliance: Theory, research, and practice* (pp. 259–286). New York: Wiley.
- Levesque, C. S., Williams, G. C., Elliot D., Pickering, M. A., Bodenhamer, B., & Finley, P. J. (2006). *Validating the theoretical structure of the Treatment Self-Regulation Questionnaire (TSRQ) across three different health behaviors*. Health Education Research, doi: 10.1093/her/cyl148.
- Narrow, W. E., Rae, D. S., Robins, L. N., & Regier, D. A. (2002). *Revised prevalence estimates of mental disorders in the United States*. Using a clinical significance

criterion to reconcile 2 surveys' estimates. *Archives of General Psychiatry*, 59, 115–123.

Osgood-Hynes, D., Riemann, B., & Bjorgvinsson, T., (2003). *Short-term residential treatment for obsessive-compulsive disorder*. *Brief Treatment and Crisis Intervention*, 3, 413-435.

Neale MC, Kendler KS. (1995). *Models for comorbidity of multifactorial disorders*. *Am J Hum Genet*. 1995;57:935Y953.

Reiss S, Szyszko J. (1983). *Diagnostic overshadowing and professional experience with mentally retarded persons*. *Am J Ment Defic*. 1983;87:396Y402.

Simonoff E, Pickles A, Meyer JM et al. (1997). *The Virginia Twin Study of Adolescent Behavioral Development: influences of age, gender and impairment on rates of disorder*. *Arch Gen Psychiatry*. 1997;54:801Y808.

Snell JW, Merickel MB, Ortega JM, Goble JC, Brookeman JR, Kassell NF. (1995). *Model-based boundary estimation of complex objects using hierarchical active surface templates*. *Pattern Recognition* 1995; 28:1599–1609.

Strober M: Personality and symptomatological features in young, nonchronic anorexia nervosa patients. *J Psychosom Res* 1980; 24:353–359.