

THE APPLICATION OF COPE INVENTORY IN OBSESSIVE- COMPULSIVE DISORDER

Thapa D.K.¹, Shyangwa P.M.², Shakya R.³, Sapkota N.⁴

ABSTRACT

INTRODUCTION: Epidemiological Catchment Area study has recognized obsessive compulsive disorder (OCD) as the fourth commonest psychiatric condition and OCD is ranked 20th in the Global Burden of Disease Studies. Although there are extensive researches on the pathways to professional care, much less is known about other actions that people take to cope with symptoms.

OBJECTIVE: To assess the coping mechanisms in subjects with OCD by application of COPE Inventory (developed by Carver C S, Scheider M F and Jagdish Kumari Weintrau- 1989)

METHODS: It was a descriptive, analytical, cross-sectional, hospital based study of one year duration. All 30 consecutive cases meeting the inclusion and exclusion criteria were included. The coping mechanisms used by those subjects with OCD were assessed by application of COPE Inventory.

RESULTS: The age of the patients ranged from 14- 45 years with the mean of 29.5 ± 8.87 years. Of the 30 subjects, 17 (56.7%) were male and 13 (43.3%) were females and greater number of the subjects were married i.e. 17 (56.7%) and 13 (43.3%) were single. Based on COPE Inventory, the five most common coping strategies adopted by OCD subjects were; Active coping, Planning, Suppression of competing activities, Focus on and venting of emotions and Positive reinterpretation and growth. The least used were humor and substance use.

CONCLUSION: Determining the type of coping used by the subjects and encouraging the use of problem- solving coping style may lead to a better outcome.

KEYWORDS: OCD, Coping, COPE inventory

1. Assistant Professor, Department of Psychiatry, Gandaki Medical College, Pokhara, Nepal
2. Professor & Head, Department of Psychiatry, BPKIHS, Dharan, Nepal
3. Associate Professor, Department of Psychiatry, PAHS, Patan, Nepal
4. Associate Professor, Department of Psychiatry, BPKIHS, Dharan, Nepal

For correspondence

Dr. Dev Kumar Thapa, M.D.,
Assistant Professor,
Department of Psychiatry,
Gandaki Medical College,
Prithivi Chowk, Pokhara, Nepal
Email: ddthapa@hotmail.com

INTRODUCTION

Epidemiological Catchment Area study has recognized obsessive- compulsive disorder (OCD) as the fourth commonest psychiatric condition.¹ An obsession is a recurrent and intrusive thought, feeling, idea, or sensation. In contrast to an obsession, which is a mental event, a compulsion is a conscious, standardized recurrent behavior. The essential feature of OCD is the symptom of recurrent obsession or compulsions sufficiently severe to cause marked distress to the person.² OCD is ranked 20th in the Global Burden of Disease Studies³ leading to significant impairment of the quality of the life of the patients. The burden imposed by severe OCD has been found comparable to schizophrenia.⁴

Although there are extensive researches on the pathways to professional care (Goldberg and Huxley, 1992) much less is known about other actions that people take to cope with symptoms.⁵ As in all illnesses, OCD patients display coping behaviors that aim to decrease the effects of illness.⁶

Coping refers to both cognitive and behavioral strategies used in dealing with a stressful event⁷ as a stabilizing factor that may help individuals to adapt during such, events.⁸ At a general level, coping has been defined as 'any effort at stress management. Litman (1981) described copings as highly individualized intrapsychic defense against threat.⁸

Many investigations have described the coping strategies of relatives of patients with schizophrenia, depression, substance use and medical condition like amputation.^{9, 7, 8, 10} But there have been only few studies that reported about coping strategies with OCD, be it among the patients or their relatives.⁹ Children and adolescents with OCD typically first try to ignore, suppress, or deny obsessive thoughts and may not report the symptoms as egodystonic or senseless. However, by trying to neutralize excessive thoughts, individuals with OCD quickly change their behaviors by performing some type of compulsive actions. These compulsions are carried out with the intentions to reduce the anxiety produced by the obsessive thoughts.¹¹ The attempts of the family members to cope with patients with OCD include assisting in rituals, opposing the symptoms and supporting patients in dealing with the illness by participating in the therapy. Parents do try to educate their ill children, while the spouses focus on the patients resources.⁹ But because of the prevailing stigma experienced by relatives of patients with OCD, concealing is an important coping strategy often used¹².

AIM

The study was done to determine how subjects with OCD cope with their illness by application of COPE Inventory

(developed by Carver, C.S. Scheier, M.F. and Jagdish Kumari Weintraub- 1989)

MATERIAL AND METHODS

It was a descriptive, analytical, cross-sectional, hospital based study. All 30 consecutive cases meeting the inclusion criteria and who gave written consent to participate in the study were included. Subjects who refused to give consent for the study, subjects with primary psychiatric diagnosis other than OCD, subjects with gross organic brain disorders, subjects with poor general medical conditions unable to participate in the study and subjects with substance dependence were excluded. Semi-structured performa developed and approved from the department was used to collect the relevant information about the subject involved in the study. The coping mechanisms used by those subjects with OCD were assessed by application of COPE Inventory (developed by Carver, C. S. Scheider, M. F. and Jagdish Kumari Weintrau- 1989).

The COPE Inventory is a multidimensional coping inventory to assess the different ways in which people respond to stress. It altogether has 60 items in total. Items are basically the various ways of coping mechanisms. These 60 items are grouped under 15 scales or domains, namely: 1/ Positive reinterpretation and growth, 2/ Mental disengagement, 3/ Focus on and venting of emotions, 4/ Use of instrumental social support, 5/ Active coping, 6/ Denial, 7/ Religious coping, 8/ Humor, 9/ Behavioral disengagement, 10/ Restraint, 11/ Use of emotional social support, 12/ Substance use, 13/ Acceptance, 14/ Suppression of competing activities, and 15/ Planning¹³.

The subjects were asked to assess him/herself how often he/she uses those sixty items (coping mechanism) while coping with the OCD symptoms. Each item was rated on 4 points scale by the subjects. Since each scale or domain has 4 items, total score on each scale or domain ranges from 4- 16. Five scales (active coping, planning, suppression of competing activities, restraint coping, seeking of instrumental social support); measure distinct aspects of problem-focused coping; five scales (seeking of emotional social support, positive reinterpretation, acceptance, denial, turning to religion); measures aspects of emotional-focused coping and three scales (focus on and venting of emotions, behavioral disengagement, mental disengagement) measure coping responses that arguably are less useful.

Regarding the reliability of the COPE Inventory, Cronbach's alpha reliability coefficients when computed for each scale were acceptably high, with only one scale (Mental Disengagement scale) falling below 0.60.

RESULTS AND ANALYSIS

Raw data were entered in MS Window Excel Office XP. After rechecking for data validation, data were converted into SPSS PC⁺ 10.0 version for statistical analysis.

The age of the patients ranged from 14- 45 years with the mean of 29.5 ± 8.87 years. The maximum numbers of subjects were from 21- 30 years age group i.e. 11 (36.7%). Majority of the subjects (60%) were below thirty years of age. (Table 1)

Table 1: Distribution of subjects by age

	Category	Frequency	%
Age in years	>20	7	23.3
	21- 30	11	36.7
	31- 40	7	23.3
	41- 50	5	16.7
TOTAL		30	100

Of the 30 subjects, 17 (56.7%) were male and 13 (43.3%) were females. Likewise, greater number of the subjects were married i.e. 17 (56.7%) and 13 (43.3%) were single.

From the relative scores on various coping strategies used by OCD subjects, based on COPE Inventory, the five most common coping strategies adopted were; Active coping, Planning, Suppression of competing activities, Focus on and venting of emotions and Positive reinterpretation and growth. The least used were Humor and Substance use. (Table 2)

Table 2: COPING SCALES (S) used by the OCD subjects obtained from COPE Inventory.

Coping Scale	Use of that coping strategy				Mean Score With Standard Deviation
	No Use f (%)	Minimum Use f (%)	Moderate Use f (%)	Maximum Use f (%)	
S 1	0 (0)	7 (23.3)	11 (36.7)	12 (40)	11.33 ± 3.01
S 2	0 (0)	4 (13.3)	23 (76.7)	3 (10)	10.40 ± 1.96
S 3	0 (0)	6 (20)	11 (36.7)	13 (43.3)	11.60 ± 3.05
S 4	9 (30)	14 (46.7)	6 (20)	1 (3.3)	6.70 ± 2.64
S 5	0 (0)	3 (10)	9 (30)	18 (60)	12.63 ± 2.39
S 6	3 (10)	13 (43.3)	9 (30)	5 (16.7)	8.43 ± 3.22
S 7	5 (16.7)	6 (20)	8 (26.6)	11 (36.7)	10.43 ± 4.49
S 8	20 (66.7)	10 (33.3)	0 (0)	0 (0)	4.67 ± 1.06
S 9	3 (10)	12 (40)	11 (36.7)	4 (13.3)	8.87 ± 3.27
S 10	2 (6.7)	12 (40)	14 (46.6)	2 (6.7)	8.53 ± 2.80
S 11	0 (0)	10 (33.3)	9 (30)	11 (36.7)	10.47 ± 3.50
S 12	22 (73.3)	5 (16.7)	1 (3.3)	2 (6.7)	5.60 ± 3.27
S 13	1 (3.3)	15 (50)	10 (33.3)	4 (13.4)	8.77 ± 2.58
S 14	0 (0)	1 (3.3)	14 (46.6)	15 (50)	12.23 ± 2.34
S 15	0 (0)	2 (6.7)	13 (43.3)	15 (50)	12.37 ± 2.67

S 1= Positive reinterpretation and growth, S 2= Mental disengagement, S 3= Focus on and venting of emotions, S 4= Use of instrumental social support, S 5= Active coping, S 6= Denial, S 7= Religious coping, S 8= Humor, S 9= Behavioral disengagement, S 10= Restraint, S 11= Use of emotional social support, S 12= Substance use, S 13= Acceptance, S 14= Suppression of competing activities, S 15= Planning

DISCUSSION

In this study, the age of the patients ranged from 14- 45 years with the mean of 29.5 ± 8.87 years. The maximum numbers of subjects were from 21- 30 years age group i.e. 11 (36.7%). Majority of the subjects (60%) were below thirty years of age. Various Indian studies have found the mean age of subjects below the age of 30 years. In the studies by BG & Khanna,¹ D' souza et al,¹⁴ and Gururaj et al⁴ the mean age of the subjects at presentation were 29.50 years, 27.98 years, and 27.29 years respectively. This finding is in consistent with our finding.

Though the prevalence of OCD is said to be approximately equal between men and women,¹⁵ in our study, out of 30 subjects, 17 (56.7%) were male and 13 (43.3%) were females. Higher percentage of male subjects in our study could have been anticipated from the fact that our society though in the process of transition is still a male dominated society with women's secondary social position. Such concept in some non- western countries was also suggested by Okasha et al (1994).⁶

In our study, most of the subjects were married; 56.7%. The percentage of being married is high among OCD subjects with health care seeking behavior (Goodwin et al 2002). This can be explained by the higher levels of awareness about the experienced problems or impairment in social relationship due to OCD in married couples.⁶

In addition to that, finding of higher rate of marriage in our study can be drawn hugely from the superstitious notion that marriage tend to solve the mental affliction. In our part of the world, it is not uncommon to see subjects with severe mental illness getting married to someone who is less gifted and less fortunate. Such marriage mostly tends to be arranged, customarily.

As in all illnesses, OCD patients display coping behaviors that aim to decrease the effects of illness.⁶ Based on COPE Inventory, we found that, the five most common coping strategies adopted were; Active coping, Planning, Suppression of competing activities, Focus on and venting of emotions and Positive reinterpretation and growth. The least used were Humor and Substance use.

The study about various methods of coping used by OCD patients per se is not extensive. Most studies have been centered on 'Thought Suppression' or control of intrusive and unwanted thoughts¹⁶⁻²⁰ with very fewer studies on other coping methods like; worry, self punishment, neutralization, searching for reassurance and distraction²¹⁻²⁴. Among these,

searching for reassurance and neutralization were highly specific to OCD. OCD patients tend to use neutralization, searching for reassurance and dysfunctional appraisal more than the depressed and anxious subjects while distraction is used less frequently.^{21,23}

Research suggests that 'Thought Suppression' is a maladaptive coping.¹⁶ It tends to precipitate, intensify and increase in thoughts^{19,25} creating a paradoxical effect on intrusive thoughts.¹⁹ The alternate acceptance- based approach has been proposed. Those who are more acceptive of intrusive thoughts are less obsessional and have lower level of depression and anxiety.²⁶ According to Ladouceur et al, when compared with anxious controls OCD subjects were more likely to engage in overt compulsion, mental checking, less likely to use distracting activities and replacement with a positive thought. When compared with non- clinical controls OCD subjects were more likely to engage in saying stop, self- questioning and overt compulsion and less likely to do nothing.²⁷ In our study, 'Positive Reinterpretation and Growth' was defined as construing a stressful transaction in positive terms leading the person to continue or resume active, problem- focused coping actions.¹³ twelve (40%) of subjects were found to use it maximally, 11 (36.7%) moderately and 7 (23.3%) minimally to cope with their OCD.

When coping profile associated with OCD was examined vis-a-vis to that associated with major depression and dysthymia, OCD subjects endorsed less self and other blame, passive resignation and emotion expression.²⁸ In our study, 'Focus on and Venting of Emotions' was defined as tendency to focus on distress or upset one is experiencing and to ventilate those feelings.¹³ thirteen (43.3%) subjects were found to use this scale maximally, 11 (36.7%) moderately and 6 (20%) minimally while coping with their symptoms.

'Active Coping' was defined as taking active steps to remove or circumvent the stressor or to ameliorate its effects. This method of coping is very similar to what Lazarus and Folkman and others term problem- focused coping.¹³ Eighteen (60%) subjects used this maximally, 9 (30%) moderately and 3 (10%) minimally. Subjects with OCD were also found to suppress the other activities that would have interfered with dealing of illness. Regarding the use of 'Suppression of Competing Activities' to cope with OCD, 15 (50%) used it maximally, 14 (46.6%) moderately and 1 (3.3%) minimally. 'Planning' how to deal with illness or to seek treatment as a coping method was used maximally by 15 (50%), moderately by 13 (43.3%) and minimally by 2 (6.7%).

Use of humor as coping was endorsed less frequently among OCD, major depression and dysthymia participants.²⁸ In our study 'Humor' meant making jokes about the stressor. Majority of the subjects 20 (66.7%) did not use it.

Some data indicate that alcohol maybe used in an attempt to self medicate in mood disorder and anxiety.² Among adults, coping styles characterized by avoidant coping strategies in the absence of strong emotion- focused coping have been associated with problematic alcohol use (Cooper et al, 1988). In our study, 'Substance Use' as coping was defined as turning to use of alcohol and other drugs as a way disengaging from stressor.¹³ Most of the subjects 22 (73.3%) did not use it.

CONCLUSION

Creado et al noted a highly positive correlation between the use of problem- solving coping style and the level of functioning.²⁹ Three problem- solving scales under the COPE Inventory that were commonly used by the OCD subjects in our study were; Active coping, Planning and Suppression of competing activities. Since the way the subjects cope with their illness can influence the out come of the illness, determining the type of coping used by the subjects and encouraging the use of problem- solving coping style may lead to a better outcome along with the pharmacological treatment. Subjects with OCD may benefit by use of such coping methods.

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