

RESILIENCE AMONG ADOLESCENTS AS A CONGRUENT TO OBSESSIVE COMPULSIVE DISORDER: TIME TRIANGULATION APPROACH

Ms. Amanpreet Kaur*

ABSTRACT

The objective of the present study was to assess obsessive compulsive disorder and resilience among adolescents, and to compare obsessive compulsive disorder and resilience between boys and girls adolescents. For the present study, descriptive survey method was followed. The sample size of the present study was 200 adolescents, 100 boys and 100 girls. Participants were selected through simple random sampling. Data was collected by using two tools namely obsessive compulsive disorder inventory and the resilience scale. The sample for study was taken from Jalandhar city. The statistical techniques used for the interpretation of the present study were mean, standard deviation and t- test. Time triangulation approach was used for the present study. So, the data was collected twice with the gap of three months. Comparison and analysis of both the findings revealed that there exists no significant difference between boys and girls adolescents in their obsessive compulsive disorder. There exists significant difference between boys and girls adolescents in their resilience.

Key Words: *Adolescent, Resilience, Obsessive Compulsive Disorder, Time Triangulation Approach.*

INTRODUCTION

Adolescent age is the crucial and important phase of one's life. According to the World Health Organization (2011), adolescence covers the period of life between 10 and 20 years of age. Everyone faces this stage and finds it difficult and complex. Many changes occur at this stage which creates problems for adolescents. It is the stage of development and growth of one's whole personality. Emotions are at high peak and intellectual development is also very significant for adolescents. There occur so many changes in their body, mind and emotions. Adolescents seem to be more inclined to their friends and peer group than their family because they want independence and total freedom at this stage. Hall (1904) denoted this period as one of "Storm and Stress" and, according to him, conflict at this developmental stage is normal and not unusual. Sometimes they suffer from maladjustment in their family and it can be in peer group also if the peer group is not supporting at all. Maladjustment in different situations leads to stress and if stress is not treated it develops depression. In depression they cannot express their feelings.

They became anxious about everything and develop anxiety disorders out of tensions and worries. Randall et al. (1993) stated that anxiety disorders are increasingly being recognized as important psychiatric disorders in adolescents. Masterson (1967) observed that emotional disorders frequently arise during adolescence. Such disorders range from simple depression to being over anxious about health to suicidal attempts or thoughts. Bernstein and Borchardt (1990) observed that anxiety disorders in children and adolescents are prevailing. It can be long-lasting and interfere greatly with a child's life. It increases impulse control disorders among adolescents. Compulsive nail biting and skin picking were most common in impulsive compulsive disorder. Impulse control disorders were associated with obsessive compulsive disorder (Grant et al. 2009).

Anxiety disorders are among the most common mental, emotional, and behaviour problems that occur during childhood and adolescence. They start developing certain obsessions and compulsions in their mind which is called obsessive compulsive disorder.

*Assistant Professor, Guru Nanak College of Education for Women, Kapurthala (Punjab).

Adolescents suffer from mental illness like obsessive compulsive disorder. Laura et al. (1994) noted that obsessive compulsive disorder is frequent among adolescents and related with comorbidity. Obsessive compulsive disorder is characterized by recurrent intense obsessions and compulsions that cause severe discomfort and interfere with day-to-day functioning. Obsessions are recurrent and persistent thoughts, impulses, or images that are unwanted and cause marked anxiety and distress. Frequently, they are unrealistic or irrational. Compulsions are repetitive behaviours or rituals like hand washing, hoarding, keeping things in order, checking something over and over or mental acts like counting, repeating words silently, avoiding. Robert King et al. (1990) provides phenomenology and family history of 21 clinically referred children and adolescents with obsessive compulsive disorder. The most frequently reported symptoms were repeating rituals, washing, ordering and arranging, checking, and contamination concerns.

So, obsessive-compulsive disorder is an anxiety disorder characterized by unreasonable thoughts and fears (obsessions) that lead the adolescents to do repetitive behaviours or compulsions. The obsessions and compulsions seem to be related to each other. For example, if a person has obsessions (worry thoughts) about germs and about getting sick, these might be accompanied by compulsions (urges and behaviours) to wash a lot, clean things, or try not to touch things that might be germ. With obsessive-compulsive disorder, they realize that their obsessions aren't reasonable, and they try to ignore them or stop them. But that only increases their distress and anxiety. Ultimately, they feel driven to perform compulsive acts in an effort to ease their stressful feelings.

When adolescents suffer from mental illness like obsessive compulsive disorder, they try to cope with it, and that thing leads to resilience. Bezruczko et.al (1999) focuses on the development of adolescent resilience and protective factors. Resilience was considered present when children face risks and problems. Fergus and Zimmerman (2005) stated that resilience enable the adolescents to overcome the negative effects of risk exposure. Resilience is the capacity of individuals to cope well under

adversity. According to Resnick and Taliaferro (2011) resilience enable young people to resist stress and even thrive in the face of adversity. It enhances protective factors that keep young people in a healthy developmental pathway. Resilience factors are differently expressed by female and male youths, but overall resilience is equally distributed among the sexes. Davies et.al (1998) denotes that children at risk because of higher levels of adverse life events exhibited a greater degree of resilience when they had a higher IQ, better family functioning, closer parental monitoring, more adults in the household, and higher educational aspiration. Assessment of resilience factors may provide appropriate targets for interventions among youths. This study is very important in assessing the resilience among adolescents who are suffering from obsessive compulsive disorder.

STATEMENT OF THE PROBLEM

The present study was an effort to examine the **Resilience among adolescents as a congruent to obsessive compulsive disorder: Time triangulation approach.**

OPERATIONAL DEFINITIONS OF THE TERMS USED

Adolescent

Adolescence (from Latin: adolescere meaning "to grow up") is a transitional stage of physical and mental human development generally occurring between puberty and legal adulthood, but largely characterized as beginning and ending with the teenage stage. In India, 12 to 19 years of age is regarded as adolescent age. Adolescence is the period of rapid revolutionary changes in the individuals' physical, mental, moral, spiritual, sex and social outlook.

Obsessive-compulsive disorder

Obsessive Compulsive Disorder is an anxiety disorder characterized by intrusive thoughts that produce uneasiness, apprehension, fear, or worry by repetitive behaviours aimed at reducing the associated anxiety or by a combination of obsessions and compulsions. In this disorder, repeated, upsetting thoughts called obsessions come to the mind. One does the same things over and over again to try to make the thoughts go away. Those repeated actions are called compulsions. Examples of obsessions are a fear

of germs or a fear of being hurt. Compulsions include washing your hands, counting, checking on things or cleaning.

Resilience

Resilience is the ability to recover quickly from illness, change, or misfortune. In psychology, it is the mental ability to recover quickly from depression, illness or misfortune. This term is used to describe the capacity of people to cope with stress and catastrophe, and also used to indicate a characteristic of resistance to future negative events.

Time triangulation approach

Triangulation is the use of two or more methods of data collection in the study of some aspect of human behaviour. Triangulation is a method used by qualitative researchers to check and establish validity in their studies. In time triangulation, the researcher attempts to consider the influence of time using cross sectional and longitudinal research designs.

OBJECTIVES

1. To assess the obsessive compulsive disorder among adolescents.
2. To assess resilience of the adolescents with obsessive compulsive disorder.
3. To compare the obsessive compulsive disorder between boys and girls adolescents.
4. To compare resilience between boys and girls adolescents.
5. To suggest remedial measures to overcome the obsessive compulsive disorder difficulties.

HYPOTHESES

1. There exists no significant difference between boys and girls adolescents in their obsessive compulsive disorder.
2. There exists no significant difference between boys and girls adolescents in their resilience.

DELIMITATION OF THE STUDY

The present study was delimited to 200 adolescents ie.100 boys and 100 girls of Jalandhar city.

METHOD AND PROCEDURE

Research Method

Keeping in view the objectives and hypotheses, descriptive survey method was used by the investigator in the present study.

Sampling Procedure

The sampling frame of the study comprises of 200 adolescents i.e. 100 boys and 100 girls. Keeping in mind the nature of the problem, simple random sampling technique was used for the present study. The sample was collected from the following schools of Jalandhar City:

1. Rabindra Day Boarding School, Model Town.
2. Govt. School, Mithapur.
3. Nehru Garden Govt. School.
4. Rabindra Day Boarding School, Guru Teg Bahadur Nagar.
5. M.G.N Public School, Urban Estate.
6. Police D.A.V Public School.

TOOLS USED FOR DATA COLLECTION

1. Obsessive Compulsive Inventory standardized by Foa, E.B., Kozak, M.J., Salkovskis, P.M., Coles, M.E. & Amir, N. (1998).
2. The Resilience Scale standardized by Gail M. Wagnild & Heather M. Young (1997).

PROCEDURE

The data for the present study was collected personally by the investigator from the adolescent boys and girls by visiting different areas and schools namely Rabindra Day Boarding School of Model Town, Govt. School of Mithapur, Nehru Garden Govt. School, Rabindra Day Boarding School of Guru Teg Bahadur Nagar, M.G.N Public School of Urban Estate Phase II, Police D.A.V Public School, K.V and Cambridge School of Girls in Jalandhar district for the collection of data. Obsessive compulsive inventory and resilience scale were administered on the adolescents. Data was collected twice with the gap of three months as time triangulation approach was used for the present study.

STATISTICAL TECHNIQUE

To test the significance of the variables under the study the investigator used Mean, Standard Deviation and t-test.

RESULTS, DISCUSSION AND INTERPRETATION

As time triangulation approach was used in the present study. So, the data was collected twice with the gap of three months and the findings are given below.

1. The objective of the present study was to assess obsessive compulsive disorder among adolescents.

**Table 1.1
Obsessive Compulsive Disorder among Adolescents**

| Data collection | Groups | N | % Above 41 | % Below 42 |
|-----------------|--------|-----|------------|------------|
| 1 st | Boys | 100 | 95% | 5% |
| | Girls | 100 | 95% | 5% |
| 2 nd | Boys | 100 | 98% | 2% |
| | Girls | 100 | 89% | 11% |

As showing in the table 1.1, results of first time collected data revealed that 95% boys and 95% girls were having obsessive compulsive disorder and only 5% boys and 5% girls were not having obsessive compulsive disorder but the second time collected data revealed that 98% boys and 89% girls were having obsessive compulsive disorder and only 2% boys and 11% girls were not having obsessive compulsive disorder. It is interpreted from the results that with the effect of time, obsessive compulsive disorder has increased in boys but in girls obsessive compulsive disorder has decreased. Obsessive compulsive disorder was divided into following sub scales:

**Table 1.2
Sub- Scales of Obsessive Compulsive Disorder among Adolescents**

| Sub-Scales | 1 st data collection | | 2 nd data collection | |
|------------|---------------------------------|---------|---------------------------------|---------|
| | Boys % | Girls % | Boys % | Girls % |
| Washing | 11 | 9 | 10 | 11 |
| Checking | 8 | 9 | 4 | 8 |
| Doubting | 10 | 20 | 11 | 16 |
| Ordering | 10 | 18 | 21 | 31 |
| Obsession | 13 | 36 | 12 | 22 |
| Hoarding | 18 | 18 | 15 | 27 |
| Neutralism | 24 | 42 | 12 | 19 |
| N | 100 | 100 | N | 100 |

As showing in the table 1.2, it was concluded that time has lead to the variations in the results. Boys have decreased their obsessive compulsive disorder in washing, checking, doubting, ordering, obsessions, hoarding and neutralizing disorder. Girls have increased in washing disorder and decreased in checking, doubting, ordering, obsessions, hoarding and neutralizing disorder.

The objective of the present study was to assess resilience among adolescents with obsessive compulsive disorder.

**Table 1.3
Levels of Resilience of Adolescents with Obsessive Compulsive Disorder**

| Levels | 1 st data collection | | 2 nd data collection | |
|---------|---------------------------------|-------|---------------------------------|-------|
| | Girls% | Boys% | Girls% | Boys% |
| High | 53% | 23% | 47% | 36% |
| Average | 43% | 49% | 49% | 38% |
| Low | 4% | 32% | 8% | 27% |
| N | 100 | 100 | N | 100 |

As showing in the table 1.3, it is interpreted from the findings that girls were having more resilience than boys. Girls are having more power to cope up and adjust with the problems than boys.

The aim of the present study was to compare the obsessive compulsive disorder between boys and girls adolescents.

**Table 1.4
Comparison of Obsessive Compulsive Disorder between Boys and Girls Adolescents**

| Date collection | Group | N | Mean | Standard Deviation | t value | Remarks |
|-----------------|-------|-----|-------|--------------------|---------|----------------------------------|
| 1 st | Boys | 100 | 75.03 | 18.46 | 1.79 | nsignificant at both the levels. |
| | Girls | 100 | 80.3 | 22.48 | | |
| 2 nd | Boys | 100 | 74.67 | 15.10 | 0.67 | nsignificant at both the levels. |
| | Girls | 100 | 79.01 | 22.31 | | |

“Table value at 0.05 and 0.01 levels of significance is 1.97 and 2.60”

As showing in the table 1.4, both the first time collected data and second time collected data revealed that there exists no significant difference between boys and girls adolescents in their obsessive compulsive disorder. So, it was concluded that there is no significant difference between boys and girls adolescents in their obsessive compulsive disorder.

The aim of the present study was to compare resilience between boys and girls adolescents.

**Table 1.5
Comparison of Resilience between Boys
and Girls Adolescents**

| Data collection | Group | N | Mean | Standard Deviation | t-value | Remarks |
|-----------------|-------|-----|--------|--------------------|---------|--------------------------------|
| 1 st | Boys | 100 | 128.09 | 21.40 | 5.9 | Significant at both the levels |
| | Girls | 100 | 145.27 | 17.80 | | |
| 2 nd | Boys | 100 | 129.78 | 23.16 | 4.73 | Significant at both the levels |
| | Girls | 100 | 141.11 | 14.81 | | |

"Table value at 0.05 and 0.01 levels of significance is 1.97 and 2.60"

As showing in the table 1.5, both the first time collected data and second time collected data revealed that there exists significant difference between boys and girls adolescents in their resilience. It was concluded from the findings that there is significant difference between boys and girls adolescents in their resilience. Girls were more resilient than boys.

BIBLIOGRAPHY

Elaine Chung and Isobel Heyman. (2008). Challenges in child and adolescent obsessive compulsive disorder. *Journal of Psychiatry*, 7(8), 319-324.

G. Stanley Hall. (1904). *Essentials of educational psychology*. Noida: Vikas Publishing House.

James F. Masterson. (1967). *Psychology of learning and development*. Delhi: Shipra publications.

Kenneth C. Kirkby. (2003). *Obsessive-Compulsive Disorder: Towards Better Understanding and Outcomes*. *Journal of Psychiatry*

Laura Valleni Basile, Carol Garrison, Kirby Jackson, Jennifer Waller, Robert Mckeown, Cheryl Laddy, Steven Cuffe. (1994). Frequency of Obsessive-Compulsive Disorder in a Community Sample of Young Adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33(6), 782-791.

Laura Valleni, Carol Garrison, Jennifer Waller, Cheryl Addy, Robert Mckeown, Kirby Jackson, Steven Cuffe. (1995). Incidence of Obsessive-Compulsive Disorder in a Community Sample of Young Adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(7), 898-906.

Paul R Smokowski, Arthur J Reynolds, Nikolaus Bezruczko. (1999). Resilience and Protective Factors in Adolescence: An Autobiographical Perspective From Disadvantaged Youth. *Journal of School Psychology*, 37(4), 425-448.

Quyen Tiet, Hector Bird, Mark Davies, Christina Hoven, Patricia Cohen, Peter Jensen, Sherryl Goodman. (1998). Adverse Life Events and Resilience. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(11), 1191-1200.

Resnick and Taliaferro. (2011). Resilience. *Encyclopedia of Adolescence*, 299-306.

Stevenson Fergus and Marc Zimmerman. (2005). *Adolescent Resilience: A Framework for Understanding Healthy Development in the Face of Risk*. Department of Health Behaviour and Health Education, School of Public Health, <http://www.mendeley.com>

World Health Organization. (2011). *Psychology of learning and development*. Delhi: Shipra Publications.