



**ORIGINAL RESEARCH PAPER**

**Health Science**

**CORRELATION BETWEEN OBSESSIVE COMPULSIVE SYMPTOMS & MINDFULNESS AMONG UNDERGRADUATE OCCUPATIONAL THERAPY STUDENTS (UG OT ).**

**KEY WORDS:** Mindfulness, Obsessive Compulsive disorder ,Occupational Therapy

**Dr. Rakesh. B. Shitole\***

Asst.Prof ,MOTh ( Mental Health Sciences ) \*Corresponding Author

**Dr. Hiral Thakkar** Occupational Therapist (B.O.Th).

**ABSTRACT**

**Background-** Increased responsibility and high demands of studying at medical school can also be associate with Obsessive Compulsive symptoms in general so they need to be mindful all the time to grasp knowledge and handle responsibility so that this study was to correlate and analyse mindfulness among OT UG along with their OCD symptoms.  
**Aim** - To study the correlation between obsessive compulsive symptoms & mindfulness among OTUG.  
**Objectives** - Measure the Obsessive-Compulsive symptoms & Mindfulness attention awareness among OTUG.  
**Study Design-** A cross sectional study design.  
**Methods-** Written consent from participants was taken. Paper-based version of the Obsessive Compulsive Inventory (OCI) scale and Mindful Attention Awareness Scale(MAAS) were used to assess Obsessive-Compulsive symptoms & Mindfulness among OTUG Occupational therapy students (I to IV year) from School of occupational therapy.  
**Result** – Occupational therapy UG students  
**Conclusion** – Decrease in Obsessive Compulsive symptoms is leading to increase in mindfulness.

**INTRODUCTION:**

Obsessive compulsive disorder (OCD) is a mental health disorder that affects people of all ages and walks of life, and occurs when a person gets caught in a cycle of obsession and compulsion. Obsession: Obsessions are thoughts, images or impulses that occur over and over again and feel outside of the person's control. Individuals with OCD do not want to have these thoughts and find them disturbing. Obsessions are typically accompanied by intense and uncomfortable feelings such as fear, disgust, doubt, or a feeling that things have to be done in a way that is "just right." Common obsession in OCD: Contamination, losing control, harm, unwanted sexual thoughts, religious obsession, obsession related to perfectionism, etc.

Compulsions are the second part of obsessive-compulsive disorder. These are repetitive behaviours or thoughts that a person uses with the intention of neutralizing, counteracting, or making their obsessions go away. People with OCD realize this is only a temporary solution but without a better way to cope they rely on the compulsion as a temporary escape. Common compulsion in OCD: Washing and cleaning, mental compulsion, checking, repeating.

Mindfulness means maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment, through a gentle, nurturing lens. Mindfulness also involves acceptance, meaning that we pay attention to our thoughts and feelings without judging them—without believing, for instance, that there's a 'right' or 'wrong' way to think or feel in a given moment?

In OCD, patients and students try to suppress thoughts which could paradoxically lead to more intrusions. According to study conducted by Albina on medical students they found OCD is more frequent in medical students and increased responsibility and high demands of studying at medical school can also be associate with anxiety symptoms in general and OCS in particular so they need to be mindful all the time to grasp knowledge and handle responsibility. Hence need of the study was to correlate and analyse mindfulness among Occupational Therapy(OT) Undergraduate(UG) along with their Obsessive compulsive symptoms.

**AIM:**

To study the correlation between obsessive compulsive symptoms & mindfulness among OTUG.

**OBJECTIVES:**

Measure the Obsessive-Compulsive symptoms & Mindfulness attention awareness among OTUG.

**METHODOLOGY:**

Occupational Therapy students from the Occupational Therapy Department of a medical college and hospital participated in the study. They were explained the purpose and nature of the study. A consent letter was taken from them in the language best understood by them. Any queries regarding the study were explained. The study was conducted adhering to the principles of 'Declaration of Helsinki'. There were total 139 participants out of 180 undergraduate Occupational Therapy students (1<sup>st</sup> to 4<sup>th</sup> year) included in the study. The participants ranged in age from 19 to 23 years. Paper-based version of the Obsessive Compulsive Inventory scale (OCI) and Mindful Attention Awareness Scale(MAAS) were used. The questionnaires were distributed among the Occupational Therapy students, They were explained the study objectives

**Obsessive Compulsive Inventory**

OCI-R is a 18-item self-rating scale that is designed to assess the severity and type of symptoms of those potentially dealing with OCD. It is rated on a 5-point scale ("not at all" to "extremely") which evaluates symptoms of OCD. Scores below 21 are generally not indicative of OCD symptoms.

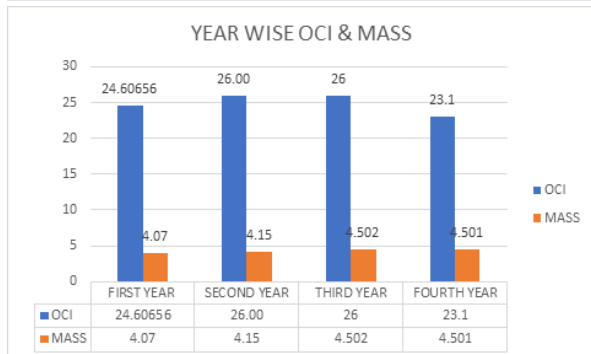
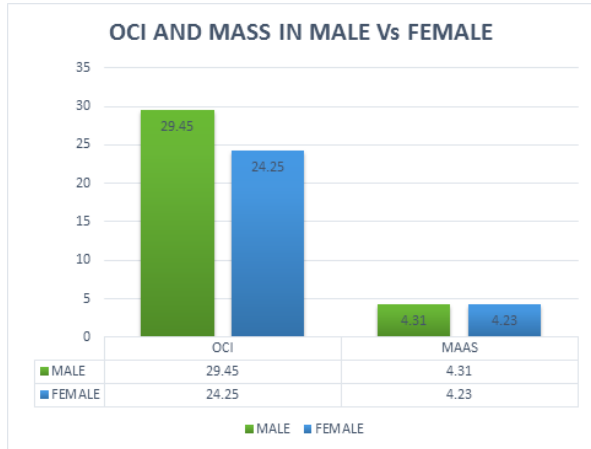
**Mindful Attention Awareness Scale**

The MAAS is a 15-item scale designed to assess a core characteristic of dispositional mindfulness, namely, open or receptive awareness of and attention to what is taking place in the present in the present. It is rated on a 6-point scale ("Almost always" to "Almost never"). To score the scale, simply compute a mean of the 15 items. Higher scores reflect higher level of dispositional mindfulness.

Obsessive Compulsive Inventory (OCI) and Mindfulness Attention Awareness Scale (MAAS) were assessed, along with Gender and year wise percentage among Undergraduate Occupational Therapy Students, All the testing were done using Pearson's correlation test. Thus, the criteria for rejecting the null hypothesis was a 'P' value of <0.05.

**RESULTS AND DATA ANALYSIS:**

Graph 1.0 shows the mean scores of OCI & MAAS in male and female OT UG students. OCI score for male is 29.45 and female is 24.25 MAAS score for male is 4.31 and female is 4.23



Graph 2 shows year wise mean of OCI & MAAS in OT UG students. 2nd year and 3rd year students shows high OCI scores i.e., 26 compared to 1st & 4th year 4th year students shows minimum score on OCI (i.e., 23.1). OT UG students shows MAAS score between 4.07 to 4.502. 3rd year students showed high score on MAAS indicates that students of 3 year are mindful.

**Table 1 Correlations between OCI & MAAS**

Correlations		OCI	MAAS
OCI	Pearson Correlation	1	-.432**
	Sig. (2-tailed)		.000
	N	139	139
MAAS	Pearson Correlation	-.432**	1
	Sig. (2-tailed)	.000	
	N	139	139

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Table-1 shows total N=139 OT UG students participate in the study shows that there is a negative correlation between OCI and MAAS which says that if OCI decreases MAAS increases.

**DISCUSSION**

In this study, OT UG students shows obsessive compulsive symptoms and some are mindful and specifically all first to third year students shows obsessive compulsive symptoms and average mindful and fourth year students demonstrated fewer obsessive-compulsive symptoms and more mindful than other year's students (Graph 2) and there is a negative correlation between OCI and MAAS which says that if OCI decreases MAAS increases. (Table 1).

This might be due to Occupational therapy students often work with people with mental health problems, disabilities, impairments or injuries and they are repeatedly taught to be responsible and sterile and taught that any mistake could lead to terrible consequences, a psychological effect could happen and lead to development of obsessive-compulsive symptoms. Second and third-year student have higher OCI scores as they have to attended clinicals daily, new medical

terminology, students also have stress of exam, notes preparation, research work and stress generated due to vast syllables may lead to development of obsessive compulsive symptoms of cleaning, washing, obsession for studying but students demonstrated average mindful on MAAS as there is a two way communication between students and professors, the staff here is supportive and approachable as they help in the best way possible by solving the doubts when needed, by solving the queries and by providing proper guidance there is also a provision of individual counselling and closer attention on students ,easy access to information on any topic and subject, students are now exposed to various sources of technology as lectures are conducted through audio-visual presentations though having obsessive compulsive symptoms students here feel more calm, less irritated and stress free . While 1-year students do not have to attend clinicals daily, they only attend once a week and hence obsessive-compulsive symptoms are not as compared to second- and third-year students. 4-year students have low obsessive-compulsive symptoms as compared to all other years as they are now used to attending clinicals daily and adapting to vast syllables. This is supported by study of Faiz Mosaid Alroqee on Obsessive -compulsive disorder in medical students: Prevalence, Symptom severity, and correlates. They discussed that the stress generated by being a medical student has led to development of obsessive-compulsive symptoms<sup>10</sup>. This is supported by another study of Marijke Hanstede and Yori Gidron on the effects of mindfulness intervention on obsessive compulsive symptoms in a non-clinical student population they concluded mindfulness reduces obsessive compulsive symptoms by increasing letting go capacity<sup>4</sup>. The study of Susan Kaiser Greenland, Simon and Schuster on the mindful child: How to help your kid manage stress and become happier, kinder, and more compassionate they concluded that paying closer attention leads to increase in mindful awareness<sup>11</sup>.

Graph 1.0 shows the mean scores of OCI & MAAS in male and female OT UG students. OCI score for male is more than female, MAAS score for male is more than female. This may be because of in occupational therapy department there are a greater number of girls than boys hence adapting to a classroom having more female classmates will create difficulty for male students to make friends leading to OCD dimensions of hoarding and adapting difficulties but also, they demonstrate average mindful than females. This is supported by study of Maria Alice de Mathis on gender differences in obsessive-compulsive disorder: a literature review. In this study they have mentioned males usually report early onset of obsessive-compulsive symptoms and the result shows earlier onset of obsessive-compulsive symptoms among male patients, compared to females. Approximately one third of adult patients refer symptom onset in childhood and among children, two third cases are boys. MAAS score for males is 4.31 while MAAS score for females is 4.23, here the study shows that males are more mindful than females<sup>8</sup>. There is a non-supporting evidence of Wenli Wang, Robert Morris on Mindfulness and gender: A pilot Quantitative study, the study concluded that male and female students do not vary significantly in their average mindfulness disposition overall however there are some differences in the variance of gender but females may be more susceptible to stress<sup>9</sup>.

**LIMITATIONS:**

The population was less in number & unequal proportion of Occupational Therapy undergraduate's student male and female.

**CONCLUSION:**

The study shows the relationship between Obsessive Compulsive symptoms and mindfulness in undergraduates Occupational Therapy students. Obsessive Compulsive symptoms is now-a days a growing mental health problem.

Decrease in Obsessive Compulsive symptoms is leading to increase in mindfulness.

**RECOMMENDATIONS:**

Larger data from multiple institutes can be compiled and analysed together. Similar long-term studies can be conducted with larger sample size. Factors such as family financial status, social support, and past emotional trauma may be included in the study as it affects the sleep quality of a person. Persons with other Occupations can be studied.

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