SUMMARY

In each and every phases of life, individual have to deal with a broader range of stressors and challenges to adapt to the world and the access of all these distress and stressors may cause some disturbance in the psychological and socio-occupational functioning and when the problem become severe then it leads to the mental illness in the individual. Most often, the behavior of someone with a mental illness is misconstrued. In particular cases such confusion is that, persons with a psychological illness are sluggish and weak also, and if they attempted hard enough they might snap out of it.

Anxiety can be specified by the experience of worry thought and tension. It is more than fear which is related to the onset of the confusion regarding the irrational, and at times illogical nature of the internal world might be some of the sentiments experience by the individual with a psychological/mental illness. Additionally it could be possible that they might also encounter anger and astringency due to the mode through which the mental illness is impacting each and every aspects of individual’s life. It could be possible that they may be very much sensitive to criticism and feel as if other, including their care takers and mental health professional, not been able to understand them or what they are going through. Sometimes it is also likely to happen that they may feel rejection from peer group and relatives and therefore feeling isolate themselves. They might also experience lack of energy or motivation, deprivation of interest and an overmastering sense of despair. It is also noticeable that individuals who are having psychological disorders are at risk for lessened quality of life, lowered productivity and poverty, educational difficulties, vulnerability to ill-treatment, social problems, and additional health problems. Anxiety is a part of some of the most common neurotic disorders; it is most common in all mental illnesses in general population. Now days it seems like a general process in life. However, when the anxiety becomes severe or start out spoil someone’s functioning of life, it can be categorized as a disorder or illness. In current scenario the focus is more on the core symptom of disorders rather that the cluster of pathology. So, in view of that the core features of Obsessive Compulsive disorder and Generalized Anxiety Disorder and its effect on the quality of life of the individuals have been assessed and for the
intervention Acceptance and Commitment Therapy was applied to know its efficacy on Obsessive Compulsive disorder and Generalized Anxiety Disorder.

Keeping all these things in mind, the problem of the study was formulated as: “Harm Avoidance, Incompleteness and Quality of life in persons with Obsessive Compulsive disorder and Generalized Anxiety Disorder”.

OBJECTIVES: To achieve such understanding, following objectives were framed for the study:

1. To assess and compare the socio-demographic distribution of three groups (viz OCD, GAD, and healthy groups).
2. To assess and compare male and female OCD patients on the measure of harm avoidance, incompleteness and measure of Quality of life.
3. To assess and compare male and female GAD patients on the measure of harm avoidance, incompleteness and the measure of Quality of life.
4. To assess and compare male and female healthy group on the measure of harm avoidance, incompleteness and the measure of Quality of life.
5. To assess and compare the level of harm avoidance and incompleteness among three groups (viz OCD, GAD, and healthy group).
6. To assess and compare the status of quality of life among the participants of three groups (viz OCD, GAD, and healthy group).
7. To assess the role of harm avoidance and incompleteness on both mental illnesses (viz OCD and GAD).
8. To assess the effect of Acceptance and commitment therapy on the severity and symptoms (Harm-avoidance and Incompleteness) in both the disorders (Obsessive Compulsive Disorder and Generalized Anxiety Disorder).

HYPOTHESES: Following hypotheses were made on the basis of above given objectives:

1. Socio-demographic status would affect the condition of three groups (viz OCD, GAD, and healthy group).
2. There would be no significant difference between male and female OCD patients on the measure of harm avoidance, incompleteness and quality of life.
There would be no significant difference between male and female GAD patients on the measure of harm avoidance, incompleteness and quality of life. There would be no significant difference between male and female healthy group on the measure of harm avoidance, incompleteness and quality of life. There would be differences in level of harm avoidance and incompleteness among three groups (viz OCD, GAD, and healthy group). There would be significant difference on quality of life among three groups (viz OCD, GAD, and healthy group). There would be significant effect of harm avoidance and incompleteness on both mental disorders (viz. OCD and GAD). Acceptance and commitment therapy would be effective in the treatment of Obsessive Compulsive Disorder and Generalized Anxiety disorder.

**METHOD**

**DESIGN:** A Multi-group design was used to achieve the desired objective and to test the hypothesis.

![Diagram](image)

**Phase- II** Second phase is the intervention phase in which difference between pre and post data was analyzed after intervention of Acceptance and Commitment Therapy.

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SAMPLE

A sample of 180 subjects were taken purposively from psychiatry department of some general and mental hospitals in NCR region, which has been divided into three groups that comprise of 60 persons with Obsessive Compulsive Disorder, 60 persons with Generalized Anxiety Disorder and 60 healthy person. In every group, 30 male and 30 females were taken. It was ensured that patients were diagnosed by psychiatrists and not having any co morbid disorder. Patients with psychotic features have not been included in the sample. Sixty Healthy people have also been taken for control group who have no history of physical or mental disorders with the age range between 20-50 years.

In second phase (Intervention phase) of the study 20 patients from OCD group and 20 patients from GAD group were selected randomly. 10 patients of selected OCD and GAD group were given intervention and rest 10 patients from both the groups were not given any psychological intervention and kept them in the control group.

MEASURES: following tools are used as the measures in the study.

- Informed Consent Form (made by investigator).
- Sociodemographic data sheet (made by investigator).
- Obsessive–Compulsive Trait Core Dimensions Questionnaire (OCTCDQ) by Summerfeldt, Kloosterman, Parker, Antony, & Swinson, (2001)
- General Health Questionnaire (GHQ 12) by Goldberg & Williams (1988)
- BECK ANXIETY INVENTORY (BAI) by Aaron T. Beck (1998)

PROCEDURE:

The study is divided into two phases, the first phase is Assessment phase and the second one is Intervention phase. The first phase (Assessment phase) is also called pre-intervention phase as the baseline assessment has been done in first phase and after that patients chosen for intervention have been studied to see the effect of Acceptance and Commitment Therapy in both the disorders (OCD and GAD).
1 **Assessment Phase:** - In Assessment Phase initially hospital authority was contacted and formal permission for data collection was sought. Later cases were identified on the basis of diagnosis that was already established by team of doctors in the hospital. Patients who were beyond the age range or who have co-morbid illness or psychotic features were not entertained in the study. For healthy group, subjects were taken who were not having any psychiatric or physical illness. Subjects were informed thoroughly about the study and informed consent has been taken. Then some basic demographic data was collected and questionnaires have been given to be fulfilled by the subjects, along with the instructions for the questionnaire. Later the data has been analysed by SPSS 16 version with appropriate statistical techniques. All these process was done in first phase which is called assessment phase of the study.

2 **Intervention Phase:** - In the Second phase (Intervention phase) of the study 20 patients from both the groups of disorders (OCD & GAD) who has motivation for the intervention, were taken for intervention and 10 out of selected 20 patients from both the groups were taken for control group which have been taken to compare with both the group to see the effect of intervention. While baseline assessment the severity of illness was measured by Yale brown obsessive compulsive scale (YBOCS) and Beck anxiety inventory (BAI) and the patients who have moderate to severe level of pathology were taken for the therapy. After that Acceptance and commitment therapy was applied on the group of OCD patients and GAD patients. For control group no intervention was given. 10 – 12 weekly sessions of ACT was given to each patient of OCD and GAD. The duration of each session was in between 45 minutes to 1 hour planned. After completion of intervention, again both the severity rating scales (YBOCS and BAI) were administered to assess the level of severity of illness. Along with this Obsessive–compulsive Trait Core Dimensions Questionnaire (OCTCDQ) was also administered to see the effect of intervention for that and the effect of ACT has been seen on OCD and Generalized anxiety Disorder patients. Comparison with control group was done with both the groups to see the effect of Acceptance and Commitment Therapy.
STATISTICAL ANALYSES:

Descriptive statistics like frequency, percentages, Mean, SD has been calculated for different socio-demographic variables. Data has also been displayed through bar charts. The data analysis of the present study followed both descriptive statistics and inferential statistics. The descriptive statistics followed both mean and standard deviation. Group differences as well as pre post comparisons among different groups of patients on different variables have been analysed by using descriptive and inferential statistics like t-test, Analyses of Variance (ANOVA). Significant findings on ANOVA have been assessed by using Post Hoc test. Effect of harm avoidance and incompleteness on both mental disorders (viz OCD and GAD) has been calculated by Co-relational analysis. The effect of Acceptance and Commitment Therapy on both the disorder was assessed through wilcoxon test. The entire data analysis was done using Statistical Package of Social Sciences (SPSS-16) version software.
RESULTS AND DISCUSSION

Present investigation was conducted to study the “Harm Avoidance, Incompleteness and Quality of life in persons with Obsessive Compulsive disorder and Generalized Anxiety Disorder”. The main findings of the results are summarized under the heading of main findings of study which are given below:

MAIN FINDINGS OF STUDY:

The main findings of the study are as follows:

- The socio demographic variable like Age, Gender, Education, Marital status, Background, Religion and Income are determined to be different in three groups.
- In age wise distribution, it was observed that the average age of the male participants as well as the female participants of OCD and GAD groups is derived in early adulthood.
- There is no significant difference between male and female in both pathological group (obsession compulsion disorder and generalized anxiety disorder) on harm avoidance, incompleteness and quality of life has been seen but the researcher has found significant difference between male and female in healthy group.
- In Education based distribution of male and female participants of OCD, GAD and healthy groups, it was seen that lower level of education associated with the pathology mainly determined high in females than males.
- In the present study on marital based distribution it was found that there is the significant association between marital status and anxiety disorders means married participants were more likely to have symptoms of anxiety.
- In all the categories of residential background, highest frequencies have been established in urban background that indicates that the occurrence of symptoms of anxiety is very common in persons who belong to Urban background rather that the persons belong to rural background.
- The psychopathology have be seen more in lower income people in comparison to higher income people as the frequency of lower income male and female participants are high in both the disorders.
In OCD group which is Group I, no significant difference between male and female patient have been observed on Harm Avoidance, Incompleteness and Quality of life.

No significant differences were seen on Harm Avoidance, Incompleteness and Quality of life in the participants of GAD group which is Group II.

In Healthy group which is Group no. III, the significant difference between male and female obtained only on Harm Avoidance and incompleteness but not in level of quality of life.

Through assessment of level of Harm Avoidance and Incompleteness, it is observed that Harm Avoidance is more likely occurred in Generalized Anxiety Disorder apart from this level of Incompleteness is found to be high in Obsessive Compulsive Disorder.

In assessment of Quality of Life it is obtained that in Obsessive Compulsive Disorder and Generalized Anxiety Disorder the level of Quality of Life has been found very low in comparison to Healthy group.

All the three groups (OCD, GAD and Healthy Groups) determined to be different significantly from each other on Harm Avoidance, Incompleteness and Quality of life.

To assess the role of Harm avoidance and Incompleteness on Obsessive compulsive disorder and Generalized anxiety disorder, the relationship between harm avoidance and Incompleteness with GAD & OCD was studied and discovered that that there is an important role of Harm Avoidance and Incompleteness on both Generalized anxiety disorder as well as Obsessive compulsive disorder.

Harm avoidance is highly associated with Generalized anxiety disorder, while the association of Incompleteness with Obsessive compulsive disorder was determined to be high.

In the second phase of study, the effect of Acceptance and commitment therapy on the severity and symptoms (Harm-avoidance and incompleteness) in both the disorders (Obsessive Compulsive Disorder and Generalized Anxiety disorder) is assessed and obtained that Acceptance and Commitment therapy is effective in the improvement of Symptoms of GAD including Harm Avoidance and Incompleteness.
In the post intervention assessment it is also seen that through intervention by Acceptance and commitment therapy, the level of quality of life has also been enhanced in persons with Obsessive Compulsive Disorder and Generalized Anxiety disorder in comparison to Control group to whom no psychological intervention was given.

Therefore, results indicated that Harm Avoidance and Incompleteness is the core features of Generalized Anxiety disorder and Obsessive Compulsive Disorder respectively. There is a strong relationship between Harm Avoidance and Generalized Anxiety disorder as well as Incompleteness is strongly associated with Obsessive Compulsive Disorder which is not with Healthy group. Harm Avoidance and Incompleteness have a significant role in the psychopathology of Generalized Anxiety disorder and Obsessive Compulsive Disorder. Quality of life is poorer in Obsessive Compulsive Disorder and Generalized Anxiety disorder in comparison to healthy group. Acceptance and commitment therapy is an efficacious psychotherapy for Generalized Anxiety disorder and Obsessive Compulsive Disorder specifically in reduction of the level of features of Harm Avoidance and Incompleteness. It is effective in enhancing the level of quality of life also. So, all the objectives are fulfilled. The assumed hypotheses are also retained and proved.
STRENGTH OF THE STUDY

The strengths of the study are as follows:

- In this study the translated version of questionnaire for Harm Avoidance and Incompleteness has been prepared. So that it would be amenable for Indian population.
- The questionnaire is useful for Clinical as well as research work.
- This study have highlighted sense of incompleteness (not just right experience) in OCD which is useful in reapplication of Janet Pinel and Summerfield and others concept of as core feature of Obsessive Compulsive Disorder.
- This is unique study to assess the relationship Harm Avoidance, Incompleteness and quality of life in context of OCD and GAD.
- This study supporting the Summerfeldt (2004) Model of Incompleteness and Harm Avoidance.
- The study findings have uncounted general view of people and given the evidence of that after developed psychopathology no gender difference.
- It’s a well designed study which has clearly defined the entire variable.
- The study has also defined very well aim and objectives.
- The study was made testable hypothesis.
- The study has emphasized on equality in participants selections and group division.
- The study has been completed in to two phases- pre interventions and post interventions.
- The second phase of study assessed effectiveness of Acceptance Commitment Therapy and to re-established evidence for efficacy of ACT in OCD and GAD.
- The study is also present evidence usefulness of ACT in Quality of Life.
- The study is useful for clinicians as well as researchers and academicians.
- The best thing of the study is that the whole study has been done by a trained and certified Clinician (Clinical Psychologist).
IMPLICATIONS

The main implications of the present study are given below:

- This study is helpful in better understanding of Generalized Anxiety disorder and Obsessive Compulsive Disorder.
- The study helpful to understand role of harm avoidance and incompleteness in OCD and GAD.
- Study is corroborated with the DSM V that is the latest version of classification system.
- The research study is very useful in understanding core of psychopathology.
- It's very useful for clinicians as well as academicians to understand the psychological formulation of OCD and GAD.
- Measures that have been used were well standardized and widely used for research and clinical purpose.
- The Study is useful for ACT practitioner to enhance their understanding about ACT and it’s implication of ACT.
- It’s also useful for understanding of QOL of OCD and GAD patients.
- It is also useful for planning and implementing psychotherapy for improving individual’s quality of Life.
LIMITATIONS

Whenever a research conducted, the researcher tries to avoid all the limitations so that the results obtained would be valid and the objectives can be achieved scientifically and successfully. In present study also the investigator has also tried do her best to avoid all the limitations. But still some of the limitations were remained in the study which is given below:

- The research study has used only two types of anxiety disorders.
- In interventions phase groups sample size is small.