Exploring illness specific positive beliefs and their influence among patients with anxiety disorder

Thesis submitted in partial fulfillment of the requirements for the Degree of M.Phil. in Clinical Psychology awarded by the University of Dhaka

Submitted by

Madhurima Saha Hia

MPhil (Part-2)

Registration No.96/2016-17

Department of Clinical Psychology

University of Dhaka

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Approval of the Thesis

This is to certify that the thesis "**Exploring illness specific positive beliefs and theirinfluence among patients with anxiety disorder**" submitted by **Madhurima Saha Hia**to fulfill the requirements for the degree of M. Phil in Clinical Psychology is an original work. The research was carried out by her under my guidance and supervision. I have read the thesis and believe this to be an important work in the field of clinical psychology.

(Muhammad Kamruzzaman Mozumder)

Professor

Dept. of Clinical Psychology

University of Dhaka

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Declaration by Resercher

I hereby declare that the content presented in this thesis has been prepared by me.I, myself wrote everything in this research. Any content used in this paper that is presented by other authors is duly quoted.

Madhurima Saha Hia

Abstract

Distress and associated cognition in anxiety disorders are studied extensively throughout the world to conceptualize the core phenomenon of anxiety with the aim to device intervention plan for help individuals suffering from anxiety disorders. A number of studies also showed the presence of positive belief about worrying and the behavioral aspects of anxiety in some of the disorders.However, there is a general gap in the empirical literature on positive beliefs associated with anxiety disorders. The aim of the present study was therefore to explore the patients' positive belief regarding their disorders and the impacts of such beliefs in patients suffering from anxiety-based disorders.

A qualitative research design with grounded theory approach was adopted for exploring positive beliefs associated with anxiety disorder. Purposive sampling technique was used to select participants suffering from obsessive compulsive disorder, generalized anxiety disorder, panic disorder, social anxiety disorder, body dysmorphic disorder, bulimia nervosa and illness anxiety disorder. Data was collected using in-depth interview, however, to enhance the depth and richness of data, narrative interview and photo elicitation technique were incorporated in the interviews. Analysis of data involved transcription and content analysis of the transcribed data using open and axial codes through NVivo 10 software.

The findings suggested that people with anxiety disorder have positive beliefs over their disorders in five broad domains; productivity, personal growth and development, skills and resources, safety and security and wellbeing. Each of the broader themes of positive beliefs were also represented by several sub themes. The participant also reported both positive and negative impact of these positive beliefs.Interviews with clinicians who

served as the key informants generally corroborated the findings generated from the patients. The findings of the current research is expected to widen the theoretical understanding of anxiety disorders and might be utilized in designing effective intervention plan for the patients.

Table of Content

Content	Page no.
Approval Sheet	ii
Declaration by researcher	iii
Abstract	iv
Acknowledgement	xi
Dedication	xii
Chapter 1: Introduction	1
1.1 General feature of anxiety-based disorders	2
1.2 Major types of anxiety-based disorders	4
1.2.1 Specific phobia	5
1.2.2 Panic disorder	5
1.2.3 Social anxiety disorder	6
1.2.4 Generalized anxiety disorder	6
1.2.5 Obsessive compulsive disorder	6
1.2.6 Body dysmorphic disorder	7
1.2.7 Anorexia nervosa	7
1.2.8 Bulimia nervosa	7
1.2.9 Illness anxiety disorder	7
1.3 Role of cognition in anxiety disorder	8
1.4 Illness specific positive belief	9
1.5 Gap in knowledge	12
1.6 Objctive of the study	13
Chapter 2: Method	14
2.1 Study design	15
2.2 Participants	15

Content	Page no.
2.2.1 Criteria for selecting participants	16
2.2.2 Sampling	16
2.3 Data collection method	16
2.3.1 In-depth interview	17
2.3.2 Key informant interview	17
2.3.3 Suplimentary methods	18
2.4 Instruments	18
2.4.1 Demographic questionnaire	18
2.4.2 Topic guide	19
2.5 Data collection procedure	19
2.6 Data analysis	20
2.7 Ethical consideration	21
2.7.1 Research ethical review	21
2.7.2 Informed consent	21
2.7.3 Right to withdraw	21
2.7.4 Voluntary participation	21
2.7.5 Privacy and confidentiality	22
2.8 Validity threats	22
2.8.1 Multiple sources of information	22
2.8.2 Respondent validation	22
Chapter 3 Findings	23
3.1 Productivity	26
3.1.1 Enhance mindfulness	26
3.1.2 Makes active	26
3.1.3 Accelerates work	27

Content	Page no.
3.2 Personal growth and development	27
3.2.1 Nurtures positive human quality	27
3.2.2 Develops personality	28
3.3 Skills and resources	29
3.3.1 Improves social interaction	29
3.3.2 Improves management	29
3.4 Safety and protection	30
3.4.1 Protects from health problem	30
3.4.2 Prevents catestrophe	31
3.4.3 Promotes good practice	31
3.5 Wellbeing	32
3.5.1 Gives comfort	32
3.5.2 Gives hope	33
3.5.3 Gives motivation	33
3.6 Impact of positive belief	33
3.7 Key informant interview	34
Chapter 4 Discussion	40
4.1 Limitations	45
4.2 Implications	46
4.3 Recommendations	47
Chapter 5 Conclusion	48
Reference	51
Appendics	53

List of Tables

	Content	Page no.
Table 2.1	Inclusion and exclusion criteria used in selection suitable participant.	16

List of Figures

	Content	Page no.
Figure 2.1	Flow chart for recruiting participants	20
Figure 3.1	The broad themes and subthemes of illness specific positive beliefs found among the patients with anxiety-based disorders	25

List of Appendices

Content	Page no.
Appendix A: Explanatory Statement	54
Appendix B: Consent Form	56
Appendix C: Demographic Information Sheet	58
Appendix D: Topic Guide for Patients	59
Appendix E: Topic Guide for Key Informant	61
Appendix F: Original Quotation and Translated Quotation	62

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Dedication

I dedicate my dissertation work to my mother Madhumita Chakraborty, a person whom I have always seen very active, enthusiastic and willing to learn new things at every step of life. Her life has been of full of struggle but she never gave up smiling. She has been my role model since childhood.

I dedicate my dissertation work to my father Rabindra Saha. He always stood my side, no matter what and he is always proud of me. I always wish to stand up his hope and expectation for me.

Chapter 1. Introduction

Introduction

Patients with anxiety disorder often think and behave in a particular way that maintains their problems. These patterns contribute significantlyin distorting the interpretation of information from the environment, these are called cognitive biases or distortions. A significant relationship was found between anxiety and some specific cognitive distortions such as catastrophizing, overgeneralization, selective abstraction and personalizing(Weems et al., 2001). These cognitive distortions accelerate the anxiety and impede daily stress management process. In contradiction to all that, it was found that, cognitive distortions are emerged from human's tendency to think adaptively in response to threat(Gilbert, 1998). In his paper, the author strongly stated that, "cognitive distortions can be seen to use the adaptive heuristic of *better safe than sorry*". Clearly, here exists a paradox. Anxiety can be seen as distressful and disturbing, However, there are some adaptive functions of anxiety and cognitive distortions of it too.Patients in many disorders even view aspects of anxiety as useful or protective (Wells, 1997). In the cognitive formulation of GAD, Wells mentioned the termpositive meta-beliefs. However, little attention has been given on studying these specific patterns of beliefs. The present study will explore illness specific positive beliefs of patients suffering from psychological disorder with core anxiety difficulties.

1.1 General Features of Anxiety-Based Disorders

A common feature shared by anxiety disorders are intense or disproportionate fear and anxiety. This pathological anxiety is different from normal stress with respect to an exaggerated feared state, characterized by hypervigilance and a tendency to respond to feared stimuli (Schulkin & Rosen, 1998). Emotional reactions commonly obsersevd in anxiety disordres are fear, worry, and helplessness. In addition to the emotional reaction,

individuals with anxiety disorder tend to overestimate the danger and underestimate their ability to cope with it (Beck, Emery & Greenberg, 1985: cited from Wells, 2004). The cognitive world of the patients with anxiety disorders are mostly dominated by various cognitive distortions. The common forms of distortions found in them are arbitrary inferences (jumping to conclusion with little or no evidence), overgeneralization (applying that faulty conclusion to a wide range of situation), catestrophising (imagining the worst possible outcome in a situation) etc. (Beck et.al.. 1979,1985). Patients tend to misinterpret or misjudge certain circumstances as they view things through the lens of their cognitive biases. Distorted thinking and associated intense emotionslead to subsequent physiological reactions and behavioral responses in the patiens.

Due to the perception of threat, anxiety generally creates a state of heightened arousal in the patients specifically at the presence of feared stimuli. When at peak, anxiety may trigger flight or fight response which increases heartbeat, breathing, and muscle tightness. This arousal interferes with regular bodily functioning and the patients reports breathing difficulties (shortness of breath), sweating, muscle pain, palpitation, sleep disturbances etc.

Behavioral responses associated with anxiety disorders play an important roll in the maintenance of anxiety. Patients usually avoid the feared stimuli and perform a set of safety behaviors to avert or reduce the impact of the catastrophe that they think might happen. In this manner, their cognitive biases are never challenged and their catastrophic misinterpretation maintains. Patients with some specific disorders use neutralizing actions to reduce the distress caused by the intrusive thoughts and anxiety. As in those cases, the intrusive thoughts are perceived in a catastrophic manner. Thus, neutralizing actions maintain the cognitive bias.

1.2 Major Types of Anxiety-Based Disorder

Major anxiety disordersplaced under the category of anxiety disorder in DSM 5 arespecific phobia, panic disorder, generalized anxiety disorder and social anxiety disorder. Prominent feature of anxiety is also observable in obsessive compulsive disorder, body dysmorphic disorder, illness anxiety disorder (categorized under somatoform disorder) and eating disorders such as anorexia and bulimia nervosa were also included in the present research because all of them have anxiety as their core feature.

Despite being grouped together in the same category of mental health problems, each anxiety disorder differs from each other in terms of feared objects or situations, or associated cognitions or behaviors. As mentioned earlier, underlying pattern of anxiety, fear, subsequent dysfunctional thoughts and behaviors can also be found in other disorders which are not considered under anxiety disorder in the current version of the diagnostic and statistical manual for mental disorders. For example, obsessive compulsive disorder is now categorized under a new group named, obsessive compulsive and related disorder, combining a spectrum of mental health problems with similar symptoms of OCD.However, the obsessions are associated with intense anxiety (Ruscio et al., 2010) which is one of the defining features of the disorders sectioned in the category of Anxiety Disorder. The distress from the obsession leads to compulsive behaviors (such as, checking, cleaning and reassurance seeking) in the person with OCD. Individuals with body dysmorphic disorder have recurrent thoughts over their body image and frequently checks mirror for reassurance (Grant & Phillips, 2004)simiparly patients with anorexia and bulimia nervosa also have distorted perception and anxiety about their body shape and weight. They have intrusive thoughts and count on appearance in evaluating their self-worth (Grant & Phillips, 2004).

Illness anxiety disorder, (grouped under somatoform disorder) but similar to other anxiety disorders, there is a perception of threat of having an ailment and reports experience of anxiety and distress(Olatunji et al., 2009). They also frequently visit to doctors and seek reassurance targeted at relief from anxiety.

Anxiety is a prominent feature represented by the disorders categorized under anxiety disorder, obsessive compulsive and related disorder, somatoform disorder and eating disorder. Therefore, the present research consideres these additional disorders namely obsessive-compulsive disorder, body dysmorphic disorder, illness anxiety disorder, anorexia nervosa and bulimia as anxiety-based disorders along with the anxiety disorders included in DSM 5.

1.2.1 Specific phobia. Specific phobia is identified with "marked anxiety about a specific object or situation (flying, heights, animals, receiving an injection, seeing blood)" (Diagnostic and Statistical Mannual, 2013). The particular object or situation that triggers a feared response is called a phobic stimulus. Reaction to these phobic stimuli is intense, severe and disproportionate to the actual threat posed by the stimulus. Is has been demonstrated that the thinking patterns of the patients are correlated with irrationality and a negative statement about self (Sutton-Simon & Goldfried, 1979).

1.2.2 Panicdisorder. Panic disorder presents with recurrent, unexpected episodes of panic attacks and significant change in cognitive and behavioral domain which includes persistent concerns about having another attack or avoidant behaviors. Panic attacks are rapid escalation of intense anxiety, for overall ten-minutes period, triggering physicalsymptoms such as palpitation, dizziness, sweating, choking, trembling or shaking, breathlessness, depersonalization; and cognitive symptoms such as fear of dying or going crazy. Presence of frequent panic attacks on regular intervals is referred to panic disorder.

1.2.3 Social anxiety disorder. The essential feature of social anxiety disorder is the fear of being scrutinized and negatively evaluated by the people around in a social circumstance. In some cases, this fear is generalized, covering wide ranges of social situations, whereas in others the anxiety is triggered in some specific one. When confronted with any of feared social situations, the patients are afraid of behaving inappropriately and being negatively judged by others. This thinking pattern leads to a range of cognitive, behavioral, somatic and affective symptoms of anxiety and thus maintains the vicious cycle of the problem.

1.2.4Generalized anxiety disorder. Generalized anxiety disorder represents the very nature of anxiety and the fundamental function of it in any other anxiety disorder (Barlow, 2002; Rapee, 1991: cited from Wells, 2004). The marked feature of this disorder is excessive worry or free-floating anxiety, which patients find difficult to control and that causes significant physical and psychological distress and functional impairment in the academic or vocational arena of life. Borkovec et al. (1983) conceptualized worry as a negatively affected chain of thoughts, mostly verbal in nature, particularly future-focused and also a problem-solving activity.

1.2.5 Obsessive compulsive disorder. Obsessive compulsive disorder is characterized by an interactive cycle of two central processes, obsession, and compulsion. Obsessions are frequent, unwelcomed, intrusive thoughts, images or doubts that generate a significant level of distress in patients' mind and will lead them to engage in such actions that they feel compelled to do in order to have an immediate escape from that discomfort, these actions are referred as compulsions. According to the cognitive model by Salkovskis (1985,1989), people with OCD tend to misinterpret the intrusions as signals of upcoming

disasters that they could bring for themselves of others which triggers their sense of responsibility and fuel this circle of problem.

1.2.6 Body dysmorphic disorder. Individuals with body dysmorphic disorder are preoccupied with perceived malformation of their appearance and body shape causing significant anxiety and distress, and hindering their social, occupational or academic functioning. People suffering from this problem usually frequently check mirrors or might avoid mirror althogether. In extreme cases the person can go for cosmatic procedures in their faces and bodies to look beautiful.

1.2.7Anorexia nervosa. People suffering from anorexia nervosa place very high value on body shape, have chronic fear and anxiety over gaining weight and thus starve for food and have abnormally low body weight. They refuse to eat and thus becomes physically ill. People can even die because of this problem.

1.2.8Bulimia nervosa. Similar to anorexia nervosa, people suffering from bulimia are also preoccupied with body shape and weight, but the behavioral manifestation is different, they tend to binge; eat a large amount of food losing control and then purge; use unhealthy methods to get rid of these extra calories by self-induced vomiting or laxatives.

1.2.9 Illness anxiety disorder. People suffering from this disorder perceive their bodily symptom in a catastrophic manner and thus frequently visits doctors and run numerous medical examination to find the physical causes of their symptoms. Despite having no or minor somatic problems, 25% of people suffering from illness anxiety disorder report excessive anxiety of acquiring a disease (Starcevic, 2013). The misinterpretation of the bodily symptoms, followed by medical evaluation and reassurance, is central to the diagnosis.

1.3 Role of Cognition in Anxiety Disorder

Symptoms reported by anxiety patients, such as, intense feelings of anxiety or fear and subsequent physical reactions, are fuelled mostly by their catastrophic thinking pattern. Dysfunctional catastrophic thoughts are manifested in increased expectancies concerning negative events in the future, and biased attention towards threatening stimuli (Bar-Haim et al., 2007). Riskind (1997)reported that individuals with anxiety are more sensitive to signs of threats thatgenerates cognitive biases, such as, catestrophization. Through this pattern of thinking, anxiety becomes persistent for them.

Cognitive formulations of anxiety disorders place paramount importance on dysfunctional thinking pattern behind the maintaining cycle of anxiety. People suffering from panic disorder misinterpret their bodily symptoms caused by anxiety in response to triggers as a drastic physical health related catastrophe such as having a heart attack or even dying (Clark, 1986). This catastrophic misinterpretation accelerates the anxiety and in turn fuels the physical and cognitive symptoms of it.

The role of catastrophic misinterpretation is also salient in Obsessive compulsive disorder. Salkovskis (1989) postulated that people with OCD interpret their intrusions in a dysfunctional manner and assume responsibilities for any harm to himself or others. Then they feel compelled to take necessary actions to prevent that. This appraisal of intrusions rather than the actual content of it, is the major source of distress (Wells, 1997). The significance of these intrusions rises as they believe that thinking about something isactually performing that action (thought-action fusion).

The cognitive model of social anxiety disorder illustrated the central influence of negative apprehension as well (Clark & Wells, 1995). People with social anxiety typically view themselves as socially incompetent and when faced with social situations, they

predict that their signs of anxiety (such as sweating, shaking, and trembling) will be visible to and judged negatively by others. Moreover, in the maintaining cycle of this disorder the impact of anticipatory and post-event processing is very salient. Through anticipatory processing the individual focuses on perceived past failures in social interactions leading to extensive rehearsal and avoidance. Even after leaving the social situation, the person ruminates about it and appraises his performance negatively.

As per the cognitive model, generalized anxiety disorder demonstrates a range of different types of worry and meta worry (Wells, 1997). When triggered by anxiety the person allow the process of worrying with the though that it will help to cope or solve the problem (positive meta-belief).However, at the later stage they find, worrying does not help them and starts to supress or avoid the worring thoughts (Wells, 1997).

Dysfunctional thoughts generate a negative emotional state and aversive physiological reaction. For immediate relief from this distressing emotional and physical reaction, the patients usually adopt an immediate escape, by a range of safety behaviors. Safety behaviors are adopted in order to minimize or prevent the feared consequences prompted by dysfunctional cognitions, as well as, subjective discomfort that is triggered after encountering feared stimuli (Blakey and Abramowitz, 2016).

1.4 Illness Specific Positive Belief

Although patients often feel crippled by their disorders, it is well known that symptoms serves a purpose. For example, checking in OCD emerges from an inflated sense of responsibility (Rachman, 1993) which serves the person to become and act responsible. Similarly, cleanliness and washing in OCD is associated with health and sense of morality where the patients with washing compulsion perceive these positively

(Reuven et al., 2014). This implies that these behavioral strategies are viewed as problematic for the patients as they serve some important functions for them.

Functional analysis approach of assessment states that every behavior has a purpose and serves a function for the individual (Sturmey, 2007). Thus, these safety behaviors also serve a purpose for the person. They either help to prevent an unpleasant encounter with the anxiety-provoking situations or neutralize the impact of this negative affect. Detailed analysis of safety behaviors discovered that only preventive safety behaviors cause an increase in anxiety levels (Helbeg-Lang and Peterson, 2010) while restorative safety behaviors restore the sense of safety and thus patients with anxiety disorder view those as very essential coping strategies for dealing with anxiety. Thus, despite playing a vital role in maintaining the anxiety, safety behaviors are often viewed as helpful to the patients for the immediate relief.

Patients usually have preoccupation or fixation on the concept of danger which makes them vulnerable to this anxiety (Beck, Emery & Greenberg, 1985). They overestimate the danger and underestimate their ability to cope with them (Wells, 1997). For this reason, they develop their idiosyncratic coping strategies to deal with anxiety. These copings are generally perceived as skills and hence have a positive meaning associated with them. Patients with GAD use worrying itself as a skill necessary to prevent bad things from happening or to be prepared for that (Wells, 1995). Wells (1995, 1997) specifically discussed about the presence of positive beliefs in in GAD. His conceptualization particularly emphasizes metacognition and distinguishes among two types i.e., Type 1 and Type 2 worry (Wells 1994, 1995). Type 1 worry focuses on external regular and daily events, such as the welfare of partners or children, and non-cognitive internal events, such as worry about bodily sensations and hence are perceived as

meaningful. Despite the negativity associated with worrying, the person feels compelled to worry once it is triggered because of the specific beliefs that it is important to worry in order to find a solution, prevent or cope with the upcoming catastrophe and restore the sense of safety. This set of beliefs is termed as Positive meta beliefs, where the patient may think, “worrying helps me to be prepared” or“worrying helps me to solve problems”. In this process, illness specific positive beliefs play a vital role in triggering and maintaining GAD. Researchers pointed out six adaptive functions of worrying reported by the individual suffering from GAD (Borkovec et al., 1983). The six benefits expressed by the participants were: (a) worry prevents bad things from happening (b) worrying lessen the probability of the occurrence of bad things (c) worrying distracts from more emotional aspects of a given situation (d) worrying prepares for the worst (e) worrying motivates to get things done (f) worrying helps to solve problems.

Despite limited research findings on positive beliefs about illness in anxiety patients, mental health practitioners always encounter patients presenting with some positive beliefs about their illness.These beliefs often contribute to the therapy interfering beliefs. Additionally, the role of positive meta-beliefs in maintenance of anxiety disorders have been indirectly illustrated by many authors. Rachman et.al. (1994) reported positive attitude toward responsibility and thought action fusion among OCD patients. Higher level of perfectionism found among patients with OCD (Rasmussen & Eisen, 1989) is in many contextsviewed positively by the patients and their society. Similarly, physical beauty and being physically attractive are generally viewed positively by the society which justify the concerns found about this among patients with BDD and eating disorders.

Post event processing (PEP) observed among patients with social anxiety disorder involves analysis of event after it happens. Patients have a positive outlook over this PEP

and a significantly positive correlation was found between increased social anxiety and stronger positive metacognitive beliefs about PEP in college students (Wong & Moulds, 2010). This positive metacognitive belief was also shown to be strongly linked with negative self-perception of the patients (Gavric et al., 2017).

1.5 Gaps in Knowledge

The discussion in the above section presents a succint summary of the limited work done on positive believes assosciated with anxiety disorder. A lack of resech is clearly indicated except for GAD where some research has been done specifically on positive meta belief.The general appreciation for responsibility, perfectionism, and safety in the society can be linked with the hightended concerns for these among the patients with different anxiety disorders.However, empirical evidence on patients' perception about these behaviors or their disorders are scarce. Patterns of clinical presentation and the concept of functional analysis suggest the presence of illness specific positive beliefs among patients with psychological problems. Which also indicates the possible role of positive beliefs among patients in maintating their disorder.However, the limited empirical work on this area indicates a major gap in understanding illness specific positive belief in mental health conditions.

Despite presentation of positive belief among patients with anxiety disorder in clinical practice, limited interest on the topic is evient in resesrach literature. It is expected that exploration of illness specific positive belief could be useful in widening understanding of the disorders as well as in better management of the disorder leading to enhanced wellbeing of the patients

1.6 Objectives of the Study

In the context of limited empirical work of illness specific positive belief the present study aims at identifying illness specific positive beliefs and their impact on patients with anxiety disorders. To achieve this boad objective, several specific objectives were prepared which are as followes,

i. To explore cognitions, emotions, and behaviors associated with the anxiety disorders.

ii. To explore the perception of patients about their illness.

iii. To identify patterns of disease specific positive beliefs.

Chapter 2. Method

Method

2.1 Study Design

As the title implies, the purpose of this study is to explore illness specific positive beliefs in anxiety patients regarding their disorder which requires qualitative research design to be employed. Grounded theory approach was chosen for present research as it is well suited for exploration of arrays of factors associated with a phenomenon of study. It was expected that the findings from the study will generate insights leading to a better understanding of anxiety-based disorders in term of positive beliefs associated with them. The findings may ultimately contribute to new theorizing of belief systems and their impacts among patients having anxiety-based disorders.

2.2 Participants

For exploration of illness specific positive beliefs, participants suffering from anxiety-based disorder were initially selected from outpatient department of mental health hospital. Later, during the pandemic situation, participants with anxiety-based disorder were selected through referral from clinical psychologists. The participants were primarily diagnosed by psychiatrist and clinical psychologist.

To ensure richness of qualitative data, maximum variation sampling was used, the present research included participants who has prominent anxiety feature, such as, generalized anxiety disorder, social anxiety disorder, panic disorder, obsessive compulsive disorder, body dysmorphic disorder, illness anxiety disorder and bulimia nervosa.Despite having some prominent anxiety feature, schizophrenia spectrum disorder was excluded due to possibility of impairment in insight and communication of the patients.

Additionally, trauma and stressor related disorderwere excluded to prevent the risk of re-traumatization of the patient during the interview.

2.2.1 Criteria for selecting patients. selection of suitable participants for research was done based on the following inclusion and exclusion criteria presented in the Table 2.1.

Table 2.1.

Inclusion and exclusion criteria used in selection suitable participant.

Inclusion criteria	Exclusion criteria
▪ Adult age (18-50 years) ▪ Presence of prominent anxiety symptoms from mild to severe level.	▪ Lack of insight ▪ Unable to communicate clearly ▪ Possibility of re-traumatization

2.2.2 Sampling. Purposive sampling was used for the present research, as it was required to collect data from patients with particular disorders. To ensure maximum variation in qualitative data, wide range of diagnosis was taken as they have core anxiety feature. Concurrently, *theoretical sampling* and *saturation* are also very important concepts in grounded theory approach which aims to build a theory at the end.

Saturation. In this research the data was collected up to the point of saturation, when no new themes were being explored through interview.

2.3 Data Collection Method

In-depth interview seemed to be most appropriate data collection method for achieving the primary objectives of the current study. Photo elicitation and narrative interview were used to enhanced the depth of data collected through in-depth interview.

Additional information was gathered through observation. Key informant interview was used for collecting data needed to triangulate the findings.

2.3.1In-depth Interview. The researcher can gain deeper insight and vivid information through this method of data collection. A topic guide was developed through initial mind mapping and thought experiment. Further improvisation was made to the topic guide after a pilot study. Photo elicitation and narrative interview was also used to collect rich data.

Narrative Interview Format. This interview format helps the participant to externalize the problem from them, name his anxiety, put a color on it and add different characteristics of it. This method was expected to help the investigator to understand the impact of anxiety on patients. This technique initially was found appropriate in eliciting desired information.However, to middle aged participants with moderate to severe level of anxiety, it was difficult to explain. Thus, it was excluded after 3 initial interviews.

Photo Elicitation. In this process, the participants are provided with random neutral images and they are to select three or four of those that describe their current condition as a patient of anxiety disorder. Further exploration helped to elicit relevant information This technique, in a similar way helps the participants to externalize the problem and provide the investigator with a vivid image of patients' condition. Photo elicitation technique was found to be useful in this research,

2.3.2 Key Informant Interview. Accumulating different perspectives in qualitative data enriches its quality. From this point of view key informant interview was incorporated in this study. For this research, three clinical psychologists were chosen for conducting key informant interview. These key informants had extensive clinical experiences of dealing with people with prominent anxiety symptoms falling under several

diagnosis used in present research, The investigator collected their observation on patients' positive beliefs from their clinical experiences.A topic guide was used to collect data from the key informants, attached as Appendix E.

2.3.3 Supplementary Methods. Two additional methods were used in order to gather rich data and enhance validity of it. The methods are observation and member checks.

Observation. The observation method was used as an integral part of IDI, not as a separate technique. The investigator carefully observed and note the non-verbal cues, pauses and smiles while speaking, manifestation of anxiety symptoms (reassurance seeking, restlessness) and many other micro behaviors while interviewing the participants. During the online data collection procedure, it was not possible to thoroughly observe the body language of the participants. However, the researcher was careful to take note of the the intonations, silence and other non-verbal aspects of communication for better understanding.

Member Check. Describing and explaining the findings to the participants and asking for their opinions is also important for validity check the investigator has shared the findings to some of the participants of the current research and asked for their opinion,

2.4 Instrument

The instruments for this research includes demographic questionnaire, anxiety scale and topic guide.

2.4.1 Demographic questionnaire. This questionnaire was used to collect basic socio-demographic information from the participants, like, age, sex, family type, birth

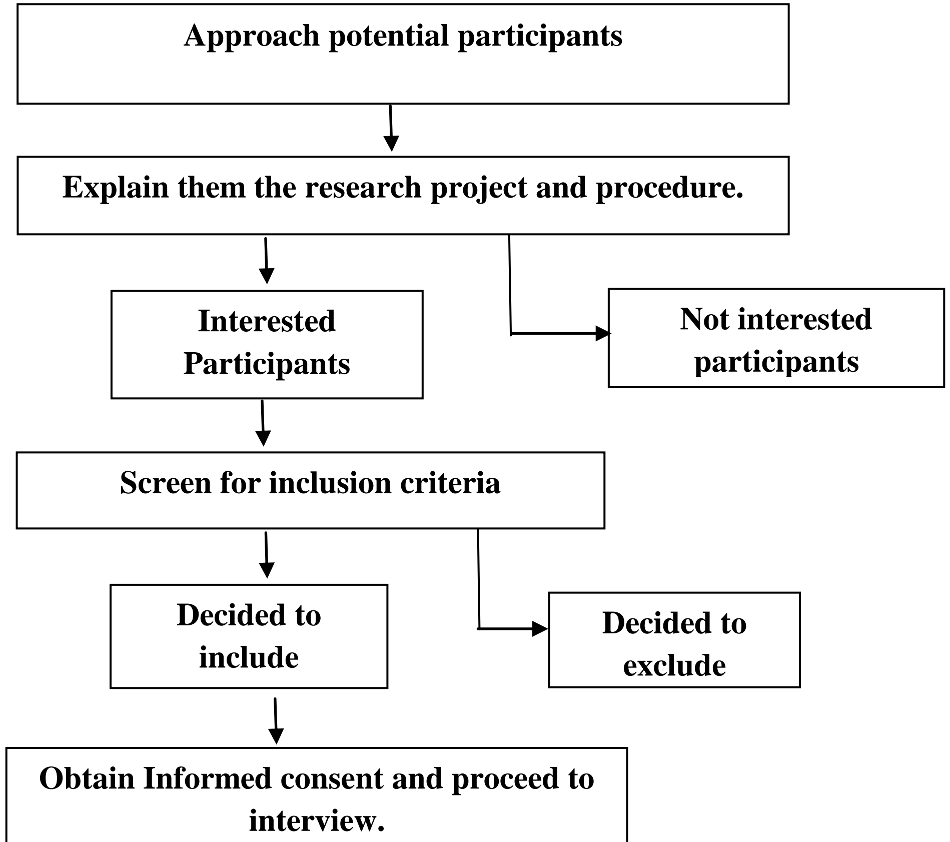
order, educational background, occupation, marital status etc. The questionnarie is attached as Appendix C.

2.4.2 Topic guide. A topic guide was used to guide interviewer for an open ended and rich yet structured qualitative interview(see AppendixD).The topic guide was prepared after initial mind mapping, thought experiment and was improved by piloting. Questioning style, examples and metaphors evolved throughout the process of data collection. There was scope for the investigator to ask situational question for clarifications of participants non-verbal cues.

2.5 Data Collection Procedure

The participants of this research would be patients suffering from anxiety based

disorder and they were initially allocated from outpatient departments of hospital



settings.However, during pandemic situation, the participants were diagnosed and referred by clinical psychologists for online interview. At first, in both interview formats, the investigator explained the objectives and procedure of the research to the patients with anxiety-based disorder. Then the investigator matched him/her with the inclusion and exclusion criteria of the research The detailed process of selection has been presented in Figure 2.1. In the offline interview format, the potential participants were provided with explanatory statement and the consent form and they got the opportunity to ask for any clarifications if the need. The consent of the participants was recorded for online interview.

After signing the understood consent the demographic information form was filled by the investigator. Then the qualitative interview took place. The interview took in 40 minutes to 1 hour.

Figure 2.1. Flow chart for recruiting participants.

2.6 Data Analysis

The analysis of the qualitative data started with the procedure of data transcription. As the researcher merged into the content provided by the participants and immerged with the inner meaning of it. Through this process the data was categorized to open codes. Open codes expressing similar theme were then grouped together as axial codes. The themes in axial codes were internally convergent and externally divergent. A qualitative data analysis software NVivo 10 was used for this coding.

2.7 Ethical Consideration

In order to protect the dignity and rights of the participants the research process stringently followed the principles of research ethics. The following sections presents some salient aspect of the ethical consideration used in this research.

2.7.1 Research ethics review. The study received ethical clearance form the ethics committee at the Department of Clinical Psychology, University of Dhaka, prior to initiating data collection (approved on 23 January, 2019; project number MP190101). A copy of the approval has been attached as Appendix G.

2.7.2 Informed consent. Before interviewing the participants, the researcher explained the objective and procedure of the research very thoroughly. The investigator provided the participant with written explanatory statement (see Appendix A), in which the complete detail of the study was described. The participants were able to read that

statement and they were free to decide whether or not to participate in this study. Finally, participants signed the informed consent and agreed to participate in the study (see Appendix B for consent form).

2.7.3 Right to withdraw. The researcher clearly communicated with participants, verbally and via explanatory statement, that they can withdraw their participation at any point during the interview. They may also choose to not to answer any particular question, if they feel uncomfortable.

2.7.4 Voluntary participation. The researcher ensured that it is clearly communicated with the participants that they will not be provided with any financial benefits and their participation in this research will be completely voluntary.

2.7.5 Privacy and confidentiality. Especially due to stigma associated with mental illness, privacy and confidentiality was given the highest priority in research procedure. The specific information about the participants were kept confidential. The interview ID for recordings and transcribed data were coded by numbers. All the transcripts were anonymized to conceal identity of the participants.The papers used for taking notes were preserved safely, under lock and key. Researcher ensured that there would not be any breach in the privacy and confidentiality of the participants.

2.8 Validity Threats

Qualitative data are subject to validity threats as it can include biases from multiple sources. Although there is no absolute procedure to guarantee validity threats but in order to rule out validity threats and increase creditability of the findings following strategies:

2.7.1 Multiple sources of information. Along with patients' perception over their disorder, this research collected data from the key informants to include their

perspective aboutpatients' perception on positive beliefs. Triangulation of data from two sources added strength to the findings of the present study.

2.7.2 Respondent validation. The researcher attempted to solicit feedback of the data and its interpretation from some of the participants. This procedure also strengthened the validity of the data.

Chapter 3. Findings

Findings

In the rich qualitative data derived from in-depth interviews, several themes of positive outcome and relevant illness specific positive beliefs were observed. Through repeated comparisons within and between interviews these themes were organized into five distinct categories namely productivity, personal growth and development, protection, skills and resources, and wellbeing. Each of these broader categories of themes were comprised of several sub-themes of positive believes (see figure 3.1).While triangulating the findings with the data from key informant interviews, evidence of positive believes around most of these themes and subthemes were also found.The findings suggest that participants with anxiety-based disorder have positive believes that anxiety protects them, makes them productive, ensures growth and wellbeing, and develops essential skills.

Overall organization of themes and subthemes of illness specific positive beliefs found among the patients with anxiety-based disorders are presented in the Figure 3.1. A representative quotation has also been added to the far left under each of the themes. These themes are discussed in further detail with additional quotation in the subsequent sections following the figure.

Figure 3.1 The broad themes and subthemes of illness specific positive beliefs found among the patients with anxiety-based disorders.

3.1 Productivity

The first broad theme, productivity implies that anxiety make people more productive. Participants claimed through expression of different positive believes that their anxiety is useful in increasing their productivity. They talked about how anxiety increases their concertation, gives them energy, keeps them moving, accelerate their work, or help them in multi-tasking. Based on similarities these specific believes were organized into three sub themes namely, enhances mindfulness, makes active and accelerate work.

3.1.1 Enhances mindfulness. Being mindful in tasks is an important skill connected to productivity. The interviews indicate that the participants believe that their anxiety contribute into enhanced mindfulness. There are two distinct aspects that they describe around mindfulness which were *increasing concentration* and *saying focused*.The following quotation from one participant reflects how patients with anxiety-based disorder perceive the impact of anxiety in increasing their concentration which in turn contributes to increase in their productivity,

> *"Because of anxiety, concentration increases, mind becomes alert. That's why we remember everything whatever we study right the day before your exam"* (Male, age: 27, student, social anxiety disorder)

3.1.2 Makes active. Being active is one of the key features of a productive person.Some participants mentioned that anxiety helped them increasing their level of activity. A participant mentioned how anxiety makes him active:

> *"I live in a dormitory where everyone has job. Coming back from office, they lie down on bed, watch YouTube. But I go out only after taking rest for half an hour. My roommates say, how could you do this? How could you do so many things?*

That time I realize that I am working with so many organizations, if I was calm and cool, I would have been taking rest."(Male, age: 37, service holder, generalized anxiety disorder)

Another person with Body Dysmorphic Disorder stated that,

"It constantly pushes me; it keeps me going".(Female, age: 25, student, body dysmorphic disorder)

3.1.3. Accelerates work. Participants also claimed that anxiety increased their speed of working. It also helps them doing multiple tasks at the same point of time.

Overall, participants very clearly stated that, anxiety fuels their energy, enhances their focus and makes them active and productive.

3.2 Personal Growth and Development

Participants also claimed that anxiety nurtures personal growth and development. Under this broad theme of personal growth and development; there are two sub-themes: nurtures positive human qualities and develops personality. Some participants stated that anxiety polishes their positive human qualities, as it encourages kindness, truthfulness and makes them religious, instills sense of responsibility, generates hunger to learn and helps to know about their flaws and through this process it develops their personality.

3.2.1 Nurtures positive human qualities. During interview, some participants claimed that anxiety somehow, patronizes some positive human qualities. One person suffering from OCD stated that he cannot utter anything but truth and cannot refuse to help others after getting into this disorder. It seemed OCD is somehow connected with his moral judgment.The participant's significant quotations are:

"There is only one positive thing about this, you can say, I can say anything but true, I always think that it would be sheer injustice and I might have to pay a heavy toll if I ever lie. That's why I can never lie". (Male, age: 22, Student, OCD)

"If a poor man seeks help from me and I avoid him, later a thought comes to my mind would that cause a problem for me? So, I try to help others as much as I can". He also said that this problem made him religious, "*Grossly these are the positive things, or you can add another, this made be obedient towards religion, I didn't use to pray before but now I do, I had to read all the religious books".* (Male, age: 22, Student, OCD)

Another participant with OCD pointed out that due to his anxiety, his sense of responsibility towards his parents during COVID-19 pandemic enhanced significantly,

"During this pandemic situation I felt that, what responsibilities I have towards my parents, what have done so far? They are getting old, what if something bad happens to them? What if they get affected by COVID? From that thing I felt, I need to stay with them and help them." (Age: 32, Male, Business, OCD)

3.2.2. Develops personality. Anxiety is one of the keys to personality development as it instills self-doubt and makes people aware about their flaws. In inspires people to learn and thus create a scope for growth. Particularly one participant with Body Dysmorphic Disorder claimed that anxiety is helpful for her personal development:

"It helps in my personal development in a sense, that, I now know about my flaws. It keeps me down to earth……………………. I am in a process of developing my expertise in a number of sectors. I try to learn many things. I have a thing in me,

that, I have to do a lot. I have to learn a lot. I feel the hunger to learn a lot of things".(Female, age: 25, student, body dysmorphic disorder)

Data from this study, thus, indicates that anxiety is helping people to hold a morally fair standpoint, to learn more and to develop as a person.

3.3 Skills and Resources

Another broad theme that emerged from this study is Skills and Resources. Anxiety helps in building up social and management skills in people. There are two sub-themes under this category: Improves social interactions and Improves management.

3.3.1 Improves social interactions. People, especially with Social Anxiety Disorder, stated that anxiety enhances their social skill by refraining them from being angry and impulsive. It also helps in organizing their speech. One interesting thought came from a participant suffering from GAD, he stated his social network broadens up because of anxiety. According to him, his anxiety makes him active and help him getting engaged with various organizations and groups, through this process, his anxiety is indirectly increasing his number of friends and acquaintances. He said,

> *"As I am working with a number of organizations, my circle is big now, people know me, I am communicating with many people, learning from them…."* (Male, age: 37, service holder, generalized anxiety disorder)

3.3.2 Improves management. Participants also mentioned that anxiety boosts their managerial skills as well. It helps to plan, keeps in control and solves problems. One participant with GAD stated that,

> *"When I was engaged in worrying, I believed it [worrying] will let me find solution to my problems"* (Male, age: 22, student, GAD)

Another participant with same diagnosis mentioned that,

> *"I used to prepare beforehand for exam, I organized everything, I properly utilized the time during exam, planned properly, just as I wanted, that's why I got positive result"* (Male, Age:22, student, generalized anxiety disorder)

In summary it can said that individuals with anxiety disorders claimed that anxiety have indirectly enhances their social and cognitive capacities.

3.4 Safety and Protection

Safety and protection was another broad theme found from the qualitative analysis, which covers three sub-themes: protects from health problems, prevents catastrophe and promotes good practice.

3.4.1 Protects from health problem. The explanation of the first sub-theme is quite straightforward. People with Illness Anxiety Disorder and OCD expressed that anxiety protects health, helps early diagnosis, enhances possibility to heal and saves from diseases. One participant stated,

> *"God forbid, if there is truly any problem, it is better to identify. So I tell doctors about my symptoms, if they think it is necessary to have further check-up, and if they find something, then the diagnosis will be fast, the treatment will be fast and the probability of healing would be higher"* (Age: 27, Female, Student, Illness anxiety disorder).

3.4.2 Prevents catastrophe. According to some participants, anxiety has a preventive function as well. People claimed that anxiety prevents them from various problems, including social awkwardness and even from sins. One participant with panic disorder stated that,

"Due to Panic problem I can't go out, and as per our religion, it is good for a women to stay at home, so this is refraining me from sins" (Age: 30, Female, Housewife, panic disorder).

Another person with Social Anxiety Disorder said, *"Maybe because of this anxiety I keep a distance from toxic people. If I were free from this anxiety, I would be more frank with others and might feel awkward sometimes. For this anxiety, I am away from them, it saved me from harassment. And... I am not judged by others"* (Age: 23, Female, Student, social anxiety disorder).

3.4.3 Promotes good practice. This research also found that anxiety is related to health practices.One participant with OCD claimed that during COVID-19 situation, his anxiety made him more responsible and caring to his parents. He taught a couple of health hygiene behavior to his family, especially his son, and they are now conscious about their health too. He regards all this changes as positive and stated,

"I used to repeatedly suggest my wife and son that you should keep sanitizer with you when you go out. I advised them to sanitize their hands frequently. I asked my son to wear mask, wash his hand repeatedly, when he holds something dirty. Now, they are all used to it, I don't have to remind them now. They do these things by their own. Like my little boy, aged 5 years, washes his hands after coming back from outside. If anyone brings toys or food from outside he asks his mother to clean it first. These are positive, no doubt" (Age: 32, Male, Business, OCD)

It is obvious from the above discussion that the participants view anxiety as something that prevents and protects from problem and promotes good practice, and through this it ensures safety of the individual.

3.5 Wellbeing

Anxiety, by definition, generates distress in people's mind. However, paradoxically, participants of this research claimed that anxiety is connected with their wellbeing. The sub-themes under this broad theme are: Gives Comfort, Gives Motivation, and Gives Hope.

3.5.1 Gives comfort. The behaviors triggered by anxiety sometimes put the person in a comfortable position. It gives relief from the distress.One participant with Illness Anxiety and OCD (cleaning and ordering) shared her experience in a straightforward way,

> *"If I am clean, I feel very good, very fresh. I feel like, there's no dirt in my body now",*(Age: 27, Female, Student, Illness anxiety disorder).

The same person said,

> *"When there's no dirt in anything around me, I feel that it is very healthy and visually peaceful from all means. It is visually very acceptable, the visual representation is very proper. In this case, I think, it is good"* (Age: 27, Female, Student, Illness anxiety disorder).

As the person has ordering problems, she thinks it is good to place things in order, because by that means, anything could be found easily.

3.5.2 Gives hope. Paradoxically to the very nature of anxiety, participants claimed that anxiety provides them with the hope to achieve something. One participant with GAD, compared his anxiety with a flower in narrative interview, and he said, "

> *The flower is saying me, I am giving you some feelings, some hope. I am giving you some dreams, dream that were hidden inside you. I will stand by you so that you*

can express your dream, I want you to see this, which were away from your sight until now. The flower is right inside me, sometimes it is painful but sometimes it feels good" (Male, age: 37, service holder, Generalized anxiety disorder).

This particular person is claiming, using metaphor, that his anxiety is instilling hope in him and inspiring him to achieve his dreams.

3.5.3 Gives motivation. Participants also claimed that anxiety motivates them to work better. People feels motivated to do better that before for their anxiety. If someone can proceed fighting the obstacles, he feels a sense of achievement, which motivates him to move forward.

3.6 Impacts of Positive Belief

The impacts of positive beliefs were also explored through in-depth interview.Although it was difficult to explore impacts of positive belief as the patients tended more to talk about the impact of disorder rather than the impact of their beliefs, some of them could clearly separate these two and verbalize the impact of beliefs. Patients shared different experiences regarding the impacts of their positive beliefs about anxiety. According to the participants, the impacts of the positive beliefs are twofold, positive and negative. One patient with illness anxiety disorder reported,

"Maybe because the positive beliefs I have about my problem helped me to be free from diseases, but because of this I am getting more anxious. This might increase the risk of getting ill".(Age: 27, Female, Student, Illness anxiety disorder).

Another patient who had OCD verbalized the impact of positive belief as,

"*My positive perception about my disorder is making me more conscious but at the same time it is dragging me to extreme anxiety. Anxiety is helpful at a certain level but it is a problem beyond that level"*. (Age: 32, Male, Business, OCD)

A patient suffering from social anxiety disorder perceives that the impact of the positive belief about the anxiety is overall negative. He reported that his positive beliefs changed his behavior and turned him into an introvert person. It refrained him from expressing his feelings and being natural. He said,

"I used to very calculative while talking. I never initiated conversations with anyone, I only used to answer the questions I was asked and I always tried to keep my answers very short. That initially helped me to avoid the discomfort of social situation. However, eventually I couldn't create any deep bonding with anyone, my network remained smaller". (Age: 25, Male, Student, Social anxiety disorder).

3.7 Key Informant Interview.

In qualitative research, it is imperative to validate the data from multiple perspective, triangulation is one of such process. In the present research three clinical psychologists were interviewed as key informants to share their experiences about illness specific positive beliefs in clients with anxiety-based disorder. Two amongst the three key informants somehow supported some of the ideas coming from the participants about positive beliefs on anxiety.However, one of them posed a different opinion. He thinks that anxiety disorders are neurotic problems, thus the clients realize that they are in sufferings. Thus, perceiving anxiety disorders positively would be a rare phenomenon. He agreed that

some clients might say that engaging in some sort of behaviors or avoiding something due to anxiety provided them relief. However, that is not the complete picture,

> *"They are doing these activities to prevent some catastrophes, but they do not feel good about it. They feel trapped in a cycle and they wish to get rid of it"*.

Thus, certain anxiety induced behaviors provide people with temporary release but in long run the sufferings are more prominent.

One of the key informants said that the patients do not perceive anxiety positively as it instills a number of negative emotional reactions in them, but they feel positive about the activities that anxiety makes them to do. He further added that people with anxiety disorder perceive reality in a different light, their anxiety sometimes becomes an integral part of their general cognitive style and day-to-day behaviors, which they might not be aware of. They try to validate their behaviors and thinking by implying that what they are doing is the right thing to do. That is why they resist to change their anxiety induced behaviors.However, according to him the core experience or the phenomena of anxiety is always negative. Another key informant emphasized that patients especially with OCD and illness anxiety have positive beliefs regarding their disorders. She also mentioned that some people with social anxiety disorder also shared some positive thoughts about their troubles.

The key informants shared their experience of observing patients having idea regarding contribution of anxiety on developing their skills and enhancing resources. From their clinical experiences, they recalled that some clients believe that anxiety helps to build up specific personal skills and enriches social resources.A key informant said that,

"Symptoms of the disorder often demonstrate their care and sense of responsibility for the family. This in turns help them gain support and attention form the family members. Patients with panic disorder are also in the center of attention, which is claimed to be perceived positively by them. So, people with some specific disorders might have been benefited by anxiety as it puts them in a special social position."

The key informants also spoke about their clients' beliefs that anxiety contributes to their personal development and nurtures some positive human qualities. One clinician provided a significant example of a young girl with social anxiety who lacks in assertiveness skill and cannot say "no" to anyone. Although the client was suffering a lot, she was still claiming that helping others in a positive human quality and saying "no" to others is rude. She believed that, despite lack of assertive is causing trouble in her life, being generous to others which is a virtue.

The key informant interview also confirmed that the patients perceived their anxiety disorders keeps them safe. One key informant mentioned that the patients with OCD fells positive with the thought that OCD helps them keep themselves and their family safe.In the same way avoidance and isolation in patients with social anxiety help the patients feel safe from the vulnerability of social interactions.Regarding social anxiety disorder one key informant said from his experiences that clients feel vulnerable in social settings. So, they feel safer in isolation, they feel good when they are alone. For that reason, they are not willing to go for social exposure. Another key informant thinks that people with Illness Anxiety do not perceive their problem as psychological, they somehow believe that their anxiety is helping them to survive. One of the key informants stated,

"*Some people might also have a rigid sense of perfectionism which cannot be diluted by logic. This trait of being perfect could be a strategy to keep them safe from any sort of traumatic behavior".*

The idea that anxiety provides with relief and comfort in some cases, is also supported by two of the key informants. They said that, carrying out some behaviors, although in therapeutic perspective maintaining the problem, helps clients to relax. One key informant said

"*Social anxiety somehow helps people to avoid responsibilities. There are some functional impairments in the clients. However, they do not seem to be very sorry about it*".

Another key informant said that people with illness anxiety visits doctor with a hope to get an answer or solution, and relief from their pain and confusion.

"*The person thinks, maybe I will be recovered by some doctor, someday!*"

In case of eating disorder, particularly with anorexia, the behavior of refusing food is connected to their concept of beauty. As gaining weight is perceived as a terrible situation for them, food refusal provides them a sense of mental peace and relief.

The key informant interview also revealed the impact of positive belief in the therapeutic process. One of the key informants reported,

"*Patients' positive beliefs about anxiety maintains their problem. The patients get less engaged and kind of deny their responsibility in the healing process. They become reluctant to exposure and other behavioral techniques. Even some cognitive techniques, such as thought challenge is also painful for them. Because they are used to think in a particular pattern for so long, changing that thought*

process becomes difficult for them. That is why they argue or show many excuses in thought challenge process".

The key informant also added,

"*Even if the therapy worked and some positive behavioral change took place, the client receives different feedback from others. For example, one of my clients with social anxiety was not assertive enough before her sessions and used to help others selflessly. After sessions she became assertive and was able to say no. Then she received feedback from others that she is not being good and helpful like before. Those feedback made her reluctant for the therapy. She thought being non-assertive was better. In this manner, positive beliefs about certain aspects of the disorder interfered in the therapeutic process*".

In short it could be stated, most of the key informants implied that the core feelings of anxiety is very negatively perceived by the clients,However, people might have positive attitude towards some disorders or some behaviors triggered by the anxiety. Those behaviors provide them with a sense of safety, self-satisfaction, relief and hope.

The general conception about anxiety is, it is distressing and reduces the ability of the sufferer to function properly. Most of the participants in this current research are suffering from diagnosed anxiety-based disorder. Initially while talking about their problems everyone admitted that anxiety is causing severe physical, emotional and social distress to them. Participants expressed that they mostly catastrophize something terrible will happen, some are very fearful about acquiring physical illness or death, some are afraid of crowd or public speaking, and nearly everyone complained about subsequent physical symptoms like pain and burning sensation in body, headache and sleep disturbance.All of them are receiving medication and psychotherapy for their mental

health issue.However, some people with diagnosed anxiety disorder view anxiety in a different light altogether. Through explorative interview, photo elicitation and narrative interview techniques, they revealed their hidden positive thoughts about anxiety. Participants claimed that anxiety makes them productive, mobilizes personal growth and development, develops skills, keeps them safe and protected and even nurtures their wellbeing.All of these broad themes that came out of this research is challenges the traditional perception on anxiety as a whole. The result indicates, despite several negative features of anxiety, it helps the patient in some ways. The findings brought another side of the coin to light and somehow completed the picture of anxiety from the patients' point of view.

The current research showed that there are more features of anxiety from the perspective of the patient that is yet to be explored. Positive beliefs over anxiety might create a barrier in overall therapeutic process and exploration of those might be useful in designing a comprehensive treatment model for the patients.

Chapter 4. Discussion

Discussion

The current study aimed to explore illness specific positive beliefs among patients with anxiety-based disorder through qualitative methodology. Participants diagnosed with generalized anxiety disorder, obsessive compulsive disorder, panic disorder, social anxiety disorder, body dysmorphic disorder, illness disorder and bulimia nervosa were purposively selected for this study. Since the concept of positive belief associated with the disorder was a bit unorthodox in thinking general people, multiple methods of data collection including, in-depth interview, photo elicitation, and narrative interview were used. After qualitative analysis, certain themes representing illness-specific positive beliefs appeared. Furthermore, three key informant interviews were conducted to validate the findings.

The findings of the current study suggests that people with anxiety-based disorder have some positive thoughts regarding their disorder. The interviews revealed that the participants believe that their anxiety enhances productivity, contributes to personal growth and development, enhances skills and resources and ensures safety and wellbeing. Participants claimed in particular that anxiety enhances productivity by accelerating work and increasing mindfulness; develops personality by nurturing positive human qualities like truthfulness, kindness and sense of responsibility; ensures safety and protection by preventing health problems and other catastrophe; enhances cognitive and interpersonal skills by generating preparedness before social interaction and helping in problem solving; and finally ensures wellbeing by providing them with hope, motivation and comfort.

There is a long debate over the relationship between anxiety, especially performance anxiety and performance.However, the well-known Yerkes-Dodson model suggested that anxiety at an optimal level increases performance.Recently one explorative study claimed that, not only at optimal anxiety of level, even under an elevated level of

anxiety, people with anxiety disorders can perform quite properly (Mellifont, Smith-Merry & Scanlan, 2015).However, patients' point of view about the role of anxiety in increasing performance was not explored through studies. The findings of the present study deconstrued that patients believe that anxiety is helpful to them, as it increases the speed of work, enhances mindfulness and enabled multi-tasking through which it increases productivity. These findings somehow is in coherence with other findings about positive correlation between anxiety and performance.

Findings from the present research indicated patients believe that anxiety ensures their wellbeing, which is contradictory to the core premise of anxiety which is generally perceived as a distressing. Participants claimed that their anxiety boosts their motivation to work more and perform better. One of them even claimed that anxiety provide him with hope for future and thus provides him with comfort and satisfaction. Interestingly, there are some research evidence that support patients' positive beliefs around anxiety and motivation (Zakaria & Nordin, 2008).Strong and significant correlation between anxiety and motivation was found in students of mathematics (Zakaria & Nordin, 2008). Further studies have showed that anxiety is also positively correlated to job satisfaction (Strack, J., Lopes, P., Esteves, F., & Fernandez-Berrocal, 2017).

One of the primitive functions of anxiety and fear is to assess and response immediately to threats. Such defensive responses tend to protect people from danger. However, dysregulation in this defensive mechanism can result in anxiety disorders (Marks & Nesse, 1994). Participants of the current research commented in favor of the preventive function of anxiety. They believed that their anxiety makes them aware about the imminent threat, makes them responsible and active to prevent health problems and other catastrophe which enables them to protect themselves and their family members. It has also been claimed that avoidance resulting from anxiety helps to protect them from

facing awkward moments. It was evident that, despite immense suffering from anxiety, participants of the current research believes that their disorder keeps them safe and protected.

Historically, it is known that anxiety debilitate cognitive and social skills of the patients (Tobias, 2010; Crawford and Manassis, 2011).However, as suggested in the cognitive model, the patients with GAD at the initial phase, perceives worrying as a coping mechanism that helps them solve problems (Wells, 1994). Findings from the current research supported this notion, the participants reported that anxiety helps them to plan ahead and solve problems. They view that their disorder helps them sharpen their management skills and hence this is useful for them. Other participants stated that their anxiety helps them refrain them from being impulsive or angry and prevents undesired social interactions with others. Enhancement of social skills was also reported especially by the participants with social anxiety disorder. They claimed that, their disorder made them aware about their behaviors and its impacts, which helps them be prepared in social circumstances and to customize their responses according to social cues. Research findings have demonstrated that anticipatory and post-event processing in social anxiety disorder is viewed positively by the patients (Wong and Moulds, 2010). They think these behaviors improves their social interaction (Wong and Moulds, 2010).

Usefulness of anxiety in nurturing positive human qualities and developing personality was another major theme around positive beliefs reported by the participants. Participants with OCD perceives that their disorder is keeping them in a morally right position and nurturing virtues such as truthfulness, kindness, and religiosity. The discomfort of not being kind or truthful is very distressing for them and they feel motivated to be a virtuous person especially around the aspect of their concerns. In the same way they refrain from doing immoral things or sins. The participants suffering from

anxiety, especially social anxiety and body dysmorphic disorder, demonstrated that they have a very critical self-evaluation. They view their flaws through microscopic lenses and are always in the lookout for scope for improvement. Participants of the current study claimed that this process akin to their disorder keeps them down to earth and makes them aware about their flaws and helps them develop their personality. This was a unique finding of this research which has never been reported in any other research.

Perceiving the disorders in the positive light of developing growth, virtue, and personality can be a cultural phenomenon. In Bangladeshi culture, being cautious, careful, responsible is considered set of good qualities which are well appreciated and respected. Therefore, when a person has this inflated responsibility or checking things due to their obsessive compulsive pattern, this is often perceived positive by the patient despite the distress they experience associated with these behavior. Similar positive outlook over responsibility and thought-action fusion has also been reported in other researches (Rachman, 1993).

Overall, the findings of this research have added new insights on anxiety from the perspectives of individual diagnosed with anxiety disorders. Empirical works were mostly focused on perceived sufferings of people with anxiety problems and the studies around patient's believes also focused on the negative aspects of anxiety. This present research, on the other hand, explored positive beliefs of the patients regarding their disorders. It revealed that, despite the undesired and debilitating aspects of the disorder, patients see some usefulness of the anxiety.In one hand, they acknowledge the sufferings, seek help from professionals, while in other hand, they hold some positive beliefs about it, and, as a result, may be resistant to change or respond poorly in some cases.

4.1 Limitations

The current study gathered data from quite a broad range of diagnosis across DSM-5 which include, GAD, OCD, SAD, panic, BDD, illness anxiety and bulimia nervosa. In general, the collected data was saturated. However, it would be better if we can have multiple diagnosed patients in each category to saturate data in respective category. More detailed interviews from these two populations would have been asset for this research and might corroborate the findings. Moreover, there are several subcategories of disorders according to presentations, the research could not explore those variations due to resource constrains.

The participant suffering from bulimia nervosa did not report any positive belief regarding the disorder. She claimed that expecting a lean figure is positive because being overweight hinders spontaneous movement and enhances risks for multiple health problems.However, the cycle of binging and purging she was stuck into was never perceived positively by her. She wanted to get rid of this cycle. One possible explanation could be her severity and duration of the problem. She was feeling very helpless in the cycle of the disorder and wanted to be free from it. Another reason could be embedded into the core phenomenological difference between bulimia nervosa and anorexia nervosa. In both cases the patient wants to lose weight and become more socially acceptable and attractive,However, in the former disorder patients are dwell in a vicious cycle of binge eating and purging. This cycle creates an obstacle in achieving their goal of losing weight. This might generate frustration in them. Due to couple of barriers, this research could not collect data from any patient with anorexia nervosa. The perception of a patient with anorexia nervosa could have been added a different anger to the findings.

Ensuring diversity in the participants is one of the primary rules for qualitative studies. The current one captures patients suffering from a range of psychological problem. However, diversity in their demographics and severity of the problem could not be ensured. The participants were mostly diagnosed by psychiatrists and clinical psychologists using the diagnostic interview. The severity of their problems was not measured by any psychometric tools. Patients with severe psychological problems might have different opinion regarding their problem, which was not explored in this study.

This study adopted varieties of data elicitation method including in-depth interview, narrative interview and photo elicitation technique. The objective was to facilitate rich data collection by stimulating the participants.However, not all methods were equally effective for all. Photo elicitation was found mostly useful. Narrative interviews were difficult for the participants to understand and respond. It was excluded after a number of trials. A richer blend of methodological approaches could bring up more dimensions.

4.2 Implications

The clinical implication of this study is manifold. Theoretically it contributes to the conceptualization of anxiety disorders. The study brought different aspects of anxiety in to light and essayed to provide a whole picture of this concept. Disorders were mostly thought to be perceived as stressful by the patients. This study commenced with a different idea of exploring the other side, that is, patients' positive beliefs about disorder. This notion added a diverse outlook to the theme of anxiety.

Patients with anxiety-based disorders are often resistant towards therapeutic process. The current study aimed to explore the role of positive beliefs towards mental illness in this resistance and poor response. This study attempted to explore one

hypothetical explanation behind this resistant. This new understanding can stimulate other explorative and confirmatory studies and bring new discoveries into light.

4.3 Recommendation

Any exploratory study is expected to be followed up by a confirmatory one. A list of positive statements about anxiety disorders could be utilized to develop a psychometric tool for confirming the presence of positive meta-beliefs in patients. Furthermore, using that validated tool, the severity of the presence of positive meta-belief and its impact on the therapeutic process could also be assessed. Cumulatively, all these procedures will inform the treatment mechanisms of anxiety disorders in general.

Exploratory studies could be designed for people suffering from eating disorder (anorexia nervosa and bulimia nervosa), as current study could not bring the overall aspect of patients' perception into light. Additional data from the patients with anorexia nervosa would be helpful in theorizing illness-specific positive beliefs for patients with eating disorder.

Further studies could be conducted to corroborate the current findings diverse population and other creative methods of data elicitations. How the positive beliefs about the mental illness can change according to the severity of illness and over the course of treatment is also an interesting topic of exploration. A working model could be formulated, via extensive research and experimentations, depicting how these themes of positive meta-beliefs are interacting and mediating the course of the illness. Through these processes a complete picture of the role of positive beliefs would be revealed and it will contribute to the treatment mechanism.

Chapter 5. Conclusion

Conclusion

The aim of this study was to explore illness-specific positive belief among patients with anxiety disorder. To conduct this research qualitative study design with grounded theory approach was adopted. Eleven participants with different anxiety-based disorders were selected for this study using purposive sampling procedure. For data collection, a topic guide was devised through mind mapping. Data was collected using in-depth interview. For capturing data in more details two other techniques were used, photo elicitation and narrative interview. These two techniques were very useful in externalizing anxiety. Furthermore, three key informants were interviewed for triangulation and strengthening validity of qualitative data.

The qualitative analysis found five themes on positive beliefs about anxiety from the interview data. These were productivity, personal growth and development, skills and resources, safety and protection and wellbeing. There were several sub themes associated with these five broad themes. The findings represented by these themes suggest a clear indication that the patients with anxiety disorder have a shared perspective of the positive impact of their disorders. When asked the impact of this positive beliefs, most of them shared a mixed feeling. In one hand positive belief help them gain more awareness on the other hand they contribute to increased distress.

The key informants mostly supported the findings came from the participants. They think that the core phenomenon of anxiety is not pleasant or positive to them,However, anxiety leads to certain behaviors that they might think is helpful in dealing with stress. Thus, those behaviors are perceived positively as coping mechanisms. The impact of this positive belief is it reduces patients' active participation in therapeutic

process targeted to overcome the problem. As a result, some patients with anxiety provide excuses and becomes unresponsive to the treatment process.

The findings of the current study could be taken forward for further researches. To utilize the concept of positive belief and its impact on the patients' daily life and therapeutic process, it is imperative to assess its presence and severity in every patient with an assessment tool. Thus, further studies could be headed towards devising such tools for proper assessment.

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Appendices

Appendix A: Explanatory Statement

ব্যাখ্যামুলকবিবৃতি

আমিমধুরিমাসাহাহিয়া,
একজনএমফিলগবেষকহিসেবেঢাকাবিশ্ববিদ্যালয়েরচিকিৎসামনোবিজ্ঞানবিভাগেরসহকারীঅধ্যাপকডঃ কামরুজ্জামান মজুমদারেরতত্ত্বাবধানেএকটিগবেষনাকরছি। আমারগবেষনাতে যেসব ব্যক্তিদের দুশ্চিন্তাজনীতসমস্যাআছে, তাদের দুশ্চিন্তা সম্পর্কিতইতিবাচকবিশ্বাসগুলোখুজে বেরকরাহবে। তাছাড়া দুশ্চিন্তাজনীত রোগেরউপর এই জাতীয়বিশ্বাসগুলোর কোনপ্রভাবআছেকিনা সেটাও দেখাহবে।
গবেষণায়অংশগ্রহনের পূর্বে আমারজানা দরকার, আপনার দুশ্চিন্তা মাত্রাতিরিক্ত নয়, এবংআপনিসিজোফ্রেনিয়াবাবাইপোলারমুডডিজঅর্ডার এর রোগী নন।

গবেষণার লক্ষ্যঃ

দুশ্চিন্তাগ্রস্থ রোগীদেরনিজনিজ দুশ্চিন্তা নিয়েকিকিধরনেরইতিবাচকবিশ্বাসআছেতা বেরকরাএবংএইসকমইতিবাচকবিশ্বাসগুলো দুশ্চিন্তাজনীত রোগগুলোকেকিভাবেপ্রভাবিতকরেতা দেখা।

গবেষনায় যা করাহবেঃ

প্রথমে আপনার সাথে কথাবলে ও আপনার দুশিন্তাজনীরসমস্যারলক্ষনগুলোপর্যালোচনাকরে দেখাহবেআপনি এই গবেষণায়অংশগ্রহনের উপযুক্ত কিনা। গবেষনায়অংশগ্রহনে উপযুক্ত বিবেচিতহলেএকটিসাক্ষাতকারেরমাধ্যমে কিছুপ্রশ্নকরেআপনারকাছ থেকে তথ্য আহরনকরাহবে যা এবংতাঅডিওক্যাসেটে ও লিখিতভাবেসংরক্ষনকরাহবে।

গবেষণাকরতেকিপরিমানসময়দিতেহবে?

গবেষনায়অন্তর্ভুক্তির পরীক্ষাটিকরতেসময়লাগবে ৫ থেকে ১০ মিনিটএবংপরবর্তীসাক্ষাতকারটিনিতে ৪০ থেকে ৬০ মিনিটসময়লাগবে।

গবেষনায়অংশগ্রহনের ক্ষেত্রে আপনারকিঅসুবিধাহতেপারে?

প্রথমতনিজের দুশ্চিন্তা নিয়েকথাবলারসময়েআপনার অস্থিরতা বেড়ে যেতেপারে। এছাড়াও দুশ্চিন্তা নিয়েইতিবাচকবিশ্বাসগুলোখুঁজে বেরকরতেআপনারঅসুবিধাহতেপারে। এই দুটোবিষয়কেমাথায় রেখেআমিআমারসাক্ষাৎকারেভিন্নকিছুপদ্ধতিব্যবহারকরেছি যা আপনাকেসহায়তাকরবেবলেআশাকরছি।

সম্ভাব্য সুবিধাঃ

এই গবেষণায়অংশগ্রহনের মধ্য দিয়েআপনারচিন্ড়া নিয়েনিজেরবিশ্বাসগুলোজানতেপারেনএবং সেইবিশ্বাসেরকিপ্রভাবআছেতাবুঝতেপারেন।

গোপনীয়তাঃ

এই গবেষণায়আপনারএমন কোন তথ্য-যেমননাম, ঠিকানাইত্যাদি প্রকাশকরাহবেনা যা থেকে আপনাকেচিহ্নিতকরাযায়। আপনার ব্যক্তিগত তথ্য এবংসাক্ষাৎকারেরমাধ্যমে প্রাপ্ত তথ্য একটিসাংকেতিকচিহ্নেরমাধ্যমে একত্র করাহবে যা আমিছাড়াআর কেউ জানবেনা।

গবেষণায়অংশগ্রহনপ্রত্যাহারঃ

এই গবেষণায়অংশগ্রহনেরসিদ্ধান্ড় সম্পূর্ণ আপনার। আপনিগবেষণায়অংশগ্রহন যেকোনসময়প্রত্যাহারকরতেপারেন, যার জন্য আপনাকে কোনপ্রশ্নবা ক্ষতির সম্মুখিনহতেহবেনা।

মধুরিমাসাহাহিয়াতারিখ

Appendix B: Consent form

সম্মতিপত্র

গবেষনারবিষয়ঃExploring Illness Specific Positive Belief and its Impact among Patients with Anxiety Based Disorder

এই সম্মতিপত্রটিগবেষনার রেকর্ড হিসাবেঢাকাবিশ্ববিদ্যালয়ের(University of Dhaka)গবেষকেরকাছেজমা থাকবে

আমিঢাকাবিশ্ববিদ্যালয়ের (University of Dhaka)উপরেলিখিতগবেষনাপ্রকল্পেঅংশগ্রহনের জন্য সম্মতিদিচ্ছি। আমাকেগবেষনাপ্রকল্পটিসম্পর্কে বিস্ড়রিতভাবেবুঝিয়েবলাহয়েছেএবংআমি এই সংক্রান্ড় ব্যাখ্যামূলকবিবৃতিপড়েছি (বাআমাকেপড়েশুনানোহয়েছে) যা আমারকাছে রেকর্ড হিসাবেজমাআছে। আমিবুঝতেপারছি যে, সম্মতিপ্রদানের অর্থ হলঃ

আমিগবেষকেরকাছেসাক্ষাৎকারপ্রদানের সম্মতিদিচ্ছি ☐ হ্যাঁ ☐ না

আমি এই সাক্ষাৎকারটিক্যাসেটে রেকর্ড করার সম্মতিদিচ্ছি হ্যাঁ ☐ নানা ☐

আমিপ্রয়োজনেআবারোসাক্ষাৎকারপ্রদানের সম্মতিদিচ্ছি হ্যাঁ ☐ না ☐

আমিআমারপুরনকরাগবেষনায়অন্ড়র্ভুক্তি বিষয়কপ্রশ্নমালাটি

সাক্ষাৎকারের তথ্যেও সাথে যুক্ত করারঅনুমতিদিচ্ছি হ্যাঁ ন☐ ☐

এবং

আমিবুঝতেপারছি যে, আমারঅংশগ্রহন স্বেচ্ছামুলক। আমিইচ্ছাকরলেইআংশিকবাসম্পূর্ণ প্রকল্পেঅংশগ্রহন থেকে বিরত থাকতেপারিএবং যে কোনপর্যায়েআমারঅংশগ্রহনপ্রত্যাহারকরতেপারিযার জন্য আমাকে কোনভাবেই ক্ষতিগ্রস্থ করাহবেনা।

এবং,

আমিবুঝতেপারিছি যে, গবেষনায় একক সাক্ষাৎকারেরমাধ্যমে যে তথ্য আহরনকরাহচ্ছেতারপ্রকাশনায়বা উপস্থাপনায় কোন অবস্থাতেইঅংশগ্রহনকারীরনাম-পরিচয়লিপিবদ্ধ থাকবেনাবাপ্রকাশকরাহবেনা।

এবং

আমিবুঝতেপারছ যে, আমি যে তথ্য দিবতার গোপনীয়তারক্ষাকরাহবেএবংএমন কোন তথ্য কারোকাছেবা কোনরিপোর্টে প্রকাশকরাহবেনা যা থেকে আমাকে চেনা সম্ভব।

এবং

আমিবুঝতেপারছি যে, সাক্ষাৎকারেরঅডিও রেকর্ড এবংতারলিখিতঅনুলিপিসমুহএকটিনিরাপদ স্থানেসংরক্ষিত থাকবেএবং কেবলমাত্রগবেষকছাড়া অন্য কারোকাছেসহজলভ্য হবেনা।

অংশগ্রহনকারীরনাম ঃ ------------------------------------

স্বাক্ষর ঃ ------------------------------------

তারিখ ঃ ------------------------------------

Appendix C: Demographic Information Sheet

Demographic Information

তারিখঃকোডঃ

লিঙ্গ	
বয়স	
পেশা	
শিক্ষাগত যোগ্যতা	
বৈবাহিকঅবস্থা	
জন্মক্রম	
সমস্যারধরন	

ফিল্ড নোটঃ

Appendix D: Topic Guide for patients

Topic Guide for Patients

ইন্ট্রোডাকশনঃঅনেকসময়দেখাযায়যেযারানানারকমমানসিক সমস্যায়আক্রান্তথাকেন ,
তাদেরনিজেদেরসমস্যানিয়েনানাধরনেরচিন্তাথাকে ।
অধিকাংশচিন্তাইনেতিবাচকহয়েথাকে ,
কিন্তুবেশকিছুইতিবাচকচিন্তাওথাকে ।
কিন্তুব্যক্তিহয়তোসমস্যানিয়েএতোটাইজর্জরিতথাকেন ,
যেইতিবাচকচিন্তাগুলোতারমাথায়আসেনা ।
কিন্তুউল্লিখিতমানসিকসমস্যাটিরউপরেএইইতিবাচকচিন্তারগুরুত্বঅনেক ।
আমরাআমাদেরআজকেরইন্টারভিউথেকেএইইতিবাচকচিন্তাগুলোকেখুঁজেবেরকরারচেষ্টাকরবো ।

প্রশ্ন ১। আপনারসমস্যাগুলোখুলেবলুন ।

প্রশ্ন ২।
এইসমস্যাগুলোরজন্যআপনারজীবনেকিকিঅসুবিধাহচ্ছে ?
(ব্যক্তিজীবনে , পারিবারিকজীবনে , সামাজিকজীবনে ,
শিক্ষাজীবনে , কর্মক্ষেত্রে ,)

প্রশ্ন ৩। দেখাযাচ্ছে ,
এইসমস্যাটাআপনাকেবেশকষ্টদিচ্ছে ।
কিন্তুএইসমস্যাবাঅসুবিধাটাথেকেআপনিকিছুপাচ্ছেনকি ?
/সমস্যাটাআপনাকেকোনভাবেসাহায্যকরছেকি ?

প্রশ্ন ৪। একটাসমস্যাযখনঅনেকবেশিতীব্রহয়েযায় ,
তখনআমরাসেটারনেতিবাচকপ্রভাবেইবেশিকাতরথাকি ।
একটুচিন্তাকরেদেখুন ,
আপনারএইসমস্যাটাযখনএতোবেশিতীব্রছিলনা ,
যখনসমস্যাপূর্ণআচরনগুলোএতোফ্রিকোয়েন্টছিলনা ,
তখনসেইআচরনগুলোথেকেকিআপনিকিছুপেতেন ?

প্রশ্ন ৫। সমস্যাটাকবেথেকেশুরুহয় ?
সমস্যাশুরুহবারআগেআপনারভিতরেএইসমস্যারসাথেসঙ্গতিপূর্ণকোনঅভ্যাসছিলকিনা ?
(যেমনপরিষ্কারপরিচ্ছন্নথাকা ,
একটাজিনিসঠিকআছেকিনাসেটাবারবারচেককরা ,

কারোসাথেকথাবলারআগেমনেমনেসেইকথাগুলোবারবারপ্র্যা
কটিসকরা -ইত্যাদি)।

প্রশ্ন ৬।
সমস্যাশুরুহবারআগেথেকেযদিআপনারমধ্যেএইজাতীয়অভ্যা
সথেকেথাকেতাহলেতখনএইঅভ্যাসগুলোনিয়েআপনারধারনাকেম
ন ছিল ?
এইঅভ্যাসবাআচরনগুলোআপনাকেকোনভাবেসাহায্যকরতোকি ?
একটুব্যাখ্যাকরেবলুন ।

প্রশ্ন ৭। আপনারব্যক্তিজীবনে , পারিবারিকজীবনে ,
সামাজিকজীবনে , শিক্ষাজীবনে ,
কর্মক্ষেত্রেএইসমস্যাটিরকোনইতিবাচকপ্রভাবআছেকিনা ?
থাকলেখুলেবলুন ।

ফটোএলিসিটেশনঃ

এবারআপনাকেকিছুছবিদেখানোহবে ।
ছবিগুলোএকেবারেইর ্যান্ডোম ।
আপনারসমস্যারসাথেএইছবিগুলোকোনভাবেইসম্পর্কিতনয় ।
কিন্তুঅনেকসময়দেখাযায়যে ,
আমরার ্যান্ডোমকিছুছবিতেওআমরাআমাদেরসমস্যারপ্রতিফ
লনদেখি । আপনিছবিগুলোরদিকেদয়াকরেলক্ষ্যকরুন ।
এতোক্ষনআপনিযেইতিবাচকবিশ্বাসেরকথাবলেছেন ,
তারপ্রতিফলনকোনছবিতেআছে , তাআমাকে জানান ও
ব্যাখ্যাকরুন ।

ধন্যবাদ ।

Appendix E: Topic Guide for Key Informant

Topic Guide for Key Informant

Key Informant should be a clinical psychologist, with at least 3 years clinical experience.

১। আপনিকতবছরধরেপ্র্যাকটিসকরছেন ?

২। কিকিধরনেরক্লায়েন্টদেখেছেন ?

৩। দুশ্চিন্তাজনিতসমস্যারক্লায়েন্টকিদেখেছেন ?
ইটিংডিজওর্ডারেরক্লায়েন্টকিদেখেছেন ?
বডিডিজমর্ফিকেরক্লায়েন্টকিদেখেছেন ?

৪। ক্লায়েন্টেরমধ্যেকিকিসমস্যালক্ষ্যকরেছেন ?

৫।
ক্লায়েন্টডিলকরতেকিকিধরনেরচ্যালেঞ্জফেইসকরেছেন ?
(Probing)

৬।
কোনকোনক্ষেত্রেদেখাযায়এংজাইটিএরক্লায়েন্টেরমধ্যে
ট্রিটমেন্টইনকমপ্লায়েন্সদেখাযায়বাকিছুকিছুবিলিফে
রিজিডিটিদেখাযায় ,
আপনারঅভিজ্ঞতায়এরকমকিছুপেয়েছেনকিনা ? **(Probing)**

৭।
কোনকোনক্ষেত্রেদেখাযায়এংজাইটিএরক্লায়েন্টেরাসমস্
যানিয়েঅনেকসাফারকরেকিন্তুসেখানথেকেবেরহয়েআসতেপার
েনা ,
কারনতাদের ভিতরেএংজাইটিনিয়েকিছুপজিটিভধারনাথাকে ,আপ
নারঅভিজ্ঞতায়এরকমকিছুপেয়েছেনকিনা ? **(Probing)**

৮। কিকিধরনেরপজিটিভবিলিফপেয়েছেন ?

৯।
এইধরনেরপজিটিভবিলিফতাদেরট্রিটমেন্টপ্রসেসেকিপ্রভ
াবফেলেবলেমনেকরেন ?**(Probing)**

১০। এইধরনেরপজিটিভবিলিফতাদেরব্যক্তিগত , সামাজিক ,
পারিবারিক ,
একাডেমিক /প্রফেশনাললাইফেকিপ্রভাবফেলেবলেমনেকরেন ?**(Pr
obing)**

Appendix F Original Quotation and Translated Quotation

	Original Quotation	Translated Quotation
1	দুশ্চিন্ড়্রর কারনেকনসেন্ট্রেশন বেরেযায়, মাইন্ডএলার্ট হয়েযায়। সবচেয়ে বেশিভালোপড়া হয় পরীক্ষারআগেররাতে, আগেররাতেভালোকরেপড়লে সব মনে থাকে।	*“Because of anxiety, concentration increases, mind becomes alert. That’s why we remember everything whatever we study right the day before your exam”*
2	আমিএকটা মেসে থাকি যেখানেসবাই জব করে, সবাইঅফিস থেকে ফিরেএসে, শুয়ে থাকে, শুয়েশুয়েইউটিউব দেখে, কিন্তু আমিআধাঘন্টা রেস্ট নিয়েই বেরহয়েযাই, কাজকরি, তখনরুমমেটরাবলে যে ভাইয়া, আপনিকিকরেপারেন? এতোকাজকিভাবেকরেন? তোআমারমনে হয় আমি যে এতোঅর্গানাইজেশনের সাথে এতোকাজকরতেসি, আমিযদি কুলঅ্যান্ডকাম থাকতামআমিতাহলেহয়তো রেস্টেই থাকতাম	*“I live in a dormitory where everyone has job. Coming back from office, they lie down on bed, watch YouTube. But I go out only after taking rest for half an hour. My roommates say, how could you do this? How could you do so many things? That time I realize that I am working with so many organizations, if I was calm and cool, I would have been taking rest.”*
3	এটাকন্টিনিওয়াসলিআমাকেপুশকরে, মানে ইট কিপসমি গোয়িং	*“It constantly pushes me; it keeps me going”.*
4	একটাকথাইপজিটিভবলতেপারেন, যে আমিসত্য ছাড়ামিথ্যা কখনোইবলতেপারিনা, কোথাও কোনমিথ্যা বললেইআমারমনে হয় বিশালবড়একটাঅন্যায়হয়েযাবে, সেটার জন্য আমাকেঅনেকবড়মাশুলদিতেহতেপারে, এই জন্য আমিকখনোইমিথ্যা বলতেপারিনা।	*“There is only one positive thing about this, you can say, I can say anything but true, I always think that it would be sheer injustice and I might have to pay a heavy toll if I ever lie. That’s why I can never lie”.*

	Original Quotation	Translated Quotation
5	কোনগরীবযদি আমারকাছেসাহায্য চায়, আমিযদি তাকেএভয়েডকরেযাই, পরবর্তীতেআমারমাথায়চিন্ড়া আসে যে ওকে এভয়েডকরার জন্য কিআমার সাথে কোনখারাপকিছুঘটবে? সেইজন্য আমিযতোদুর সম্ভব চেষ্টাকরিতাকেসাহায্য করার	*"If a poor man seeks help from me and I avoid him, later a thought comes to my mind would that cause a problem for me? So, I try to help others as much as I can".*
6	পজিটিভদিকমুলতএইগুলাই, আরেকটাবলতেপারেন। এটাআমাকেধর্মীয়দিক থেকে অনেকঅবিডিয়েন্টহয়েছি, আমিআগেঅতোটাপ্রার্থনাকরতামনা, কিন্তু এই রোগটাহওয়ারপরেআমারপ্রতিদিন্নানেরপরেপ্রার্থনাকরতে হয় (২৬.২৬)। ধর্মীয়গ্রন্থ গুলাআমাকেপড়তে হয়।	*"Grossly these are the positive things, or you can add another, this made be obedient towards religion, I didn't use to pray before but now I do, I had to read all the religious books".*
7	যে এই প্যান্ডেমিকসিচুয়েশনেআমারমধ্যে ফিলহয়েছে যে আমিআমারবাবামায়ের জন্য কি দায়িত্ব পালনকরছি? তাদের তোঅনেকবয়সহয়েছে। যদি কিছুহয়েযায়, তারাযদি করোনাএফেক্টেড হয়েযায়, তাহলেআমার দায়িত্ব কি? এই জায়গা থেকে আমারকাছেফিলহয়েছে যে আমারতাদেরকাছে থাকাউচিতএবংতাদেরপ্রতি দায়িত্ব পালনকরাউচিত।	*"During this pandemic situation I felt that, what responsibilities I have towards my parents, what have done so far? They are getting old, what if something bad happens to them? What if they get affected by COVID? From that thing I felt, I need to stay with them and help them."*
8	পারসোনাল ডেভেলপমেন্টে এই সেন্সে খুব সাহায্য করছে যে আই নোএবাউটমাইফ্লওস, দ্যাট মেইকসমিডাউনটু আর্থ।আরএটাআমারপ্রডাকটিভিটিঅনেকবাড়িয়ে দেয়, লাইকআমিঅনেকপ্রডাকটিভ থাকার চেষ্টাকরি। আমারপারসোনাল ডেভেলপমেন্টবাড়ানোর জন্য	*"It helps in my personal development in a sense, that, I now know about my flaws. It keeps me down to earth…………………… I am in a process of developing my expertise in a number of sectors. I try to learn many things. I have a thing in me, that, I have to do a lot. I have to learn a lot. I feel the hunger to learn a lot of things".*

	Original Quotation	**Translated Quotation**
9	অনেকগুলোঅর্গানাইজেশনের সাথে যুক্ত থাকিবলেআমারসার্কেলবড় হয়, পরিচিতিবাড়ে, অনেকমানুষের সাথে যোগাযোগহচ্ছে, সেখান থেকে অনেককিছুশিখতেপারছি	*"As I am working with a number of organizations, my circle is big now, people know me, I am communicating with many people, learning from them…."*
10		*"When I was engaged in worrying, I believed it [worrying] will let me find solution to my problems"*
11	যেমনপরীক্ষার ক্ষেত্রে আমিআগেইপ্রিপারেশননিয়েরাখতাম, সব গুছিয়েরাখতাম, পরীক্ষারআগেরসময়টাআমিভালোভাবেকাজেলাগাইতেপারসি, প-্যানকরতেপারসি, যেটাআমিচাইসিলাম সেটাইহইসে, আমার রেজাল্টভালোহয়েছে	*"I used to prepare beforehand for exam, I organized everything, I properly utilized the time during exam, planned properly, just as I wanted, that's why I got positive result"*
12	মানেআল-াহমাফকর ্ক যে যদি কোনপ্রবলেম থাকে, তাহলে তো সেটারআইডেন্টিফিকেশনটাভালোতারপরআমিযদি ডক্টরদেরবলি যে আমার এই সিম্পটমআছে, সেখান থেকে তারাযদি মনেকরে যে আমার এই সিম্পটমটা চেক করারমতো, এবং চেক করতেগিয়েযদি কিছুধরাপড়েতাহলে তো ফাস্ট ডায়াগনসিসহলে তো ফাস্ট ট্রিটমেন্ট পেয়েঠিকহয়েযাওয়ারপসিবিলিটিসহাই থাকে	*"God forbid, if there is truly any problem, it is better to identify. So I tell doctors about my symptoms, if they think it is necessary to have further check-up, and if they find something, then the diagnosis will be fast, the treatment will be fast and the probability of healing would be higher"*
13	আমিআগেঅনেকবাইরে যেতাম, অনেকঘুরাঘুরিকরতাম, এখন তেমনকরিনা। মেয়েদের তোআসলে তেমনবাইরেযাওয়াঠিকনা। বাইরে গেলেপাপ হয়। তোবাইরে কম যাইবলেহয়তোপাপ কম হচ্ছে।	*"Due to Panic problem I can't go out, and as per our religion, it is good for a women to stay at home, so this is refraining me from sins"*

	Original Quotation	Translated Quotation
14	সেটাএকটাদিক থেকে পজিটিভ যে আমিটক্সিকমানুষদের থেকে দূরে থাকি। এংজাইটিনা থাকলেহয়তোআমিসবার সাথে অপেনলিমিশতামআরবিব্রতহতাম। এদেরনিয়েএংজাইটিআছেবলেই ওদেরকাছ থেকে দূরে থাকি, নিজেকেহ্যারাসমেন্ট থেকে সেইফরাখি।	*"Maybe because of this anxiety I keep a distance from toxic people. If I were free from this anxiety, I would be more frank with others and might feel awkward sometimes. For this anxiety, I am away from them, it saved me from harassment. And… I am not judged by others"*
15	আমারওয়াইফআমার ছেলেকেআমিপ্রতিনিয়তসাজেস্ট করতাম, যে বাইরে গেলেস্যানিটাইজাররাখো। একটুএকটুপরপরস্যানিটাইজকরতেবলতাম। আমার ছেলেকেমাস্ক পরাতাম, বারবারহাতধুতেবলতাম, ময়লাকিছুধরলে। এই জিনিসগুলোতারাঅনেকটাই ইউজড টুহয়ে গেছে, এখনকিন্তু বলতে হয় না। এখনতারানিজেরাইএটাকরে। যেমনআমার ছোট্ট ছেলেটা, পাঁচবছর, সেওকিন্তু বাইরে থেকে আসলেহাতধুয়ে ফেলে। বাইরে থেকে কোন খেলনা, বাজিনিসনিয়েআসলে সে তারমাকেবলেআমাকেএতাক্লিনকরে দাও। তোএটাএকটাপজিটিভদিক।	*"I used to repeatedly suggest my wife and son that you should keep sanitizer with you when you go out. I advised them to sanitize their hands frequently. I asked my son to wear mask, wash his hand repeatedly, when he holds something dirty. Now, they are all used to it, I don't have to remind them now. They do these things by their own. Like my little boy, aged 5 years, washes his hands after coming back from outside. If anyone brings toys or food from outside he asks his mother to clean it first. These are positive, no doubt"*
16	আমারকাছেজিনিসগুলোক্লিনরাখলে দেখতে খুব ভালোলাগে, আমারকাছেমানেআমারনিজেরকাছেমনে হয় যে আমি ফ্রেশ, মানেআমারশরীরের কোথাও কোনময়লানাই	*"If I am clean, I feel very good, very fresh. I feel like, there's no dirt in my body now"*

	Original Quotation	Translated Quotation
17	আমারচারপাদশের পরিবেশে কোথাও কোনময়লানাই, মানেজিনিসটাসবদিক থেকে খুবই হেলথি। এবংসবদিক থেকে ভিসুয়ালিখুবইপিসফুল। ভিসুয়ালিখুবই এক্সেপ্টেবল, আমারকাছেমনে হয় ভিসুয়ালরিপ্রেসেন্টেশনটা খুব ভালো হয়. এক্ষেত্রে আমারকাছেমনে হয় এটা তোভালোই।	*"When there's no dirt in anything around me, I feel that it is very healthy and visually peaceful from all means. It is visually very acceptable, the visual representation is very proper. In this case, I think, it is good"*
18	ফুলটাআমাকেবলেকিছুঅনুভূতিদিচ্ছি তোমাকে, কিছুপ্রত্যাশাদিচ্ছি। কিছু স্বপ্ন দেখাচ্ছি, তোমার যে স্বপ্নগুলোতুমিনিজেরমধ্যে লুকিয়ে রেখেছিলে, সেগুলোপ্রকাশকরার জন্য আমি তোমারপাশেআছি, যাতেকরেতুমি সেগুলোকে দেখতে পাও, এতোদিন তো দেখতে পাচ্ছিলেনা। ফুলটাআমারমাথারভিতরেআছে। মাঝেমধ্যে পেইনপাই। মাঝেমধ্যে কষ্ট হয়। কিন্তু মাঝেমাঝেআবারভালোওলাগে।	*"The flower is saying me, I am giving you some feelings, some hope. I am giving you some dreams, dream that were hidden inside you. I will stand by you so that you can express your dream, I want you to see this, which were away from your sight until now. The flower is right inside me, sometimes it is painful but sometimes it feels good"*
19	পজিটিভবিশ্বাসগুলোআছেবলেইহয়তোআমি চেকাপকরাচ্ছিএবং এর ফলেআমি রোগমুক্ত থাকছি। কিন্তু আবার এই পজিটিভবিলিফেরজন্যইআমি বেশি দুশচিন্ড়া করছি, সেটাআমার অসুস্থ হবার রিস্ক আরোবাড়িয়েদিচ্ছে।	*"Maybe because the positive beliefs I have about my problem helped me to be free from diseases, but because of this I am getting more anxious. This might increase the risk of getting ill".*
20	আমারপজিটিভপারসেপশনেরকারনেআমারঅনেকসুবিধাহয়েছে। আমিঅনেককনসার্ন হয়েছি। কিন্তু এরফলেআমিমাঝেমাঝে বেশিচিন্ড়া করে ফেলি, মানে অতিরিক্ত চিন্ড়া। একটাপর্যায়ে তো দুশ্চিন্ড়া করাটাভালোকিন্তু এর বেশিযাওয়াভালোনা।	*"My positive perception about my disorder is making me more conscious but at the same time it is dragging me to extreme anxiety. Anxiety is helpful at a certain level but it is a problem beyond that level".*

	Original Quotation	Translated Quotation
21	আমিঅনেকক্যালকুলেট কওে কথাবলতাম, নরমালিকথাবলতামনা, আমাকে কেউ প্রশ্ননাকরলেআমিতার সাথে কনভারসেশনেজড়াতামনা। শুধু যেটুকু সে জিজ্ঞেসকরছেতারবাইওেআরকথাবাড়াতামনা। এতে কওে আমিহয়তোতখনআমারডিসকম্ফোর্ট এড়াইতেপারতাম সোস্যালসিচুয়েশন থেকে কিন্তু ইভেনচুয়ালিআমারলসটাই বেশিহচ্ছে, যেমনআমিকারো সাথে কোনডিপবন্ডিং এ যেতেপারিনি, আমার নেটওয়ার্কিং ক্রিয়েটকরতেসমস্যাহচ্ছে।	*"I used to very calculative while talking. I never initiated conversations with anyone, I only used to answer the questions I was asked and I always tried to keep my answers very short. That initially helped me to avoid the discomfort of social situation, however eventually I couldn't create any deep bonding with anyone, my network remained smaller".*
22	তারাহয়তোকাজটাকরছে এই চিন্ড়া থেকে আমিএটাকরলেবিপদ বাসংকটটা দূরহবে, কিন্তু আসলেতারাএটানিয়েভালো বোধকরেনা। তারামনেকরেআমি এর মধ্যে আটকাপড়ে গেছি, এবংতাইতারাএখান থেকে মুক্তি পেতেচায়।	*"They are doing these activities to prevent some catastrophes, but they do not feel good about it. They feel trapped in a cycle and they wish to get rid of it".*
23	সিম্পটমগুলোরকারনেঅনেকেপরিবারেরযত্ননিচ্ছেআর দায়িত্ব পালনকরছে। যেটাপরিবারের লোকদেও কাছ থেকে সাপোর্ট বাএটেনশন পেতেসাহায্য করছে। প্যানিকের পেশেন্টরা তো সেন্টার অফ দ্যা এটেনশনে থাকে যেটাওরাপজিটিভলি দেখে। তো, কিছুমানুষমনে কওে তাদের রোগটাতাদেরএকটা স্পেশালপজিশনেরাখছে।	*"Symptoms of the disorder often demonstrate their care and sense of responsibility for the family. This in turns help them gain support and attention form the family members. Patients with panic disorder are also in the center of attention, which is claimed to be perceived positively by them. So, people with some specific disorders might have been benefited by anxiety as it puts them in a special social position."*

	Original Quotation	Translated Quotation
27	পেশেন্টদেরনিজেদেও রোগনিয়েপজিটিভবিলিফ থাকে, এই কারনেতারা থেরাপিতে কম ইনভলভ হয় বা তেমন দায়িত্ব নিতেচায়না। তারা এক্সপোজারবাঅন্যান্য বিহেইভিওরাল টেকনিকে যেতেচায়না। আরকিছুকগনিটিভ টেকনিক, যেমন থট চ্যালেঞ্জওতাদেও কাছেঅনেক পেইনফুল হয়। কারনতারা তোএকরকমভাবেবহুদিনচিন্ড়্ কওে এসেছে, এখন এই চিন্ড় াটা চেঞ্জ করাতাদেও জন্য খুব ডিফিকাল্ট। এই জন্যইতারা থট চ্যালেঞ্জেরসময়অনেক তর্ক কওে আরএক্সকিউজ দেখায়।	*"Patients' positive beliefs about anxiety maintains their problem. The patients get less engaged and kind of deny their responsibility in the healing process. They become reluctant to exposure and other behavioral techniques. Even some cognitive techniques, such as thought challenge is also painful for them. Because they are used to think in a particular pattern for so long, changing that thought process becomes difficult for them. That is why they argue or show many excuses in thought challenge process"*

Appendix G. Letter of Ethical approval

চিকিৎসা মনোবিজ্ঞান বিভাগ
ঢাকা বিশ্ববিদ্যালয়
কলা ভবন (৪র্থ তলা)
ঢাকা-১০০০, বাংলাদেশ

DEPARTMENT OF CLINICAL PSYCHOLOGY
UNIVERSITY OF DHAKA
Arts Building (4th floor)
Dhaka 1000, Bangladesh

Tel: 9661900-73, Ext. 7801, Fax: 880-2-8615583, E-mail: clinpsy@du.ac.bd

Certificate of Ethical Approval

Project Number : **MP190101**

Project Title : **Exploring Illness Specific Positive Belief and its Impact on Patients of Anxiety Based Disorder**

Investigators : **Madhurima Saha Hia** and **Muhammad Kamruzzaman Mozumder**

Approval Period : **23 January 2019** to **22 January 2021**

Terms of Approval

1. Any changes made to the details submitted for ethical approval should be notified and sought approval by the investigator(s) to the Department of Clinical Psychology Ethics Committee before incorporating the change.
2. The investigator(s) should inform the committee immediately in case of occurrence of any adverse unexpected events that hampers wellbeing of the participants or affect the ethical acceptability of the research.
3. The research project is subject to monitoring or audit by the Department of Clinical Psychology Ethics Committee.
4. The committee can cancel approval if ethical conduction of the research is found to be compromised.
5. If the research cannot be completed within the approved period, the investigator must submit application for an extension.
6. The investigator must submit a research completion report.

Chairperson
Ethics Committee
Department of Clinical Psychology
University of Dhaka

Appendix A: Explanatory Statement

ব্যাখ্যামুলক বিবৃতি

আমি মধুরিমা সাহা হিয়া, একজন এমফিল গবেষক হিসেবে ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা মনোবিজ্ঞান বিভাগের সহকারী অধ্যাপক ডঃ কামরুজ্জামান মজুমদারের তত্ত্বাবধানে একটি গবেষনা করছি। আমার গবেষনাতে যেসব ব্যক্তিদের দুশ্চিন্ড়াজনীত সমস্যা আছে, তাদের দুশ্চিন্ড়া সম্পর্কিত ইতিবাচক বিশ্বাসগুলো খুজে বের করা হবে। তাছাড়া দুশ্চিন্ড়াজনীত রোগের উপর এই জাতীয় বিশ্বাসগুলোর কোন প্রভাব আছে কি না সেটাও দেখা হবে। গবেষণায় অংশগ্রহনের পূর্বে আমার জানা দরকার, আপনার দুশ্চিন্ড়া মাত্রাতিরিক্ত নয়, এবং আপনি সিজোফ্রেনিয়া বা বাইপোলার মুড ডিজঅর্ডার এর রোগী নন।

গবেষণার লক্ষ্যঃ

দুশ্চিন্ড়াগ্রস্থ রোগীদের নিজ নিজ দুশ্চিন্ড়া নিয়ে কি কি ধরনের ইতিবাচক বিশ্বাস আছে তা বের করা এবং এইসকম ইতিবাচক বিশ্বাসগুলো দুশ্চিন্ড়াজনীত রোগগুলোকে কিভাবে প্রভাবিত করে তা দেখা।

গবেষনায় যা করা হবেঃ

প্রথমে আপনার সাথে কথা বলে ও আপনার দুশিন্ড়াজনীর সমস্যার লক্ষনগুলো পর্যালোচনা করে দেখা হবে আপনি এই গবেষণায় অংশগ্রহনের উপযুক্ত কি না। গবেষনায় অংশগ্রহনে উপযুক্ত বিবেচিত হলে একটি সাক্ষাতকারের মাধ্যমে কিছু প্রশ্ন করে আপনার কাছ থেকে তথ্য আহরন করা হবে যা এবং তা অডিও ক্যাসেটে ও লিখিতভাবে সংরক্ষন করা হবে।

গবেষণা করতে কি পরিমান সময় দিতে হবে?

গবেষনায় অর্ন্তর্ভুক্তির পরীক্ষাটি করতে সময় লাগবে ৫ থেকে ১০ মিনিট এবং পরবর্তী সাক্ষাতকারটি নিতে ৪০ থেকে ৬০ মিনিট সময় লাগবে।

গবেষনায় অংশগ্রহনের ক্ষেত্রে আপনার কি অসুবিধা হতে পারে?

প্রথমত নিজের দুশ্চিন্তা নিয়ে কথা বলার সময়ে আপনার অস্থিরতা বেড়ে যেতে পারে। এছাড়াও দুশ্চিন্তা নিয়ে ইতিবাচক বিশ্বাসগুলো খুঁজে বের করতে আপনার অসুবিধা হতে পারে। এই দুটো বিষয়কে মাথায় রেখে আমি আমার সাক্ষাৎকারে ভিন্ন কিছু পদ্ধতি ব্যবহার করেছি যা আপনাকে সহায়তা করবে বলে আশা করছি।

সম্ভাব্য সুবিধাঃ

এই গবেষণায় অংশগ্রহনের মধ্য দিয়ে আপনার চিন্তা নিয়ে নিজের বিশ্বাসগুলো জানতে পারেন এবং সেই বিশ্বাসের কি প্রভাব আছে তা বুঝতে পারেন।

গোপনীয়তাঃ

এই গবেষণায় আপনার এমন কোন তথ্য-যেমন নাম, ঠিকানা ইত্যাদি প্রকাশ করা হবে না যা থেকে আপনাকে চিহ্নিত করা যায়। আপনার ব্যক্তিগত তথ্য এবং সাক্ষাৎকারের মাধ্যমে প্রাপ্ত তথ্য একটি সাংকেতিক চিহ্নের মাধ্যমে একত্র করা হবে যা আমি ছাড়া আর কেউ জানবে না।

গবেষণায় অংশগ্রহন প্রত্যাহারঃ

এই গবেষণায় অংশগ্রহনের সিদ্ধান্ত সম্পূর্ণ আপনার। আপনি গবেষণায় অংশগ্রহন যেকোন সময় প্রত্যাহার করতে পারেন, যার জন্য আপনাকে কোন প্রশ্ন বা ক্ষতির সম্মুখিন হতে হবে না।

মধুরিমা সাহা হিয়া তারিখ

Appendix B: Consent form

সম্মতি পত্র

গবেষনার বিষয়ঃ Exploring Illness Specific Positive Belief and its Impact among Patients with Anxiety Based Disorder

এই সম্মতিপত্রটি গবেষনার রেকর্ড হিসাবে ঢাকা বিশ্ববিদ্যালয়ের (University of Dhaka) গবেষকের কাছে জমা থাকবে

আমি ঢাকা বিশ্ববিদ্যালয়ের (University of Dhaka) উপরে লিখিত গবেষনা প্রকল্পে অংশগ্রহনের জন্য সম্মতি দিচ্ছি। আমাকে গবেষনা প্রকল্পটি সম্পর্কে বিস্ড়ারিতভাবে বুঝিয়ে বলা হয়েছে এবং আমি এই সংক্রান্ড় ব্যাখ্যামূলক বিবৃতি পড়েছি (বা আমাকে পড়ে শুনানো হয়েছে) যা আমার কাছে রেকর্ড হিসাবে জমা আছে। আমি বুঝতে পারছি যে, সম্মতি প্রদানের অর্থ হলঃ

আমি গবেষকের কাছে সাক্ষাৎকার প্রদানের সম্মতি দিচ্ছি ☐ হ্যাঁ ☐ না

আমি এই সাক্ষাৎকারটি ক্যাসেটে রেকর্ড করার সম্মতি দিচ্ছি ☐ হ্যাঁ ☐ না

আমি প্রয়োজনে আবারো সাক্ষাৎকার প্রদানের সম্মতি দিচ্ছি ☐ হ্যাঁ ☐ না

আমি আমার পুরন করা গবেষনায় অন্ড়র্ভুক্তি বিষয়ক প্রশ্নমালাটি

সাক্ষাৎকারের তথ্যেও সাথে যুক্ত করার অনুমতি দিচ্ছি ☐ হ্যাঁ ☐ না

এবং

আমি বুঝতে পারছি যে, আমার অংশগ্রহন স্বেচ্ছামুলক। আমি ইচ্ছা করলেই আংশিক বা সম্পূর্ণ প্রকল্পে অংশগ্রহন থেকে বিরত থাকতে পারি এবং যে কোন পর্যায়ে আমার অংশগ্রহন প্রত্যাহার করতে পারি যার জন্য আমাকে কোনভাবেই ক্ষতিগ্রস্থ করা হবে না।

এবং,

আমি বুঝতে পারিছি যে, গবেষনায় একক সাক্ষাৎকারের মাধ্যমে যে তথ্য আহরন করা হচ্ছে তার প্রকাশনায় বা উপস্থাপনায় কোন অবস্থাতেই অংশগ্রহনকারীর নাম-পরিচয় লিপিবদ্ধ থাকবে না বা প্রকাশ করা হবে না।

এবং

আমি বুঝতে পারছ যে, আমি যে তথ্য দিব তার গোপনীয়তা রক্ষা করা হবে এবং এমন কোন তথ্য কারো কাছে বা কোন রিপোর্টে প্রকাশ করা হবে না যা থেকে আমাকে চেনা সম্ভব।

এবং

আমি বুঝতে পারছি যে, সাক্ষাৎকারের অডিও রেকর্ড এবং তার লিখিত অনুলিপি সমুহ একটি নিরাপদ স্থানে সংরক্ষিত থাকবে এবং কেবলমাত্র গবেষক ছাড়া অন্য কারো কাছে সহজলভ্য হবে না।

অংশগ্রহনকারীর নাম ঃ -----------------------------------

স্বাক্ষর ঃ -----------------------------------

তারিখ ঃ -----------------------------------

Appendix C: Demographic Information Sheet

Demographic Information

তারিখঃ কোডঃ

লিঙ্গ	
বয়স	
পেশা	
শিক্ষাগত যোগ্যতা	
বৈবাহিক অবস্থা	
জন্মক্রম	
সমস্যার ধরন	

ফিল্ড নোটঃ

Appendix D: Topic Guide for patients

Topic Guide for Patients

ইন্ট্রোডাকশনঃ অনেক সময় দেখা যায় যে যারা নানারকম মানসিক সমস্যায় আক্রান্ত থাকেন, তাদের নিজেদের সমস্যা নিয়ে নানা ধরনের চিন্তা থাকে। অধিকাংশ চিন্তাই নেতিবাচক হয়ে থাকে, কিন্তু বেশ কিছু ইতিবাচক চিন্তাও থাকে। কিন্তু ব্যক্তি হয়তো সমস্যা নিয়ে এতোটাই জর্জরিত থাকেন, যে ইতিবাচক চিন্তাগুলো তার মাথায় আসে না। কিন্তু উল্লিখিত মানসিক সমস্যাটির উপরে এই ইতিবাচক চিন্তার গুরুত্ব অনেক। আমরা আমাদের আজকের ইন্টারভিউ থেকে এই ইতিবাচক চিন্তাগুলোকে খুঁজে বের করার চেষ্টা করবো।

প্রশ্ন ১। আপনার সমস্যাগুলো খুলে বলুন।

প্রশ্ন ২। এই সমস্যাগুলোর জন্য আপনার জীবনে কি কি অসুবিধা হচ্ছে? (ব্যক্তিজীবনে, পারিবারিক জীবনে, সামাজিক জীবনে, শিক্ষাজীবনে, কর্মক্ষেত্রে ………)

প্রশ্ন ৩। দেখা যাচ্ছে, এই সমস্যাটা আপনাকে বেশ কষ্ট দিচ্ছে। কিন্তু এই সমস্যা বা অসুবিধাটা থেকে আপনি কিছু পাচ্ছেন কি?/ সমস্যাটা আপনাকে কোনভাবে সাহায্য করছে কি?

প্রশ্ন ৪। একটা সমস্যা যখন অনেক বেশি তীব্র হয়ে যায়, তখন আমরা সেটার নেতিবাচক প্রভাবেই বেশি কাতর থাকি। একটু চিন্তা করে দেখুন, আপনার এই সমস্যাটা যখন এতো বেশি তীব্র ছিল না, যখন সমস্যা পূর্ণ আচরনগুলো এতো ফ্রিকোয়েন্ট ছিল না, তখন সেই আচরনগুলো থেকে কি আপনি কিছু পেতেন?

প্রশ্ন ৫। সমস্যাটা কবে থেকে শুরু হয়? সমস্যা শুরু হবার আগে আপনার ভিতরে এই সমস্যার সাথে সঙ্গতিপূর্ণ কোন অভ্যাস ছিল কি না? (যেমন পরিষ্কার পরিচ্ছন্ন থাকা, একটা জিনিস ঠিক আছে

কি না সেটা বারবার চেক করা, কারো সাথে কথা বলার আগে মনে মনে সেই কথাগুলো বারবার প্র্যাকটিস করা -ইত্যাদি)।

প্রশ্ন ৬। সমস্যা শুরু হবার আগে থেকে যদি আপনার মধ্যে এই জাতীয় অভ্যাস থেকে থাকে তাহলে তখন এই অভ্যাসগুলো নিয়ে আপনার ধারনা কেমন ছিল? এই অভ্যাস বা আচরনগুলো আপনাকে কোনভাবে সাহায্য করতো কি? একটু ব্যাখ্যা করে বলুন।

প্রশ্ন ৭। আপনার ব্যক্তিজীবনে, পারিবারিক জীবনে, সামাজিক জীবনে, শিক্ষাজীবনে, কর্মক্ষেত্রে এই সমস্যাটির কোন ইতিবাচক প্রভাব আছে কি না? থাকলে খুলে বলুন।

ফটো এলিসিটেশনঃ

এবার আপনাকে কিছু ছবি দেখানো হবে। ছবিগুলো একেবারেই র‍্যান্ডোম। আপনার সমস্যার সাথে এই ছবিগুলো কোনভাবেই সম্পর্কিত নয়। কিন্তু অনেক সময় দেখা যায় যে, আমরা র‍্যান্ডোম কিছু ছবিতেও আমরা আমাদের সমস্যার প্রতিফলন দেখি। আপনি ছবিগুলোর দিকে দয়া করে লক্ষ্য করুন। এতোক্ষন আপনি যে ইতিবাচক বিশ্বাসের কথা বলেছেন, তার প্রতিফলন কোন ছবিতে আছে, তা আমাকে জানান ও ব্যাখ্যা করুন।

ধন্যবাদ।

Appendix E: Topic Guide for Key Informant

Topic Guide for Key Informant

Key Informant should be a clinical psychologist, with at least 3 years clinical experience.

১। আপনি কত বছর ধরে প্র্যাকটিস করছেন ?

২। কি কি ধরনের ক্লায়েন্ট দেখেছেন ?

৩। দুশ্চিন্তাজনিত সমস্যার ক্লায়েন্ট কি দেখেছেন ? ইটিং ডিজওর্ডারের ক্লায়েন্ট কি দেখেছেন ? বডি ডিজমর্ফিকের ক্লায়েন্ট কি দেখেছেন ?

৪। ক্লায়েন্টের মধ্যে কি কি সমস্যা লক্ষ্য করেছেন ?

৫। ক্লায়েন্ট ডিল করতে কি কি ধরনের চ্যালেঞ্জ ফেইস করেছেন ? **(Probing)**

৬। কোন কোন ক্ষেত্রে দেখা যায় এংজাইটি এর ক্লায়েন্টের মধ্যে ট্রিটমেন্ট ইনকমপ্লায়েন্স দেখা যায় বা কিছু কিছু বিলিফে রিজিডিটি দেখা যায় , আপনার অভিজ্ঞতায় এরকম কিছু পেয়েছেন কি না ? **(Probing)**

৭। কোন কোন ক্ষেত্রে দেখা যায় এংজাইটি এর ক্লায়েন্টেরা সমস্যা নিয়ে অনেক সাফার করে কিন্তু সেখান থেকে বের হয়ে আসতে পারে না , কারন তাদের ভিতরে এংজাইটি নিয়ে কিছু পজিটিভ ধারনা থাকে , আপনার অভিজ্ঞতায় এরকম কিছু পেয়েছেন কি না ? **(Probing)**

৮। কি কি ধরনের পজিটিভ বিলিফ পেয়েছেন ?

৯। এই ধরনের পজিটি ভ বিলিফ তাদের ট্রিটমেন্ট প্রসেসে কি প্রভাব ফেলে বলে মনে করেন ? **(Probing)**

১০। এই ধরনের পজিটিভ বিলিফ তাদের ব্যক্তিগত , সামাজিক , পারিবারিক , একাডেমিক /প্রফেশনাল লাইফে কি প্রভাব ফেলে বলে মনে করেন ? **(Probing)**

Appendix F Original Quotation and Translated Quotation

	Original Quotation	Translated Quotation
1	দুশ্চিন্ত্মার কারনে কনসেন্ট্রেশন বেরে যায়, মাইন্ড এলার্ট হয়ে যায়। সবচেয়ে বেশি ভালো পড়া হয় পরীক্ষার আগের রাতে, আগের রাতে ভালো করে পড়লে সব মনে থাকে।	*"Because of anxiety, concentration increases, mind becomes alert. That's why we remember everything whatever we study right the day before your exam"*
2	আমি একটা মেসে থাকি যেখানে সবাই জব করে, সবাই অফিস থেকে ফিরে এসে, শুয়ে থাকে, শুয়ে শুয়ে ইউটিউব দেখে, কিন্তু আমি আধাঘন্টা রেস্ট নিয়েই বের হয়ে যাই, কাজ করি, তখন রুমমেটরা বলে যে ভাইয়া, আপনি কি করে পারেন? এতো কাজ কিভাবে করেন? তো আমার মনে হয় আমি যে এতো অর্গানাইজেশনের সাথে এতো কাজ করতেসি, আমি যদি কুল অ্যান্ড কাম থাকতাম আমি তাহলে হয়তো রেস্টেই থাকতাম	*"I live in a dormitory where everyone has job. Coming back from office, they lie down on bed, watch YouTube. But I go out only after taking rest for half an hour. My roommates say, how could you do this? How could you do so many things? That time I realize that I am working with so many organizations, if I was calm and cool, I would have been taking rest."*
3	এটা কন্টিনিওয়াসলি আমাকে পুশ করে, মানে ইট কিপস মি গোয়িং	*"It constantly pushes me; it keeps me going".*

4	একটা কথাই পজিটিভ বলতে পারেন, যে আমি সত্য ছাড়া মিথ্যা কখনোই বলতে পারি না, কোথাও কোন মিথ্যা বললেই আমার মনে হয় বিশাল বড় একটা অন্যায় হয়ে যাবে, সেটার জন্য আমাকে অনেক বড় মাশুল দিতে হতে পারে, এই জন্য আমি কখনোই মিথ্যা বলতে পারি না।	*"There is only one positive thing about this, you can say, I can say anything but true, I always think that it would be sheer injustice and I might have to pay a heavy toll if I ever lie. That's why I can never lie".*
5	কোন গরীব যদি আমার কাছে সাহায্য চায়, আমি যদি তাকে এভয়েড করে যাই, পরবর্তীতে আমার মাথায় চিন্তা আসে যে ওকে এভয়েড করার জন্য কি আমার সাথে কোন খারাপ কিছু ঘটবে? সেইজন্য আমি যতোদুর সম্ভব চেষ্টা করি তাকে সাহায্য করার	*"If a poor man seeks help from me and I avoid him, later a thought comes to my mind would that cause a problem for me? So, I try to help others as much as I can".*
6	পজিটিভ দিক মুলত এইগুলাই, আরেকটা বলতে পারেন। এটা আমাকে ধর্মীয় দিক থেকে অনেক অবিডিয়েন্ট হয়েছি, আমি আগে অতোটা প্রার্থনা করতাম না, কিন্তু এই রোগটা হওয়ার পরে আমার প্রতিদিন্‌্‌ানের পরে প্রার্থনা করতে হয় (২৬.২৬)। ধর্মীয় গ্রন্থ গুলা আমাকে পড়তে হয়।	*"Grossly these are the positive things, or you can add another, this made be obedient towards religion, I didn't use to pray before but now I do, I had to read all the religious books".*
7	যে এই প্যান্ডেমিক সিচুয়েশনে আমার মধ্যে ফিল হয়েছে যে আমি আমার বাবা মায়ের জন্য কি দায়িত্ব পালন করছি? তাদের তো অনেক বয়স হয়েছে। যদি কিছু হয়ে যায়, তারা যদি করোনা এফেক্টেড হয়ে যায়, তাহলে আমার দায়িত্ব কি? এই জায়গা থেকে আমার কাছে ফিল হয়েছে যে আমার তাদের কাছে থাকা উচিত এবং তাদের প্রতি দায়িত্ব পালন করা উচিত।	*"During this pandemic situation I felt that, what responsibilities I have towards my parents, what have done so far? They are getting old, what if something bad happens to them? What if they get affected by COVID? From that thing I felt, I need to stay with them and help them."*

8	পারসোনাল ডেভেলপমেন্টে এই সেন্সে খুব সাহায্য করছে যে আই নো এবাউট মাই ফ্লওস, দ্যাট মেইকস মি ডাউন টু আর্থ ।আর এটা আমার প্রডাকটিভিটি অনেক বাড়িয়ে দেয়, লাইক আমি অনেক প্রডাকটিভ থাকার চেষ্টা করি। আমার পারসোনাল ডেভেলপমেন্ট বাড়ানোর জন্য	*"It helps in my personal development in a sense, that, I now know about my flaws. It keeps me down to earth……………………. I am in a process of developing my expertise in a number of sectors. I try to learn many things. I have a thing in me, that, I have to do a lot. I have to learn a lot. I feel the hunger to learn a lot of things".*
9	অনেকগুলো অর্গানাইজেশনের সাথে যুক্ত থাকি বলে আমার সার্কেল বড় হয়, পরিচিতি বাড়ে, অনেক মানুষের সাথে যোগাযোগ হচ্ছে, সেখান থেকে অনেককিছু শিখতে পারছি	"*As I am working with a number of organizations, my circle is big now, people know me, I am communicating with many people, learning from them….*"
10		*"When I was engaged in worrying, I believed it [worrying] will let me find solution to my problems"*
11	যেমন পরীক্ষার ক্ষেত্রে আমি আগেই প্রিপারেশন নিয়ে রাখতাম, সব গুছিয়ে রাখতাম, পরীক্ষার আগের সময়টা আমি ভালোভাবে কাজে লাগাইতে পারসি, প-্যান করতে পারসি, যেটা আমি চাইসিলাম সেটাই হইসে, আমার রেজাল্ট ভালো হয়েছে	*"I used to prepare beforehand for exam, I organized everything, I properly utilized the time during exam, planned properly, just as I wanted, that's why I got positive result"*
12	মানে আল-াহ মাফ কর"ক যে যদি কোন প্রবলেম থাকে, তাহলে তো সেটার আইডেন্টিফিকেশনটা ভালো তারপর আমি যদি ডক্টরদের বলি যে আমার এই সিম্পটম আছে, সেখান থেকে তারা যদি মনে করে যে আমার এই সিম্পটমটা চেক করার মতো, এবং চেক করতে গিয়ে যদি কিছু ধরা পড়ে তাহলে তো ফাস্ট ডায়াগনসিস হলে তো ফাস্ট ট্রিটমেন্ট পেয়ে ঠিক হয়ে যাওয়ার পসিবিলিটিস হাই থাকে	*"God forbid, if there is truly any problem, it is better to identify. So I tell doctors about my symptoms, if they think it is necessary to have further check-up, and if they find something, then the diagnosis will be fast, the treatment will be fast and the probability of healing would be higher"*

13	আমি আগে অনেক বাইরে যেতাম, অনেক ঘুরাঘুরি করতাম, এখন তেমন করি না। মেয়েদের তো আসলে তেমন বাইরে যাওয়া ঠিক না। বাইরে গেলে পাপ হয়। তো বাইরে কম যাই বলে হয়তো পাপ কম হচ্ছে।	"*Due to Panic problem I can't go out, and as per our religion, it is good for a women to stay at home, so this is refraining me from sins"*
14	সেটা একটা দিক থেকে পজিটিভ যে আমি টক্সিক মানুষদের থেকে দূরে থাকি। এংজাইটি না থাকলে হয়তো আমি সবার সাথে অপেনলি মিশতাম আর বিব্রত হতাম। এদের নিয়ে এংজাইটি আছে বলেই ওদের কাছ থেকে দূরে থাকি, নিজেকে হ্যারাসমেন্ট থেকে সেইফ রাখি।	*"Maybe because of this anxiety I keep a distance from toxic people. If I were free from this anxiety, I would be more frank with others and might feel awkward sometimes. For this anxiety, I am away from them, it saved me from harassment. And… I am not judged by others"*
15	আমার ওয়াইফ আমার ছেলেকে আমি প্রতিনিয়ত সাজেস্ট করতাম, যে বাইরে গেলে স্যানিটাইজার রাখো। একটু একটু পরপর স্যানিটাইজ করতে বলতাম। আমার ছেলেকে মাস্ক পরাতাম, বারবার হাত ধুতে বলতাম, ময়লা কিছু ধরলে। এই জিনিসগুলো তারা অনেকটাই ইউজড টু হয়ে গেছে, এখন কিন্তু বলতে হয় না। এখন তারা নিজেরাই এটা করে। যেমন আমার ছোট্ট ছেলেটা, পাঁচ বছর, সেও কিন্তু বাইরে থেকে আসলে হাত ধুয়ে ফেলে। বাইরে থেকে কোন খেলনা, বা জিনিস নিয়ে আসলে সে তার মাকে বলে আমাকে এতা ক্লিন করে দাও। তো এটা একটা পজিটিভ দিক।	*"I used to repeatedly suggest my wife and son that you should keep sanitizer with you when you go out. I advised them to sanitize their hands frequently. I asked my son to wear mask, wash his hand repeatedly, when he holds something dirty. Now, they are all used to it, I don't have to remind them now. They do these things by their own. Like my little boy, aged 5 years, washes his hands after coming back from outside. If anyone brings toys or food from outside he asks his mother to clean it first. These are positive, no doubt"*
16	আমার কাছে জিনিসগুলো ক্লিন রাখলে দেখতে খুব ভালো লাগে, আমার কাছে মানে আমার নিজের কাছে মনে হয় যে আমি ফ্রেশ, মানে আমার শরীরের কোথাও	*"If I am clean, I feel very good, very fresh. I feel like, there's no dirt in my body now"*

	কোন ময়লা নাই	
17	আমার চারপাদশের পরিবেশে কোথাও কোন ময়লা নাই, মানে জিনিসটা সবদিক থেকে খুবই হেলথি। এবং সবদিক থেকে ভিসুয়ালি খুবই পিসফুল। ভিসুয়ালি খুবই এক্সেপ্টেবল, আমার কাছে মনে হয় ভিসুয়াল রিপ্রেসেন্টেশনটা খুব ভালো হয়. এক্ষেত্রে আমার কাছে মনে হয় এটা তো ভালোই।	*"When there's no dirt in anything around me, I feel that it is very healthy and visually peaceful from all means. It is visually very acceptable, the visual representation is very proper. In this case, I think, it is good"*
18	ফুলটা আমাকে বলে কিছু অনুভূতি দিচ্ছি তোমাকে, কিছু প্রত্যাশা দিচ্ছি। কিছু স্বপ্ন দেখাচ্ছি, তোমার যে স্বপ্নগুলো তুমি নিজের মধ্যে লুকিয়ে রেখেছিলে, সেগুলো প্রকাশ করার জন্য আমি তোমার পাশে আছি, যাতে করে তুমি সেগুলোকে দেখতে পাও, এতোদিন তো দেখতে পাচ্ছিলে না। ফুলটা আমার মাথার ভিতরে আছে। মাঝেমধ্যে পেইন পাই। মাঝেমধ্যে কষ্ট হয়। কিন্তু মাঝেমাঝে আবার ভালোও লাগে।	*"The flower is saying me, I am giving you some feelings, some hope. I am giving you some dreams, dream that were hidden inside you. I will stand by you so that you can express your dream, I want you to see this, which were away from your sight until now. The flower is right inside me, sometimes it is painful but sometimes it feels good"*
19	পজিটিভ বিশ্বাসগুলো আছে বলেই হয়তো আমি চেকাপ করাচ্ছি এবং এর ফলে আমি রোগমুক্ত থাকছি। কিন্তু আবার এই পজিটিভ বিলিফের জন্যই আমি বেশি দুশচিন্ড়্র করছি, সেটা আমার অসুস্থ হবার রিস্ক আরো বাড়িয়ে দিচ্ছে।	*"Maybe because the positive beliefs I have about my problem helped me to be free from diseases, but because of this I am getting more anxious. This might increase the risk of getting ill".*
20	আমার পজিটিভ পারসেপশনের কারনে আমার অনেক সুবিধা হয়েছে। আমি অনেক কনসার্ন হয়েছি। কিন্তু এর ফলে আমি মাঝেমাঝে বেশি চিন্ড়্র করে ফেলি, মানে অতিরিক্ত চিন্ড়্র। একটা পর্যায়ে তো দুশ্চিন্ড়্র করাটা ভালো কিন্তু এর বেশি যাওয়া ভালো না।	*"My positive perception about my disorder is making me more conscious but at the same time it is dragging me to extreme anxiety. Anxiety is helpful at a certain level but it is a problem beyond that level".*

21	আমি অনেক ক্যালকুলেট কওে কথা বলতাম, নরমালি কথা বলতাম না, আমাকে কেউ প্রশ্ন না করলে আমি তার সাথে কনভারসেশনে জড়াতাম না। শুধু যেটুকু সে জিজ্ঞেস করছে তার বাইওে আর কথা বাড়াতাম না। এতে কওে আমি হয়তো তখন আমার ডিসকম্ফোর্ট এড়াইতে পারতাম সোস্যাল সিচুয়েশন থেকে কিন্তু ইভেনচুয়ালি আমার লসটাই বেশি হচ্ছে, যেমন আমি কারো সাথে কোন ডিপ বন্ডিং এ যেতে পারিনি, আমার নেটওয়ার্কিং ক্রিয়েট করতে সমস্যা হচ্ছে।	*"I used to very calculative while talking. I never initiated conversations with anyone, I only used to answer the questions I was asked and I always tried to keep my answers very short. That initially helped me to avoid the discomfort of social situation, however eventually I couldn't create any deep bonding with anyone, my network remained smaller".*
22	তারা হয়তো কাজটা করছে এই চিন্ড্র থেকে আমি এটা করলে বিপদ বা সংকটটা দূর হবে, কিন্তু আসলে তারা এটা নিয়ে ভালো বোধ করে না। তারা মনে করে আমি এর মধ্যে আটকা পড়ে গেছি, এবং তাই তারা এখান থেকে মুক্তি পেতে চায়।	*"They are doing these activities to prevent some catastrophes, but they do not feel good about it. They feel trapped in a cycle and they wish to get rid of it".*
23	সিম্পটমগুলোর কারনে অনেকে পরিবারের যত্ন নিচ্ছে আর দায়িত্ব পালন করছে। যেটা পরিবারের লোকদেও কাছ থেকে সাপোর্ট বা এটেনশন পেতে সাহায্য করছে। প্যানিকের পেশেন্টরা তো সেন্টার অফ দ্যা এটেনশনে থাকে যেটা ওরা পজিটিভলি দেখে। তো, কিছু মানুষ মনে কওে তাদের রোগটা তাদের একটা স্পেশাল পজিশনে রাখছে।	*"Symptoms of the disorder often demonstrate their care and sense of responsibility for the family. This in turns help them gain support and attention form the family members. Patients with panic disorder are also in the center of attention, which is claimed to be perceived positively by them. So, people with some specific disorders might have been benefited by anxiety as it puts them in a special social position."*

27	পেশেন্টদের নিজেদেও রোগ নিয়ে পজিটিভ বিলিফ থাকে, এই কারনে তারা থেরাপিতে কম ইনভলভ হয় বা তেমন দায়িত্ব নিতে চায়না। তারা এক্সপোজার বা অন্যান্য বিহেইভিওরাল টেকনিকে যেতে চায়না। আর কিছু কগনিটিভ টেকনিক, যেমন থট চ্যালেঞ্জও তাদেও কাছে অনেক পেইনফুল হয়। কারন তারা তো একরকমভাবে বহুদিন চিন্ড়া কওে এসেছে, এখন এই চিন্ড়াটা চেঞ্জ করা তাদেও জন্য খুব ডিফিকাল্ট। এই জন্যই তারা থট চ্যালেঞ্জের সময় অনেক তর্ক কওে আর এক্সকিউজ দেখায়।	*“Patients’ positive beliefs about anxiety maintains their problem. The patients get less engaged and kind of deny their responsibility in the healing process. They become reluctant to exposure and other behavioral techniques. Even some cognitive techniques, such as thought challenge is also painful for them. Because they are used to think in a particular pattern for so long, changing that thought process becomes difficult for them. That is why they argue or show many excuses in thought challenge process”*
28		*“Even if the therapy worked and some positive behavioral change took place, the client receives different feedback from others. For example, one of my clients with social anxiety was not assertive enough before her sessions and used to help others selflessly. After sessions she became assertive and was able to say no. Then she received feedback from others that she is not being good and helpful like before. Those feedback made her reluctant for the therapy. She thought being non-assertive was better. In this manner, positive beliefs about certain aspects of the disorder interfered in the therapeutic process”.*