CHAPTER VI – SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

“What should be done for his followers by a teacher with compassion and care for their welfare, that I have done for you. Here are the roots of trees. Here are the empty places. Meditate! Do not be lazy. Do not be ones who later have regrets. This is my instruction to you”

- Buddha (Majjhima Nikaya)
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The aim of the present study was to examine the effects of Acceptance and Commitment Therapy (ACT) on psychological flexibility, thought suppression, mindfulness skills, and symptom severity in patients diagnosed with Obsessive-Compulsive Disorder. The objectives outlined for the study were to explore the changes in patients diagnosed with OCD, subsequent to their undergoing treatment of Acceptance and Commitment Therapy, in the following:

- Psychological flexibility or Acceptance
- Thought suppression
- Mindfulness skills (observing, describing, acting with awareness and acceptance), and
- Symptom severity of OCD.

The following hypotheses were tested:

There will be a significant change in the measures as given below, subsequent to the intervention of Acceptance and Commitment Therapy in patients diagnosed with OCD, i.e.,

1. Significant increase in Psychological Flexibility,
2. Significant decrease in the Thought Suppression,
3. Significant increase in the mindfulness skills (observing, describing, acting with awareness and acceptance), and
4. Significant reduction in the severity of symptoms of OCD.
The sample consisted of 30 patients with the diagnosis of Obsessive-Compulsive Disorder (OCD) taken from the out-patient services of hospitals and psychiatric clinics in New Delhi. It included 6 females and 24 males with a mean age of 29.30 years and a mean education in years of 14.90 years. The mean age of onset of illness and duration of the illness was found to be 20.03 years and 7.80 years respectively. The sample was stabilized on medication for a period of 2 months and continued with their pharmacotherapy as advised by the psychiatrist. The sample fulfilled the inclusion and exclusion criteria and consented for participation in the study.

A single group open label study (within-subjects design) with pre-, post-, and 1 month follow up assessment was adopted for the present study. All patients diagnosed with Obsessive-Compulsive Disorder, received eight sessions of Acceptance and Commitment Therapy on out-patient basis. The following tools were used: Socio-Demographic and Clinical Data Sheet (SDCS) (developed by the researcher for this study), Behaviour Analysis Pro-forma (BAP) (Kanfer & Saslow, 1965), Acceptance and Action Questionnaire II (AAQ-II) (Bond et al., 2011), White Bear Suppression Inventory (WBSI) (Wegner & Zanakos, 1994), Kentucky Inventory of Mindfulness Skills (KIMS) (Baer et al., 2004), Obsessive-Compulsive Inventory - Revised (OCI-R) (Foa et al., 2002), and Homework Record Form (developed by the researcher for this study).

In the pilot phase, the tools were administered on 4 patients diagnosed with Obsessive-Compulsive Disorder in order to test the suitability and administration procedure of the tools. The socio-demographic and clinical data sheet and the homework record form were developed by the researcher for the purpose of the study. The researcher underwent
training of the principles and techniques of Acceptance and Commitment Therapy and for conducting sessions of Acceptance and Commitment Therapy (ACT) for Obsessive-Compulsive Disorder, under the guidance of a senior clinical psychologist from NIMHANS, Bangalore. This phase also focused on developing a session-wise format of the therapy to ensure that the researcher was able to conduct the therapy uniformly in all the patients taken for main study.

The main study was carried out on 30 patients. The therapeutic program consisted of a total of 10-12 sessions spread over a period of 5-6 weeks, including the 8 therapy sessions of 1-hour duration that were held bi-weekly, the psycho-education and the pre- and post-intervention assessments. A follow-up assessment session was conducted after a period of 1-month following the termination of therapy. All sessions and assessments were done individually with every patient. Ethical considerations were adhered to.

The scores obtained on all the measures were categorized under 3 ranges, i.e., Low, Moderate and High. The software ‘Statistical Package for the Social Science’ (SPSS) version 15 for windows was used to compute the One-way ANOVA with repeated measures to analyze the difference between the means of the variables (Psychological Flexibility, Thought Suppression, Mindfulness Skills and Symptoms) at 3 time points (pre-/baseline-, post- and 1-month follow up). Post hoc comparisons using Tukey procedures for pairwise comparison of means were made to determine which pairs differed significantly. The effect size using Cohen’s d was calculated for each significant pairwise comparison. Analysis of clinical significance was done for each patient to evaluate the degree of change following ACT using the Reliability Change Index (Jacobson and Truax,
1991). Two-tailed t-test for difference between two independent means was done to test the effect of age, sex, education, duration of illness and age of onset on the outcome of the treatment. The statistical significance level was set at 0.05.

The results of the present study indicated:

- There was a significant treatment effect on psychological flexibility as measured by AAQ-II, from baseline to post- and 1-month follow up, indicating that there was a significant increase in psychological flexibility subsequent to ACT. Thus, validating the first hypothesis.

- There was a significant treatment effect on thought suppression as measured by WBSI, from baseline to post- and 1-month follow up, indicating that there was a significant decrease in suppression of thoughts subsequent to ACT, thus, validating the second hypothesis.

- There was a significant treatment effect on mindfulness skills as measured by KIMS, and its subscales of ‘Acting with Awareness’ and ‘Acceptance without Judgment’ from baseline to post- and 1-month follow up, indicating that there was a significant increase in these mindfulness skills subsequent to ACT. However, a significant treatment effect was not found on subscales of ‘Observing’ and ‘Describing’ subsequent to ACT, thus, the third hypothesis was partially validated.

- There was a significant treatment effect on symptoms of OCD as measured by OCI-R, and its subscales of ‘hording’, ‘checking’, ‘neutralizing’, and ‘washing’, from baseline to post- and 1-month follow up, indicating that there was a significant
reduction in these symptoms of OCD subsequent to ACT. Hence, validating the fourth hypothesis.

- There was a statistically significant degree of change from pre- to post- intervention on the OCI-R, as measured by the Reliability Change Index, indicating that the intervention (Acceptance and Commitment Therapy) had a clinically significant effect on reducing the symptoms of OCD.

- The two-tailed t-test for difference between two independent means revealed that ACT was found to be more efficacious with the age range of 26-35 years as compared to 18-25 years, with college educated as compared to school educated, with a duration of illness being 1-3 years in comparison to 3-8 years, and an age of onset between 20-31 years as compared to 16-19 years. No significant difference between means was found between males and females.

The following conclusions were drawn from the study:

1. Acceptance and Commitment Therapy leads to improvement in psychological flexibility of patients diagnosed with Obsessive-Compulsive Disorder,

2. Acceptance and Commitment Therapy leads to reduction in suppression of thoughts of patients diagnosed with Obsessive-Compulsive Disorder,

3. Acceptance and Commitment Therapy leads to improvement in mindfulness skills, especially ‘Acting with Awareness’ and ‘Acceptance without Judgment’, of patients diagnosed with Obsessive-Compulsive Disorder, and

Clinical Implications of the Study:

- The present investigation is one of the initial attempts made in India to study the efficacy of Acceptance and Commitment Therapy (ACT) and to examine the effects of this therapy on factors mediating the improvement in the obsessive-compulsive disorder (OCD).

- The findings of this study imply the role of Acceptance and Commitment Therapy (ACT) and its effect on psychological flexibility, thought suppression or experiential avoidance, and mindfulness skills, in the treatment of obsessive-compulsive disorder (OCD).

- The results imply the role of ACT in developing a higher level of psychological flexibility and mindfulness skills and preventing thought suppression or experiential avoidance in patients diagnosed with OCD.

- The results also implied the role of certain socio-demographic and clinical variables in the therapy outcome, such as, age, education, duration of illness and age of onset.

- The investigation was followed-up after a period of one month post the completion of therapy to assess the maintenance of treatment gains, thereby, ensuring the efficacy of therapy beyond the therapeutic contact with the therapist.

- The results of the present study have contributed towards developing cost-effective interventions for OCD in the Indian setting.
Recommendations for Future Researches:

- Larger scale randomized controlled trials examining the effects of ACT and also examining the correlation between mediating variables in therapy will be required to obtain deeper insights.

- Conducting randomized controlled trials comparing ACT with traditional CBT in specific conditions and disorders will help in highlighting the role of specific factors involved in therapy.

- Substantiating quantitative results with qualitative data, such as the use of semi-structured interviews, may enrich the findings by providing deeper insights into the therapy process and outcome.

- Investigating the effect of therapy on specific manifestations of OCD, with their underlying mediational variables, may be viable to build efficacious intervention programs.

- The effectiveness and applicability of Acceptance and Commitment Therapy (ACT) on other anxiety disorders, such as Panic Disorder, can be investigated.

- Acceptance and Commitment Therapy (ACT) is a unique and creative intervention that makes use of techniques like metaphors, paradoxes and experiential exercises. As the results of the present research have demonstrated its efficacy, it can be replicated, and if viable, suitable modifications may be introduced in these techniques depending on the cultural milieu. A stronger research base for ACT can help practitioners create a more efficacious adaptation for the Indian setting.
To summarize, the present study revealed that an eight-session brief therapeutic program of Acceptance and Commitment Therapy (ACT) was efficacious in the clinical treatment of patients diagnosed with Obsessive-Compulsive Disorder (OCD). It highlighted the role of Psychological Flexibility, Thought Suppression (experiential avoidance of one’s thoughts), and Mindfulness Skills of ‘Acting with Awareness’ and ‘Acceptance without Judgment’, as significant processes that emerged in the treatment of Obsessive-Compulsive Disorder (OCD). Despite some of the limitations mentioned earlier, the present research has demonstrated the effectiveness and applicability of Acceptance and Commitment Therapy (ACT) on Obsessive-Compulsive Disorder (OCD), in reducing the intensity and severity of symptoms.