

Role of Family and Upbringing in Development of OCD

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ABSTRACT: Obsessive-Compulsive Disorder (OCD) is a mental health disorder which is characterized by unwanted thoughts and repetitive behaviour. Even though genes and brain functioning play a role in OCD, research have shown that family dynamics, parenting styles, and the environment also influence its development. Having a family history of OCD does happen to increase the chances of developing the disorder, but it is not the main cause. Factors like family interactions and parenting styles can contribute to the onset and persistence of OCD symptoms. For example, high levels of criticism, over protectiveness, or conflicts within the family can worsen OCD symptoms. Parenting styles that involve excessive control, lack of warmth, or inconsistency may also play a role. Stressful life events, such as trauma or major changes, can trigger and increase OCD symptoms.

Additionally, the environment in which a person grows up can affect their risk of developing OCD. Adverse experiences during childhood, like neglect and abuse, can increase the chances of OCD development. Understanding genetic composition, family dynamics, parenting styles and environmental interactions is essential for developing effective treatments for OCD. Therapy approaches that address both individual and family aspects, can improve outcomes for individuals with OCD and their families.

I. INTRODUCTION

➤ DEFINITION

A disorder characterized by obsessions and compulsions. It is a mental health condition that affects a person throughout his life. In this a person has continuous, unwanted ideas, thoughts, feelings and sensations (Obsession). To suppress and get rid of these thoughts they perform some actions repeatedly (Compulsions). It affects our day-to-day life activities too. For example, washing hands aggressively, checking things repeatedly, doubting things etc.

Obsessive compulsive disorder has both obsessions and compulsions but, in some cases, there could only be obsession or compulsion symptoms first one. People may not realize that their obsessions and compulsions are in excess or unreasonable. They effect our day-to-day life, social life, work life and mental state.

• Obsession symptoms

-fear of contamination
-need to have the things in the symmetrical manner
-unwanted thoughts which include aggressive, religious, sexual thoughts for example- doubt that you have locked the door, stressing when the things are not in an order, fear of touching objects, avoiding the situation where the obsessions can be triggered.

• Compulsion symptoms

- repetitive behaviour which help in reducing anxiety.
- making up of rules that help to avoid obsessive thoughts for example- following strict routine checking on things, cleaning things again and again, checking the stove repeatedly etc.

➤ CAUSES

- Biology: can occur due to natural chemistry or changes taking place in the body.
- Genetics: can occur due to the genetic construction.
- Psychosocial: can occur by learning behaviour from our family members or society.

➤ PSYCHOLOGICAL IMPACT

It is the combined effect of psychological factors and social environment. In this research I would be focusing on the social impact made by family members and their upbringing.

➤ Family Dynamics

1. Family accommodation – family members help in accommodation since they provide considerate and helpful behaviour, reassurance and indulging

activities to help the individual with OCD remove distress. However, these can contribute or help in removal of symptoms.

2. Family Communication- families with poor communication, conflicts, unresolved conflicts, not sharing and expressing the feelings lead to severity of OCD.

3. Parenting Styles –parent who are overprotective and controlling have a major impact on the development of the symptoms of OCD. Criticizing, rejecting, not letting the child express and being abusive can make OCD symptoms severe.

➤ Environmental Factors

1. Early Life Experiences- childhood experiences such as abuse, trauma, rejection, neglect, can lead to OCD. These stressors lead to vulnerability further leading to depression and anxiety.

2. Family involvement-parents who are supportive and understanding can act as protective factor against OCD. Empathy, love, involvement can also help in treatment of OCD.

3. Parenting modeling –parents who are diagnosed by OCD lead to modeling of OCD in their children too. Observing and imitating parents leads to development of OCD symptoms.

Researches has been done and they have recognized that family and upbringing play a major role in development, severity, enhancement and in treatment of OCD. In this research I would examine and conclude the current literature on effect of family and upbringing on development of OCD.

II. BACKGROUND

➤ Significance

Research on OCD is important to understand the disorder, develop interventions, diagnosis, and even enhance the ways of living life by indulging in healthy activities.

(1) To improve the diagnostic methods: helping in identification and differentiating the disorder from others for proper treatment

(2) Prevention: knowledge about risk factor and identification help in prevention strategies.

(3) Comorbidity: helps in differentiating it from other disorders and help in intervention plans.

(4) Quality Life: helps in development of strategies to enhance life outcomes.

(5) Awareness: reduction in misconception and giving proper knowledge.

➤ Research Gap

(1) OCD Heterogeneous: It affects people differently.

(2) Treatment Resistance: CBT is affected treatment for OCD even though some parents are not affected by this treatment.

(3) Detection: There are not enough screening tools and knowledge.

(4) Causes: The exact cause for development is still not known.

(5) Comorbidities: More research is needed to understand the relationship between OCD and comorbidities.

III. REVIEW OF LITERATURE

○ Gaffney , Black, Gabel, & Schlosser (2003). In this study they investigated the relationship between OCD and emotional behaviour in offspring. Clinical data was collected from subjects who were parents and offspring's with OCD. They were observed for 2 years. The people with OCD genes and controls were matched for gender, age, race, and educational status. Offspring with parents diagnosed with OCD were at higher risk than offspring of control group for depression, anxiety and social issues. OCD offspring's were more prone to have a lifetime anxious behaviour, separation anxiety disorder and OCD.

○ American Journal of medical Genetics Part B ; Volume 123B (Amin Azzam, Carol A. Mathews) (2003). In this study they investigated whether genetic factors contribute to expression of OCD. COMT (catecholamine-O-methyl-transferase is modulator of dopaminergic and noradrenergic neurotransmission. Earlier also many groups were searched for an association between COMT gene polymorphism and presence of OCD. They conducted a review and analysis of published and non-published literature. They found insufficient evidence to support the evidence that there is an association between COMT gene polymorphism and OCD. Subgroups with gender difference did not have significant association too.

○ Storch, Geffken, Merlo, Jacob, Goodman, & Grabil, (2007). This study investigated the role of family in treatment of OCD, by focusing on symptoms due to family accommodation. They took a sample of 57 you were referred by clinic who were 7-17 years old (M=12.99 diagnosed with OCD. They studied the relationship between OCD symptoms, functional impairment and family accommodation. There was a positive relationship between symptoms and family accommodation.

The Relationship between functional impairment and behaviour problems due to internalization and externalization and OCD symptoms were also positive.

- Biological Psychiatry volume 61, issue 3, Jennifer Freeman, Molly Choate-Summers, Phoebe Moore, Abbe Garcia, Jeffrey Sapyta, Henrietta Leonard, Martin Franklin, (2007). This study was done to have a quantitative review of present study on CBT with children diagnosed with OCD and how effective it is. CBT is a therapy used to change thoughts and behaviour. But present study on CBT for children with OCD was very less in number with some loopholes in it. In this study they found out that CBT is effective introducing OCD symptoms. It also helps in better functioning in children. This research identified the gaps in earlier research and even suggested ways for future studies. It concluded that better understanding of CBT treatment can help in providing better help for children.
- Salkovskis & Challacombe (2009). This study investigated 3 groups of mothers who have their children between (7-14) , to define maternal obsessive –compulsive disorder (OCD; n=23), healthy controls (n=20), panic disorder (n=18). Self-report and independent assessment were used investigate child symptoms related to OCD, child –mother interaction, and perceptions of parents. In interactions, mothers with anxious behaviour were not warm enough and promoted autonomic behaviour rather than healthy controls. Mothers diagnosed with OCD and panic disorder had a lot of concerns about their anxiety affecting their parental styles. The result concluded that there was effects of trans diagnostic and disorder specific issues too.
- Reupert, Patrick, Maybery, Goodyear, & Crase, (2009). This study was done to investigate the Australian Literature which said that there are 21-23% of children who have at least one parent diagnosed with mental illness. There was limited research of subjects with parents diagnosed with OCD. The present research focused on understanding the experience of adults who have their parents diagnosed with OCD. Face to face Interview, telephonic structure, and IPA (Interpretative Phenomenological Analysis). According to the experiences of the subjects, having parents diagnosed with OCD had a controlled environment at home –conflicts, social isolation, compulsion to abide by the ritual of parents, and negative impact on schooling too. Participants said that they did not have privacy around OCD in the family. They wanted to set boundaries with their parents. Participants did not have an access to treatments during their childhood.
- Journal of the American Academy of Child & Adolescent Psychiatry-Abbe Garcia, Jeffrey Sapyta, Phoebe Moore, Jennifer Freeman, Martin Franklin, John March, Edna Foa, (2010). The study aimed to investigate Predictors and moderators of outcome in pediatric OCD treatment. They examined the efficacy of sertraline, CBT and combined treatment in youth diagnosed with OCD(n=112). They used Children Yale Brown Obsessive Compulsive Scale for 12 weeks. Greater improvement was seen in youth with less symptoms of OCD, few comorbidities, and a low level of family accommodation. It was also seen that CBT monotherapy was less effective for participants with family history of OCD. It was concluded that youth with family history of OCD will be benefitted from combined treatment.
- Matthews, Norris, Griffiths, & Stallard, (2012). This study was conducted to investigate whether mental health of parents affects their children too. Many studies were conducted earlier too but OCD was mainly related to the relatives of the diagnosed person. This study focused on the experience of youth with parents diagnosed with OCD, and impact of parental OCD. Subjects from 13–19-year-old with parents diagnosed with OCD, gave a semi structured interview and the inductive thematic analysis was used to analyse the data. Parental OCD acted as a challenge. Five themes were concluded – Doing what I can to help, do I have OCD, embarrassment and pride, control and boundaries, getting the right help for me, do I have OCD. The problems due to OCD were similar those of other mental health issues. They also concluded that child developmental stages also played an important role.
- Taylor, S. Molecular genetics of obsessive-compulsive disorder; a comprehensive meta-analysis of genetic association studies. Mol Psychiatry 18, 799-805 (2013). The study was done to show that OCD is related to genetic factors. In early researches it was seen that that genes were related to OCD but they did not

have consistent results. Thus, this research was done by meta-analysis by combining data from various researches. A total of 230 gene variations from 113 genetic studies were studied. For 20-detailed analysis was done and for 210-simple analyses was conducted. In main analysis they found that OCD was related to serotonin. A relation between OCD and certain genes which are involved in regulation of catecholamine. At the end it was concluded that multiple genes affect OCD in different ways. Each makes a contribution in development of OCD.

- National Library of Medicine, J Fam Psychology, (2014). This study was conducted to look at different types of therapy of which involve family members for OCD. They wanted to investigate whether the presence of family members has an effect on treatment for individuals with OCD. A total of 1,366 OCD patients were analyzed. It was concluded that FITs (family inclusive treatments) have a positive effect on OCD. They also found out that individual family therapy was more effective than group therapy. Even the family accommodation therapy was more effective. Thus, it was concluded that involving family in treatment of OCD can help have better outcomes.
- Guire, Martino, Selles, Storch, & Wu (2016). The study was done to investigate that there were many behaviours such as family routines, engaging in rituals to reduce anxiety, avoiding behaviour, were characteristic of family accommodation in OCD. Increased functional impairment and poor treatment response for OCD was seen. The relationship between family accommodation and OCD symptoms was seen and it was concluded that moderators may be affecting the relationship. The present study used meta-analytical technique and methodological administration method. There were 41 studies and effect size was 0.42 for correlation between family accommodation and OCD symptoms. It was the first systematic examination of family accommodation moderators. Thus, it was concluded that there was a relationship between family accommodation and OCD symptoms.
- Salkowski, Woolgar, Read, Acheson, Wilkinson, & Challacombe (2016). This study was done to investigate whether maternal mental illness is related to negative effects on child or not. They mainly focused perinatal disorder and interaction. OCD can adversely affect the individual and the people around them too. Study was conducted on 37 mothers with postpartum OCD and 6-month-old infants were compared with 37 control group on basis on parenting and anxiety. It was concluded that maternal postpartum OCD influenced the parenting style and interaction.
- Brockington & Filer (2016). The study was done to investigate the relationship between maternal obsessional thoughts of child sexual abuse. There were 2 cases of mothers who had obsessional thoughts which led to sexual abuse of their own children. Over 25% of individuals diagnosed with OCD have obsessional thoughts of sexual nature. These thoughts even go against the rituals of the individual. There are almost no records in which mother had obsessional thoughts of sexual abuse of their own children. The only cases were Queen Elizabeth Psychiatric Hospital and The Mother and baby Unit.
- Steketee, (2017). The study was done to investigate aspects of OCD- functional impairment and family burden. Impairment is mainly related to occupational and social maladaptation. Hospitalized patients show severe impairment where clinical clients show a spectrum of impairments. Treatment does improve the patient's adjustment level. Many studies show that there is family involvement and accommodation of OCD symptoms. There are families who promote isolation and distress. They did not include marital dissatisfaction but anger and criticism played a role in OCD symptoms. Although group behaviour therapy and individual assisted with family lead to good outcomes in trial.
- Cullen, Rasmussen, Wang, Krasnow, Chen, Bienvenu, & Grados (2017). The study aimed to check that hoarding behaviour can be a subtype of OCD. Evidences are also there that there is a relationship between hoarding behaviour and attachment with parents in OCD. Subjects were assessed for personality disorder and axis I disorder. PBI (parental bonding instrument) was used to analyse the care and protection of parents. The comparison was done between 560 non hoarding participants and 334 hoarding participants. It was conducted on both men and women. In men there was no difference in hoarding and non-hoarding groups in parenting styles of mother and father. In

women there was lower mean score of mother's care (23.4 vs 25.7, $p < 0.01$) and higher mean score on mothers' protection (9.4 vs 7.7, $p < 0.001$) and mothers' control (7.0 vs 6.2, $p < 0.05$). In comparison with non-hoarding group. Women who had low mothers care and high motherly protection had greater odds of hoarding compared to women with high motherly care and low motherly protection. It was concluded that poor maternal care, protection and controlling behaviour was related to hoarding in women with OCD. There was no such evidences found in men. Thus, this provides that hoarding is a subtype of OCD and is also related to gender.

- Maina, Baffa & Albert, (2017). The study was done to investigate the term accommodation which is used in OCD which is related to participating in compulsions, performing a ritual, helping to avoid triggers which lead to obsessions and compulsions. On the other hand, family may also interfere with rituals or oppose them. Accommodating OCD symptoms or interfering in them can lead to distress and even aggressive behaviours. This article summarizes the researches which are concerned with family accommodation in relatives of patient diagnosed with OCD. They used the Family accommodation scale. Parents and family members of children diagnosed with OCD showed accommodating behaviour-such as reassuring obsessive doubts, teaching avoidance, and participating in rituals. Modification in routine was also seen. Such as, - fear of contamination and washing. In the relatives' symptoms of anxiety and depression was seen. It led to higher degree of accommodation. Family based therapy is effective on them. Thus, it was also concluded that family based cognitive therapy for family accommodation is efficient way to reduce OCD symptoms.
- Valentine, Rees, & Anderson (2018). The study was conducted to investigate whether hoarding disorder is related to impairment –isolation and less employment. There are very less qualitative data aimed at adult offspring who have parents diagnosed with hoarding disorder. The present study focused on the experience of adult offspring of parents with hoarding disorder. It studied the effect of parental hoarding on the children. Females ($n=7$) ranging from 35-62 years old were interviewed. Interpretative phenomenological analysis was used to analyse interview. There were 4 themes concluded- coping strategies, perceptions, emotional and psychological outcomes, parental hoarding and influence of the relationship.
- Solves, Navarro, Farriols, Palma, and Aliaga, (2020). The study was done to investigate the relationship between parenting attitude in individual diagnosed with OCD and emotional symptoms in their children. Parents with adjustment disorder ($n=37$) and their children were compared with OCD parents ($n=40$) and their children. Clinical Questionnaires were used. Greater emotional symptoms were seen in offspring of OCD parents compared to offspring of non-OCD parents. Poor parenting attitude was seen on OCD parents compared to non-OCD parents after controlling anxiety and depression symptoms for offspring and parents. It was concluded that anxiety symptoms were severe in offspring due to somatic obsession of OCD parents.
- Journal of Obsessive-Compulsive and Related Disorders, Volume 27, Robert Selles, John Best & S. Stewart, (2020). The study was conducted to investigate how parents react to and are effective by their child's OCD. They studied 243 families and examined many factors related to OCD such as severity, charity functions and mental health. A statistical method was used. They gave a family-based CBT and found 4 categories of families. (1) OCD Impact –They had high level of impact because of their child's OCD. (2) Relational Impact- they faced conflicts in family dynamics. (3) Low Impact- They had low level of impact because of their child's OCD. (4) Dual Impact- They faced high level impact and conflicts in family dynamics. It was concluded that different families had different types of reactions and challenges in context to OCD.

IV. DISCUSSION

All anxiety disorders lead to feeling of fear which activates our impulse actions and unwanted thoughts. Thus, children who have their parents diagnosed with OCD are likely to experience anxiety, depression and social-emotional tension in life compared to those children who have parents without OCD. People diagnosed with OCD thus try to suppress the anxiety and thoughts with following rituals and compulsive behaviour. It is not a contagious disease, rather it is a disorder developed due to brain processes. Genes also play a role in development of OCD. Environmental factors such

as schooling, parenting, religion also play a major role. Thus, following the rituals or having an avoiding behaviour impacts people around OCD patients too.

OCD is a treatable disorder in which the clients can learn healthy and creative ways to live. However, different ways that aim to reduce accommodation behaviour in children may benefit both parents and their offspring. Even though children may not have same obsessions and compulsions as their parents. It was seen that if parents stop accommodating OCD symptoms, this can also help children from not getting involved in OCD development. To improve the state of OCD client many methods are there:

- **Psycho-Education:** Educating children and parents about OCD and ways to support the client in treatment is a good way to manage OCD. As it provides with appropriate way to live productive life.
- **Coping Strategy:** Teaching children how to cope with anxiety, stress and depression. Introducing these skills at early period help in better adoption of them.
- **Parenting Style:** Providing parents with information and effective ways of parenting help in supporting children with OCD.

It was seen that children with parents diagnosed with OCD are likely having anxiety and emotional issues. Even the expectations of parents can lead to OCD development. From this research I came to know many things:

V. CONCLUSION

The children's mental and developmental health is affected by parents was concluded. By conducting researches and reviewing the literature it helps us to come up with new interventions and appropriate support. OCD treatment is similar for parents and children.

- (1) CBT is the most commonly used therapy.
- (2) Exposure therapy is also used in which the client is exposed to their fears and they are then taught to reduce anxiety by different ways.
- (3) Family therapy is also used –in which they are taught intervention plan and psycho-education is also given to them.
- (4) Medication, guide by psychiatrist is also used to treat OCD.
- (5) Relaxation techniques and practicing mindfulness help in management of OCD.
- (6) Taking care of physical health is important since it has a greater impact on mental health

In this research I was acknowledged with many information- family impacts the development of OCD and how it affect the people around the OCD patient too. I would conclude in this secondary research that family does impact the development of OCD drastically throughout the life.

While in the process of writing the research paper, I even conducted 3 Interviews on my acquaintances- (1) The first subject concluded that her family did impact her development of OCD, since childhood. (2) The second subject concluded that his family did not impact his development of OCD since he was diagnosed with OCD at a later stage, and use to live alone, it started developing after the death of his grandparent, who was most close to him. Thus trauma played a major role in development of OCD. (3) The third subject concluded that since her uncle was diagnosed with OCD, she grew up with him, instead of her parents because her parents had to work to earn money. Thus, nurture does affect the development of OCD irrespective of nature.

The exact causes of OCD is still not fully understood, but researches have concluded that genes, biological and environmental factors impact OCD development. Family dynamics come under the environmental factors.

- **Learning-** children learn behaviour and they even have the tendency to imitate their parents too.
- When a child grows in a family with displaying obsessive compulsive behaviour.
- It is also seen that families also respond to a family member diagnosed with OCD by engaging in their rituals.
- Stressful life events related to family can cause trauma and can worsen OCD symptoms.
- Even the conflicts and stress between family members can lead to development of OCD.
- Genetic composition also led to development of OCD.
- OCD is a complex disorder with many origins and experiences.
- Treatment of OCD includes - medication, therapy and support from loved ones individually and in family dynamic

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