CHAPTER-VII

SUMMARY

The prime motive of the present study was to explore the relationship of insight and motivation for change in patients suffering from obsessive compulsive disorder. The findings of the study have particular relevance for the management of the OCD patients aiming towards improving their quality of life. This study put some light on the underneath relationships of poor motivation for change, insight, coping styles and attributional styles of the OCD patients. As there is dearth of research especially in the area of insight and motivation for change in OCD patients, the present study had specific implications in the area of clinical therapeutic interventions.

Objectives of the study were as follows

1. To study the relationship between insight and motivation for change in patients suffering from OCD.
2. To study the relationship between insight and coping styles in patients suffering from OCD.
3. To study the relationship between insight and attributional style in patients suffering from OCD.
4. To study the relationship between motivation for change and coping styles in patients suffering from OCD.
5. To study the relationship between motivation for change and attributional style in patients suffering from OCD.
6. To study the relative contribution of insight, motivation for change, coping style and attributional style on OCD.
7. To study the relative contribution of insight, coping style and attributional style on motivation for change in OCD.

For this purpose 98 cases of OCD diagnosed by a trained psychiatrist using DSM IV-TR (2000) criteria were drawn from different Psychiatric clinics of Bathinda, Barnala and Patiala. Patients suffering from organic disease or mental retardation and patients less than 18 years of age were excluded. The cases thus included were assessed using the following tools:

1. ‘Brown assessment of belief scale’ (Eisen et. al., 1998). It is an interview schedule covering 6-items related to various dimensions of delusionality. Items evaluate the patient on dimensions of the conviction of the belief, perceptions of others views of the belief, explanation of differing views, fixity of ideas, attempts to disprove beliefs and insight.

2. Scale for the assessment of motivation for change (Neeliyara &. Nagalakhshmi, 1996). This scale consists of 70-items and 5 sub scales that include self esteem, locus of control internal, growth motivation, religious attitude, and self criticality.

of two separate measures; a symptom checklist and a severity scale. The symptom checklist contains a list of 32 obsessions and 29 compulsions. The Y-BOCS severity scale is an assessor rated measure of the intensity of OCD. It includes 10 items.

4. **The Coping Checklist (Rao & Prabhu, 1989)** has 70-items measuring nine coping styles, namely, cognitive positive, cognitive negative, problem solving, distraction, magical thinking, avoidance, religious, help seeking, and external attribution.

5. **The Attributional Style Questionnaire (ASQ; Peterson et al, 1982).** This is a 48-item self-report instrument designed to assess an individual’s attributional style as either optimistic attributional style or pessimistic attributional style, across a variety of hypothetical situations (Peterson & Seligman, 1984).

It was hypothesized that:

1. Insight would be positively related to motivation for change in patients suffering from OCD.
2. Insight would be positively related to cognitive coping style in patients suffering from OCD.
3. Insight would be positively related to optimistic attributional style in patients suffering from OCD.
4. Motivation for change would be positively related to adaptive coping styles in patients suffering from OCD.
5. Motivation for change would be positively related to optimistic attributional style in patients suffering from OCD.
6. It is expected that insight, motivation for change, coping style and attributional style will contribute significantly to OCD.
7. It is expected that insight, coping style and attributional style will contribute significantly to motivation for change in OCD.

**The major findings of the current study are:**

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1. The results of the present study indicate that there is low motivation for change in OCD patients.

2. Insight is causing significant variation in obsessions and this is negative in direction i.e. more the insight less the obsessions would be, and vice versa.

3. Insight is causing significant variation in motivation for change only through locus of control internal. Correlation analysis further indicates a significant positive relationship between insight and intrinsic motivation. This implies that more the insight more would be the intrinsic motivation for change.

4. Neither coping styles nor the attributional styles emerged as significant variables in relation to insight.

5. The psychological construct of motivation for change and coping styles appeared to be bipolar in nature having significant positive and negative affinities with each other’s constructs.

6. Problem solving and distraction coping styles are positively correlated with motivation for change.

7. Cognitive negative, magical thinking and external attribution (non adaptive) coping styles are negatively associated with motivation for change.

8. Cognitive positive and help seeking significantly remained non contributory to motivation for change.

9. Motivation for change is positively associated with internal attributional styles for positive events. However, it is negatively associated with global and stable attributional styles for bad events.

10. Cognitive negative coping style is significantly and positively correlated with stable and global attributional styles. However, significant and negative correlation exists between cognitive negative and global attributional style for good events. No other
significant relationship emerged between coping and attributional styles.

11. Help seeking and problem solving coping styles emerge as negatively associated with the severity of OCD symptoms.

12. Global attributional style is correlated positively with severity of OCD symptoms.

13. Religious attitude is positively associated with severity of OCD symptoms and especially with compulsive symptoms.

**Therapeutic Implications:**

- There is a positive correlation between Insight and internal locus of control, if we can enhance insight we may be able to enhance intrinsic motivation for change in OCD.

- There is enormous scope for enhancing the motivation of an OCD patient as motivation for change is negatively correlated with severity of OCD in this study. Sizable percentage of patients fail to comply with their therapeutic regimen, drop out of treatment prematurely, or encounter difficulty in maintaining therapeutic gains (Vogel et al., 2006), which can be helped as stated earlier.

- Negative or non adaptive coping styles like cognitive negative, magical thinking and avoidance decrease motivation for change in OCD.

- Positive or adaptive coping styles like problem solving and distraction enhance motivation for change in OCD.

- Internal attributional styles for good events enhance motivation for change and self esteem in OCD.
- Stable and global attribution styles for bad events have detrimental effects on self esteem and motivation for change.
- Religious attitude is negatively correlated with OCD severity especially with compulsions.

**Limitations:**

1. The present study was confined only to the obsessive compulsive disorder patients.
2. The present study focused on the adult population and thus cannot apply for children with OCD.
3. Sample was drawn from the hospital settings however all the patients with poor insight might not reach hospitals.
4. ‘Brown assessment of belief scale’ does not include the concept of pseudo insight.

**Recommendations for future research:**

On the basis of the findings of present study, the following suggestions can be made for future research:

1. Insight and motivation for change in general population can be explored.
2. Patients with poor insight can be included from community settings too.
3. Replication of the study findings need to be done in different age groups including children.
4. There is a need to develop the scale of insight which includes the awareness or unawareness of the illness in context of presence or absence of the illness both i.e. exaggerated psychosomatic concerns of the patients in the absence of any physical illness need more focused work.