OBSESSIVE COMPULSIVE DISORDER IN PAKISTANI FEMALES: A PSYCHOSOCIAL PERSPECTIVE (CULTURAL MANIFESTATION, SYMPTOMOLOGY, UNDERSTANDING AND TREATMENT)

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The present study aimed to explore Obsessive Compulsive Disorder (OCD), in females as a cultural phenomenon. Manifestation, symptomology and understanding of OCD are purely cultural specific and many interesting themes were generated which are totally cultural specific like, possession of evil spirit. The findings indicated that females in Pakistani culture significantly suffer from all types of OCD but checking, contamination, doubting and cleanliness obsessive compulsive behavior is common. Qualitative study design was used and investigated the cultural specific experiences, perceptions, understanding and treatment of OCD females regarding their problem. Thematic Analysis was conducted to capture experiences of OCD among females. The main themes derived were psychological distress, social avoidance, social rejection, poor quality of life and functional impairment in almost all areas of life and facing hurdles in treatment. Focus group discussions (FGDs) were also carried out with Psychologists who were treating females diagnosed with OCD, they indicated that females with OCD are perceived negatively in Pakistani culture due to which treatment process face problems and recovery is very slow as people are not supportive towards the treatment. Cultural specific prevention techniques such as affective parenting, psych education, awareness, proper religious teachings would be provided to overcome and to prevent OCD in Pakistani society.

Keywords: Obsessive Compulsive Disorder, Affective parenting, Psychological distress Cultural specific experiences.

I. INTRODUCTION

Mental disorders are spreading enormously all around the world and in third world countries the situation is most awful, besides a lot of reasons for this bad situation, lack of education and family support are two of the main factors for worst mental health situation in developing countries including Pakistan. In Pakistan male dominated society suppresses females in many ways. When we come to the field of health and specifically mental health, the main gaps exists in educating people about mental health and making them aware of its importance and make them understand that how a healthy mind can work progressively towards the betterment of any country. When it comes to the education of female, it is way far important as females are involved in the upbringing of future generation, it is very important that they would be in a very perfect health condition. Researches have been done in Pakistan on many mental health topics but there are gaps in cultural manifestation and presentation of mental health problems especially among females.

This researchstrongly intended to explore the Obsessive Compulsive Disorder (OCD) in females as a pure cultural phenomenon and it has been tried to sketch out the cultural specific reasons, experiences and problems faced by females in expressing and having treatment for the disorder.Diagnostic criteria given by DSM-V for OCD are the presence of obsessions, compulsions or both.Obsessions are persistent ad recurrent thoughts and compulsions are repetitive behaviors that are aimed to reduce anxiety.

OCD is one of the leading mental disorders spreading in Pakistan and prevalence rate is higher in females (Saleem&Mehmood, 2009). The present research would be helpful in understanding females' point of view regarding their problem and what social factors which made difficult their curing process. It would be a cultural specific picture of OCD females in Pakistan regarding cultural presentation, problems, understanding and treatment of the OCD. The study has wide implications in the field of clinical psychology and Educational Psychology.

1.1. Cultural Perspective in OCD

It is the known fact that the manifestation of the human behavior is intimately associated with cultural and social realities in such a way which clearly provide individual differences as well as intra and inter culture differences. There are some forms of psychological disorders which one can say that more likely could be the outcome of familial, personal experience, cultural and social environment. Every culture is different and it has its own way of expression in normal and abnormal behavior. In case of research regarding occurrence of any psychological disorder in a specific culture, all the related and specific areas must be covered which makes a culture different.

If the research does not cover all the cultural aspects, this will lead major errors and problems in judgment of the studied disorder in terms of etiological background of the problem, diagnosis and effectiveness of any treatment or intervention (Saleem&Mehmmod, 2009).

In OCD compulsion and obsessions both manifest, a large number of variations in their content and form, from culture to culture. There is a lot of empirical support which explored that there is a significant effect of culture differences on the content of obsessive thoughts and compulsive behaviors (Akhtar et al., 1979; Fontenelle et al., 2004; Ghassemzadeh et al., 2002; Jaung& Liu, 2001; Nazar&Shafique, 1999; Oguzhanoglu et al., 2006; Okasha et al., 1994). Many researches explored cultural specific obsessions and compulsions. Obsessions that are mostly listed in some culture are related to contamination and in most religious cultures and societies; religious obsessions are predominated (De-Bilbao &Ginnakopolous, 2005; Oguzhanoglu et al., 2006; Okasha et al., 1994). Research results of Jaung and Liu (2001) and Robert (2003), found that in most of the secular culture obsessions related to perfectionism and symmetry are more likely to occur.

II. METHODOLOGY

2.1 Participants

The participants included in this study were diagnosed female patients of OCD from different private and government hospitals of Lahore, Pakistan. The participants were selected using purposive sampling technique from different hospitals of Lahore, Pakistan. All participants were females between the age ranges of 21-35 years and were taking therapy sessions in Different hospitals of Lahore, Pakistan.

The present research was conductedby interviewing 10 females diagnosed with OCD and being treated in hospitals. The facilitiesfrom which the data was collected were OPDs and private therapy sessions conducted by trained psychologists. These sessions were attended by the researcher with the permission from the hospital authorities and interviews were conducted from the female patients after their consent to share their OCD experiences with the researcher.

Two focus group discussions (FGDs) were conducted with psychologists who were treating the female patients diagnosed with OCD. In this setting the participants were free to talk with each other on the given topic to generate a rich data related to the treatment process of OCD and cultural specific hurdles in the treatment process. Each focus group was comprised of 6 clinical psychologists having at least two years' experience.

2.2 Instruments

2.2.1Demographic Data Sheet

A demographic data sheet was used to collect data regarding the age, education, siblings, birth order, marital status and family system.

2.2.2. Interview Guide

A semi-structured interview was used to assess the life experiences of the OCD female patients. Semi-structure interview is qualitative method of inquiry which allows the interviewer to explore as many dimensions of the related topic as one wants to be. It allows the respondents to raise and discuss the issues that may not be considered by the researcher.

2.2.3 Focus Group Discussions

Two focus group discussions (FGDs) were organized to take clinicians view about treating OCD and stating cultural hurdles in the treatment process. Main essence of this setting is that the discussion is focused and ideas that are generated are specific to the given topic and this group is guided by the trained facilitator to stay focused. For the present research focus group discussionswere comprised of 8 main questions.

2.3Procedure

Data was collected from both public and private sector hospitals located in Lahore Pakistan viz. Sir Ganga Ram Hospital Lahore, Services Hospital Lahore, Mayo Hospital Lahore, Fountain House Lahore and Salma Sarfaraz Hospital Lahore. The interviews took 40-45 minutes each. The data was collected over a period of 2 months (8 weeks). Interviews were recorded and then transcribed. FGDs were carried out in Government College University (GCU), Lahore. Participants of the FGDs were clinical psychologists working in the above mentioned hospitals and two participants from GCU, Lahore. Each FGD lasted for 45 minutes approx. FGDs were recorded and then transcribed.

The collected data was then translated from the native language, Urdu into English. Then the themes were generated based on the common responses by the participants. The researcher used the interpretive phenomenological approach to code the verbatim responses of the participants. A master code sheet was devised on the basis of themes generated in the interviews. Coding was applied to the responses relating to the experiences of the females regarding OCD and the treatment process.

III. THEMATIC ANALYSIS

In analyzing the responses and information provided by the respondents and counter checked by the psychologists during treatment sessions, the following themes were generated.

3.1.Psychological Distress

One of the major themes emerged in this research is psychological distress. All the respondents reported severe psychological distress due to OCD. The sub-themes emerged under psychological distress were depression, anxiety, apprehension, fear, aggression, paranoia, loneliness, tension, mistrust, mood swings and irritation(RI, R2, R3, R4, R5, R6, R7, R8, R9, R10.

3.2Quality of Life

Any mental disorder impacts significantly on quality of life of that individual. Respondents of this research also reported that their social, marital, professional and routine life is completely ruined by OCD.One of the respondent stated, "My routine life is ruined; I am unable to do routine tasks like normal people do, I am unable to carry out my routine life activities; most of the time I asleep and unable to look after my home; normal routine is affected a lot due to OCD".

3.2.3Cultural Expression of OCD

The present research was mainly intended to find out OCD as cultural phenomenonand many interesting results were generated based on Pakistani cultural settings regarding experiencing OCD and treatment process. There is very less psycho-education in our society so people instead of understanding the mental problem label the persons with different names as "Mad" and "Abnormal". Stigmatization/Labeling, traditional cure, possession of evil spirit, lack of acceptance, reserved father-daughter relationship and gender biases are sub-themes of cultural expression of OCD.

3.2.3.1Stigmatization/Labeling

In most of the cases when the disorder is cured the person become unable to do anything normally as the society stigmatized that person with a label of being "Mad" and in this way the targeted individual faces a life time impairment (R3) "People in our society instead of understanding our problem label us a 'mad' and 'abnormal' and for the rest of our life we suffered a lot due to these names".

3.2.3.2 TraditionalCare/Possession of Evil Spirit

Another very important sub-theme related to culture is the traditional cure of the disorder. Females being less dominant member of our society are not able to defend their disorder and undergo traditional treatment techniques. It has been reported by two (R4, R6) respondents that their families are of the view that they are possessed by some evil spirit and only spiritual or traditional treatment would be fruitful by some 'peer or faqeer' "My mother in law strongly believes that an evil spirit possessed me and I should go to a peer baba for the treatment as there is no other way of curing".

3.2.3.3Gender Biases/Father-Daughter Reserved Relationship/Lack of acceptance

Many other cultural oriented sub-themes are being emerged by the interviews of the participants which are gender biases, father daughter communication gap, and lack of acceptance of mental illness in our society. Respondents of the study reported that, "Due to lack of education psychological disorders are not accepted by our people; despite of accepting my problem as a disorder I am accused of being irresponsible; My mother died and I am unable to disclose my obsessions to my father; our society is gender biased instead of being understanding females are remained un-attended."

3.2.4Dealing Repetitive Thoughts

One of the major themes related to management of OCD problem is dealing of repetitive thoughts. Participants of the present study reported several different ways to handle obsessive thoughts including acting out, leaving the specific behavior or avoidance of the specific place, submission to the problem and practicing the management techniques provided by the clinician (R1, R3, R4, R5)"My doctor gives me some useful management techniques to overcome my obsessions and now I learn to manage my life with OCD. Sometimes acting out on obsessions provides sense of satisfaction". Some respondents also reported that all the efforts to handle the irrational thoughts become useless (R2 and R6) "I tried really very hard to get rid of obsessive thoughts but my efforts all go in vain and thoughts keep on moving in my mind".

3.2.5Patient's Knowledge about the Disorder

In our society due to lack of knowledge people do not understand most of the problems and so could not able to cure themselves or others properly. Being aware of the disorder make it easy to cure, one of the major themes emerged in the current study is awareness about the OCD problem and understanding the treatment procedure. Sub-themes raised under this umbrella are irrational vs rational thoughts and understanding of the problem.

3.2.6RationalVersus Irrational Thoughts

Some respondents (R3, R5 and R6) know that these thoughts are irrational, as one of the interviewee reported "I know these are wrong thoughts and these thoughts are non-sense but I am unable to control them. I totally understand that this is a problem and it should be cured properly". On the other hand, another respondent (R4) defended her thoughts that these are right ones "I believe cleanliness is a good habit and we should keep our surroundings clean as cleanliness is next to godliness, so my obsessions are real and are not fake".

3.2.7Understanding of the Problem

It has been noted in the present study that the patients who have the knowledge and understanding of their problem are very friendly toward their treatment process and others who do not understand resist their treatment. So it is very important that individuals must be taught about the mental problems and should know the severe consequences of the problems so they make themselves prepared to the treatment process. Many studies support this theme as well. Blair-West (2011) suggested that active learning is very important among OCD patients, personal understanding of their OCD problem is very important.

3.2.8 Perception about OCD Females in Pakistani Culture

Common people in our society are not very much aware of mental health problems. This lack of psych education leads to less understanding and acceptance of mental health problems here in Pakistan. Views of different Psychologists practicing in Pakistani hospitals reported that females are perceived very negatively in our culture. Most common words use for them are Fussy, irresponsible, superstitious, lazy, ridiculous, rigid and religious (R1, R2, R3, & R4). Instead of understanding their problem they are at once tagged as lazy and irresponsible daughter or daughter in law. Sometimes they are considered as superstitious and blamed to make lame excuses and are tagged as rigid and stubborn. Females coming from strong religious background having strong religious belief system are very difficult to overcome with the issues of contamination and cleanliness. Major problem regarding this wrong perception is lack of education regarding mental health and lack of social support for such individuals.

3.2.9Common Types of OCD Reported by Females in Pakistani Clinics

OCD is one of the major and fast spreading mental disorders in Pakistani culture and prevalence for females is more than the males. Considering the most reported types of OCD among females in clinics are cleanliness, checking, religiosity, Contamination and ordering (R1, R2, R3, & R4). It has been noted that type of disorder depends upon the responsibility given to the females at home. In our culture cleaning home is the major responsibility related to females so they are more prone to develop OCD in this area. It is the common observation that females are more concerned about the contamination issues as they avoid using public toilets specially and often use the word “Napak” in case of using any public toilet.

3.2.10Cultural Specific Prevention Techniques

It is a fact that cultural differences exist worldwide for every field. Same is the case for mental health, in Pakistan there is very little and very insufficient education given to folks about mental health issues and problems. This is the reason that most of the people do not understand, comprehend and accept the mental disorders and persons suffering from mental health issues. So there must be need for some cultural specific techniques to overcome and prevent these problems in Pakistani society. The most important and top issue is providing education and awareness to the people especially common people and those who are illiterate. Parents must be educated about the issues and habits regarding their children which later on develop OCD. Awareness should be given on massive level so that every single person able to understand the problems and they are encouraged to report them so they do not become severe. In Pakistani culture we always consider religious education at the top, which is good, but while educating children teachings regarding religion one must take care to explain rules and margins of making mistakes in life. People who are perfectionist are never satisfied about their acts and keep on repeating them unless they overcome their anxiety; this personality trait develops in childhood so when in childhood parents must be careful in teaching their kids about their life.

CONCLUSION

It has been seen in this research that in Pakistani society OCD is one of the major mental health problems prevailing in females. Due to lack of awareness regarding OCD, females are being exploited by other people of the society (in-laws, family, friends etc) and are unable to do job or unable to live a normal married life with specific to Pakistani culture. In Pakistan, society is not very much supportive towards mental health problems so instead of recovery, relapse rate is high. Females are at higher risk for developing mental disorders in Pakistan, as this is the male dominating society females are being ignored, but now it is time to consider them equally because now they are with males in every walk of life. Severe problems are faced by married females in our society. They are being divorced and cheated by their husbands instead of being treated carefully. In the same way in laws are not supportive for mentally disturbed females, another cultural specific problem faced by females here in Pakistan. Psychologists working here in Pakistan are strongly emphasizing on the psych education of common people, parents, and school going children (early education) for proper understanding of mental health problems and their prevention. Role of family and friends is considered very important for the treatment of OCD in our culture. Stigmatization is a very common phenomenon in our culture to degrade and demoralize the treatment procedure and patient as well, this should be stopped and proper care should be given to the needy person to ensure recovery.

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