

EXPLORING THE LIVED EXPERIENCES AND COPING STRATEGIES OF INDIVIDUALS WITH OBSESSIVE-COMPULSIVE DISORDER (OCD) IN LAHORE, PAKISTAN: A QUALITATIVE STUDY

Babar Lal¹, Fatima Rafique², Zartash Umer³; Afeefa Saeed⁴; Dr Javeria Saleem⁵;
Dr Muhammad Navid Tahir⁶

¹BS sociology, ISCS Institute of Social and Cultural Studies, University of the Punjab;

^{2,3,4}MPhil Public Health, ISCS, University of the Punjab;

^{5,6}ISCS Institute of Social and Cultural Studies, University of the Punjab

Corresponding Author: *babarlal17@gmail.com

Received: 03 October, 2023 Revised: 01 November, 2023 Accepted: 13 November, 2023 Published: 25 November, 2023

ABSTRACT

Obsessive-Compulsive Disorder (OCD) is a globally prevalent mental health condition, with cultural influences impacting diagnosis and treatment. Limited research in Lahore, Pakistan, necessitates an exploration of OCD experiences and coping mechanisms to enhance regional mental health support. This qualitative study conducted in-depth interviews with fourteen OCD-diagnosed individuals in Lahore's tertiary care hospitals. Utilizing a purposive sampling technique, the interviews, conducted in Urdu, explored lived experiences, coping strategies, and associated challenges. Thematic analysis revealed diverse demographic profiles of individuals with obsessive-compulsive disorder (OCD), showcasing a balanced distribution of age and gender. Major themes included preoccupations with order and symmetry, compulsive checking, and varying degrees of obsession. Participants struggled with uncontrollable and intrusive thoughts, often stemming from personal experiences and internal overthinking tendencies. The impact of OCD on daily life was profound, leading to isolation, hopelessness, and even self-harm. Coping strategies ranged from distraction and spirituality to seeking professional help. Social support varied, with some individuals experiencing discrimination. This qualitative study provides valuable insights into obsessive-compulsive disorder (OCD) experiences, unveiling themes related to order and symmetry, compulsive checking, hygiene concerns, obsessive behaviors, and the severity of obsessive thoughts. It sheds light on the impact of OCD on patients, their families, and social dynamics, emphasizing the need for family interventions and increased awareness to mitigate discrimination. The findings underscore the necessity for improved support systems and culturally tailored mental health services. Future research should focus on longitudinal studies, cross-cultural comparisons, and clinical validation for more effective interventions and policies.

Keywords: Obsessive-Compulsive Disorder (OCD), Coping Strategies, Lived Experiences, Mental Health, Support Systems

INTRODUCTION

Obsessive-Compulsive Disorder (OCD) is a mental health disorder characterized by obsessions (recurrent thoughts, images, or urges that provoke anxiety/distress) and compulsions (repetitive behaviors or mental acts performed according to rigid rules) (Wheaton et al., 2021). Diagnostic markers include distressing beliefs, thoughts, or urges (obsessions), as well as obsessive mental or

behavioral rituals (compulsions) that individuals participate in frequently to decrease stress or avoid perceived harm (Catapano, F.,2001).

The disorder can be debilitating and impact various life domains (Vithana & Boralassa, 2022). OCD is characterized as maladaptive coping in relation to an absent or exaggerated perceived threat due to faulty appraisals of potentially distressing intrusive

thoughts. Stress and coping are integral influences on the formation, persistence, and treatment of this disorder (Krysten Zator, 2014).

People who suffer with OCD frequently struggle with completing routine chores, maintaining healthy interpersonal relationships, and achieving a satisfactory level of overall daily functioning. People with OCD encounter intrusive thoughts (obsessions) and engage in repetitive behaviors or mental acts (compulsions), affecting different facets of their lives like family relationships, social interactions, and personal goals. Families may struggle with emotions such as anxiety and frustration, inadvertently playing a role in the disorder through accommodation or denial (Ali et al., 2015).

According to Ruscio et al. (2010), obsessive-compulsive disorder (OCD) is one of the most widespread psychiatric diseases, affecting between 2% and 3% of the world's population. In spite of its prevalence, OCD is frequently misdiagnosed and undertreated, which leaves those who suffer from it with an increased amount of time spent in discomfort and a diminished capacity to function (Patel, S., 2014).

Even while obsessive compulsive disorder (OCD) has been the subject of a significant amount of research in Western countries, very little is known about how people who suffer from OCD manage in other parts of the world. People who have obsessive-compulsive disorder are susceptible to having their experiences and methods of coping be dramatically impacted by cultural elements such as societal standards, religious viewpoints, and stigma. Culture has a significant impact on how people comprehend mental illness, approach getting help for it, and cope with living with OCD (Nicolini et al., 2018). Some individuals with OCD may have poor insight into their symptoms, which can make treatment challenging (March, J.,2001). Despite the substantial impact of OCD on individuals, research on how persistent obsessions and compulsions affect quality of life is limited. Studies suggest challenges in employment, lower income, and increased dependence on social security for individuals with OCD (Bhattacharya & Singh, 2015).

In the treatment of pediatric OCD, cognitive-behavioral psychotherapy (CBT) has been found to be effective. Specifically, OCD-specific CBT, which focuses on exposure and response prevention, has

been shown to be more effective than other psychotherapies (Kazhungil, F. and Mohandas, E.,2016). Overall, the treatment of OCD involves a combination of psychotherapy, medication, and other interventions tailored to the individual's needs. It is important for healthcare providers to consider the specific symptoms and characteristics of each patient when developing a treatment plan (Zohar, A.,1997). ERP is a form of cognitive-behavioral therapy (CBT) that involves exposing individuals to their fears or obsessions and preventing the accompanying compulsive behaviors. It has been shown to be effective in reducing OCD symptoms and improving overall functioning (Catapano, F.,2001).

Selective serotonin reuptake inhibitors (SSRIs) are the first-line pharmacological treatment for OCD. SSRIs such as sertraline, citalopram, and clomipramine have been shown to be effective in reducing OCD symptoms (Durdle, H. ,2008). Other medications, such as topiramate and lithium, may be used in the management of OCD comorbid with bipolar disorder (Suhas, S., Rao, N. ,2019).

The mental health system in Pakistan struggles with underdiagnosis and undertreatment of OCD due to cultural standards, lack of resources, and social shame. A study in Lahore aims to investigate coping mechanisms used by OCD patients. OCD involves ritualized behaviors and thoughts that interfere with daily activities and relationships. Western-centric research may not fully appreciate the challenges faced by OCD patients in non-Western cultures such as Pakistan. Understanding the daily experiences of OCD patients sheds light on the nature and scope of their obsessions and the far-reaching implications of OCD. Neuropsychological deficits have been observed in OCD patients.

Research Objectives

The objectives of this research are as follows:

- To explore the lived experiences of individuals with OCD in Lahore, Pakistan.
- To identify the coping strategies used by individuals with OCD in Lahore, Pakistan.
- To identify the barriers for seeking treatment for OCD in Lahore, Pakistan.
- To determine what are the current management and prevention strategies of OCD in Lahore, Pakistan.

Research Aim and Questions

The overarching aim of the study is to contribute to the improvement of mental health treatment options for persons in Pakistan who suffer from OCD by broadening our understanding of the illness outside the perspective of Western cultural standards.

The research question for this study is as follows:

1. What are the lived experiences and coping strategies of individuals with OCD in Lahore, Pakistan?
2. What barriers prevent individuals with OCD in Lahore, Pakistan from seeking treatment?
3. What are the current management and prevention strategies of OCD in Lahore, Pakistan?

Study Design

The study aimed to explore the lived experiences and coping strategies of adults diagnosed with obsessive-compulsive disorder (OCD) in Lahore, Pakistan. A qualitative research design was used, and data was collected through in-depth interviews using a semi-structured interview guide.

Instrument Development

The instrument used to conduct face-to-face interviews with participants was a semi-structured interview guide. The guide contained questions designed to elicit rich and detailed responses that provide insights into the lived experiences, coping strategies, and emotions of OCD patients.

Study Setting

The study was conducted in Lahore, Pakistan, at two large tertiary care hospitals, Services Hospital and Mayo Hospital. The hospitals were selected because they are major healthcare providers in the region, offering a wide range of services and catering to a diverse patient population.

Respondents and Inclusion Criteria

Inclusion Criteria

- Individuals over the age of 18 years old.
- Individuals diagnosed with obsessive-compulsive disorder (OCD) based on clinical evaluation and diagnostic criteria such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

- Patients receiving treatment for OCD at Services Hospital or Mayo Hospital in Lahore, Pakistan.
- Patients who had been treated for OCD for at least six months to ensure an adequate understanding of their lived experiences and coping strategies.
- Persons who were able to communicate effectively in Urdu or Punjabi, as the interviews were conducted in these languages.
- Participants who provided their voluntary informed consent to participate in the study.

Exclusion Criteria

- Persons who were under 18 years of age.
- OCD sufferers with co-existing severe psychiatric conditions that significantly impact the experience and treatment of OCD (e.g., schizophrenia, bipolar disorder).
- Patients with neurological disorders that may affect their understanding and interpretation of symptoms of OCD.
- Participants who were unable or unwilling to provide informed consent for the study.
- The interviews were conducted in Urdu and Punjabi, so individuals who could not communicate effectively in either language were excluded from the research.

Sampling, Data Collection, and Processing

Participants were recruited using a purposive sampling technique to ensure a diverse representation of individuals with OCD in terms of age, gender, and socioeconomic status. A total of 14 patients were sampled from the selected tertiary care hospitals in Lahore. Data was collected through in-depth interviews using the semi-structured interview guide. The interviews were conducted face-to-face in a private setting to ensure confidentiality and encourage open and honest communication. The primary method of data collection for this study was through in-depth interviews. The data collected was processed by taking notes and relevant artifacts or documents to provide insight into the lived experiences and coping strategies of patients with OCD.

Results:

DEMOGRAPHIC Data and Themes:

Table 1 summarizes the demographic profile of the sample, indicating a balanced age distribution (23-45 years, peak at 33 years, 21%). Gender distribution is equal (50% male, 50% female), showcasing dataset diversity. Marital status is split (57% married, 43% unmarried), representing varied relationship statuses. Occupations span teaching, management, healthcare, finance, with 14% unemployed. Family types include 64% nuclear and 36% joint families. The study's major themes encompass obsessive thoughts, impact on relationships, and coping strategies, offering insights into OCD experiences crucial for tailored healthcare interventions.

No	Gender	Age	Marital Status	Occupation	Family System
1	Female	25	Unmarried	Teacher	Nuclear
2	Female	23	Unmarried	Unemployed	Nuclear
3	Male	42	Married	Manager	Nuclear
4	Male	23	Unmarried	Pharmacist	Joint
5	Female	24	Unmarried	Student	Nuclear
6	Female	32	Married	Housewife	Joint
7	Female	36	Married	Housewife	Nuclear
8	Male	33	Unmarried	Teacher	Joint
9	Male	33	Married	CA	Nuclear
10	Female	27	Married	Designer	Joint
11	Female	31	Unmarried	Banker	Joint
12	Female	25	Married	Housewife	Joint
13	Male	45	Married	Tailor	Nuclear
14	Male	28	Unmarried	Unemployed	Nuclear

Obsession with Order and Symmetry

The theme "Obsession with Order and Symmetry" is vividly portrayed through participants expressing a profound commitment to meticulous arrangements. One interviewee, finding solace in precision, shares, "I'm quite meticulous about arranging my bookshelf, calming and aesthetically pleasing when all books are neatly aligned." Another underscores the significance of order, stating, "My workspace is organized and clutter-free, promoting focus and productivity." Some acknowledge ongoing efforts, noting, "I've been working on decluttering my home; I find it soothing when everything is neatly arranged."

For some, order is crucial for optimal functioning, with one participant asserting, "Without it, I cannot think and work straight. My desk is organized with precision, helping me concentrate and be more productive." These comments collectively illustrate the deep impact of this obsession on daily life, from

bookshelves to workspaces, emphasizing the universal quest for order and symmetry.

Compulsive Checking

The theme "Compulsive Checking" reveals diverse responses among interviewees regarding their tendencies to repeatedly check things. One participant reflects on past compulsive checking, stating, "In the past, I engaged in compulsive checking behaviours frequently. Although I've reduced this habit, feelings of helplessness linger." Others openly acknowledge current checking behaviours, with one stating, "Every morning, I double-check appliances and locks, providing a sense of security but sometimes causing anxiety."

Not all participants identify as compulsive checkers, but some have specific items or areas they feel compelled to recheck, like a fan. Safety and security are recurring themes, as seen in statements such as, "I check cupboards, under my bed, door, gate, and all locks around my house every day for reassurance." This vigilance extends to personal spaces, as expressed by another participant who checks things around their home multiple times, emphasizing a need for certainty.

Certain activities, like taking a bath, trigger pronounced checking behaviors for some individuals, highlighting situational influences. While some interviewees have mitigated their compulsive checking, others admit persistent habits, with one saying, "I have this weird habit of rechecking switchboards, locks, and valuables until satisfied." The theme underscores a spectrum of experiences, from resolved concerns to ongoing rituals, driven by a common thread of seeking reassurance, safety, and certainty.

Obsession with Hygiene

The theme "Obsession with Hygiene" delves into interviewees' attitudes and behaviors surrounding washing and cleaning. One participant reflects on overcoming past tendencies, stating, "I used to spend a significant amount of time cleaning and disinfecting, feeling the need to ensure everything was spotless." This suggests a positive evolution toward a healthier relationship with cleanliness.

Emphasizing hand hygiene, another participant admits, "I wash my hands repeatedly for personal satisfaction." This pinpointed focus reflects a need

for reassurance and personal contentment. Specific triggers, such as washing eggs or bathing, lead some interviewees to engage in repetitive cleaning behaviors in certain contexts.

Intrusive thoughts play a role in cleaning habits for some, with one stating, *"If I get a thought that I might get sick due to dirty hands, I keep on washing them until I get personal satisfaction."* This reveals how obsessive thoughts about hygiene can drive repetitive actions, serving as a coping mechanism for anxiety. Whether overcoming past obsessions or exhibiting focused areas of concern like hand hygiene, the theme highlights the role of intrusive thoughts and the pursuit of personal satisfaction as common factors influencing repetitive cleaning behaviors.

Severity of Obsessive Thoughts

The theme "Severity of Obsessive Thoughts" provides a glimpse into the time individuals invest in their obsessive thoughts, revealing insights into intensity and duration. One participant acknowledges spending a significant amount of time on obsessive thoughts, especially during stress, noting the exhaustive nature and interference with daily activities. Another admits extended periods dedicated to decision-making, indicating how obsessive thoughts impact their ability to make choices.

Another perspective highlights a focus on achieving perfection, with an individual stating, *"I tend to spend a lot of time on my thoughts, especially when striving for perfection."* This suggests a directed focus on achieving a specific standard. Some individuals express uncertainty about the exact duration, indicating difficulty quantifying the time spent on obsessive thoughts, reflecting the elusive nature of these thoughts.

In summary, responses within the theme depict significant preoccupation, impacting daily functioning and decision-making. While some report a reduction in obsessive thoughts over time, others struggle with the consuming and overwhelming nature of these thoughts. The duration varies, influenced by content, personal progress, and the pursuit of perfection.

Uncontrollable and Intrusive Thoughts

The theme "Uncontrollable and Intrusive Thoughts" delves into individuals' struggles with thoughts that are frequent, unwanted, and challenging to control. Participants express a sense of helplessness, stating

that these thoughts are *"not under my control"* or *"get stuck in my mind like a tape,"* highlighting their persistent nature.

The involuntary nature of these thoughts disrupts daily life, with one participant noting, *"The intrusive thoughts often disrupt the flow of my daily life."* Sleep is significantly impacted, as indicated by a participant who can't sleep at night due to these thoughts, emphasizing the disruptive influence on their mental well-being.

Several participants acknowledge the intrusive nature of these thoughts, describing them as *"highly to moderately intrusive,"* signifying a significant disruption to their mental space. Stress and irritation are common emotional responses, with specific triggers mentioned, such as in-law relationships or loud noises. The impact extends to concentration and academic performance, with one individual citing difficulty concentrating, affecting studies and grades. While some participants have found coping mechanisms, like writing down thoughts or using medication, to manage intrusive thoughts, others still desire complete resolution. The overall theme underscores the widespread experience of uncontrollable and intrusive thoughts, causing distress and influencing various aspects of individuals' lives.

Specific Triggers

The theme "Specific Triggers" explores the origins of triggers that evoke obsessive thoughts. When asked about their source, participants provide varied insights. Some attribute triggers to personal experiences or family circumstances, with one individual noting panic attacks triggered by family factors. However, the majority indicate that triggers originate from their own thoughts, emerging spontaneously without external influence.

Observation serves as a trigger for some, as one person states, *"I observe it myself. This disorder is in me which gets me frustrated."* They note that the act of observing can lead to subsequent thoughts and frustration. Others describe their own disorders, making it challenging to control thoughts, causing frustration and occupying mental space.

A combination of personal and familial factors is suggested by some, indicating that the disorder exists within their family and has affected them from a young age. The duration of triggered thoughts varies,

with one person mentioning a 3-4 day occupation of their mind before relaxation.

Overall, responses emphasize triggers predominantly stemming from individuals themselves, driven by internal thoughts, experiences, and patterns of thinking. Observations and situations act as catalysts, with disorders amplifying the challenge. The interplay of personal and familial factors contributes to trigger development, and while durations vary, internal overthinking tendencies consistently emerge as a common thread.

Impact on Daily Life:

OCD profoundly disrupts daily life, causing feelings of hopelessness and constant stress among participants. The disorder's intrusive thoughts and rituals not only create anxiety but also interfere with work and cleanliness maintenance, leading to extreme coping mechanisms like self-harm. Family dynamics exacerbate challenges, with one participant expressing concern about a spouse's impact on "children's education and basic etiquettes," adding to the stress. Social functioning takes a hit, as individuals withdraw from interactions, feeling "suffocated in crowds" and increasingly isolated. The study underscores the urgent need for intervention, as participants express suicidal thoughts and a lack of a "personal life," emphasizing the devastating effect of OCD on well-being. These insights highlight the pervasive impact of OCD, necessitating comprehensive support to address the multifaceted challenges it poses.

Coping Strategies and Progress:

In managing obsessive-compulsive disorder (OCD) symptoms, participants in the study revealed various coping strategies employed to navigate the challenges posed by the disorder. While acknowledging the severity of some participants' distress, it's emphasized that immediate professional intervention and support are crucial for those contemplating suicide.

Participants described attempts to avoid dwelling on OCD symptoms by consciously redirecting their thoughts, with one individual noting, "I just try to avoid thinking about it. I try to divert my mind to something else," providing temporary relief and refocusing on other aspects of life.

Another coping mechanism involved finding purpose or responsibility, as individuals shifted attention to roles and responsibilities beyond OCD symptoms. As one participant emphasized, "Every person has come into this life for some purpose. We should all take care of our children and our wives." Engaging in distractions and diverting thoughts through activities like exercise or reading was a common strategy, offering temporary respite from obsessive thoughts and rituals.

Spirituality played a significant role for some, finding solace in faith and spiritual practices. "I continuously remember Allah Almighty. His remembrance brings me peace," expressed one participant. Support from loved ones was valued, despite presenting challenges. Participants appreciated efforts made by partners to console and alleviate stress. One participant shared, "My husband gets stressed out a lot and consoles me to not stress about it, but it's very hard." Some participants aimed to challenge OCD symptoms through behavioral strategies, consciously working to interrupt and modify compulsive behaviors.

Medication was noted as an effective coping strategy for one participant, highlighting the importance of seeking professional help and adhering to prescribed medications. Regarding cultural or religious practices, prayer and remembrance of faith were identified as significant coping mechanisms. One participant stated, "Only praying and remembering my God helps me take control of my situation," emphasizing the sense of tranquility and control provided by engaging in religious practices. Notably, not all participants identified these practices as helpful in their coping process.

Social Aspects of OCD

In exploring the social aspects of obsessive-compulsive disorder (OCD), individuals revealed varying support levels from loved ones. While some found comfort and understanding, others faced isolation, emphasizing the impact of family dynamics. Discrimination and stigma were prevalent due to misconceptions, contributing to feelings of shame. Financial situations varied among participants, with advice focusing on seeking professional help, engaging in creative activities, and fostering awareness. Suggestions for improvement included increased family support, enhanced online

mental health services, active patient participation, broader accessibility, and reducing stigma through education. The collective recommendations underscored the importance of professional treatment, self-help strategies, and systemic enhancements to effectively manage OCD. Overall, addressing these themes can contribute to a more supportive and inclusive environment for individuals grappling with OCD, fostering understanding, and reducing stigma.

CONCLUSION

The qualitative study conducted in Lahore, Pakistan, offers valuable insights into the multifaceted nature of obsessive-compulsive disorder (OCD) experiences. The research identified several key themes within the context of OCD. One prominent theme was the intense need for order and symmetry, which significantly impacts daily life and causes distress when expectations are not met (Lochner et al., 2015). The study also delved into the theme of compulsive checking, where participants expressed the compulsion to repeatedly check various items, causing disruptions in their routines and heightened anxiety levels (Luigjes et al., 2019; Rachman, 2002). Moreover, the research uncovered the presence of obsessive behaviors, such as repetitive rituals serving as temporary relief from anxiety but perpetuating the cycle of obsessions and compulsions. The obsession with hygiene emerged as a prevalent theme, with participants describing heightened cleanliness concerns driven by the fear of contamination (Bhikram et al., 2017; Arif, 2022). These themes provide valuable insights into the underlying mechanisms of OCD symptoms, offering directions for developing targeted interventions.

The severity of obsessive thoughts was another crucial aspect explored in the study, with participants reporting intense and distressing thoughts that were difficult to control. Additionally, the research identified specific triggers that intensified OCD symptoms, such as stress and environmental factors (Jansen et al., 2020). Understanding these triggers can help develop tailored interventions and strategies for managing OCD symptoms effectively.

The effects of OCD on family and friends emerged as an important theme, highlighting the strain on relationships, family dynamics, and the discriminatory attitudes faced by individuals with

OCD. Family accommodation was identified as a factor that can impair OCD treatment and lead to caregiver burden (Zaheer et al., 2021). These findings underscore the need for family interventions to improve patient treatment and teach coping strategies to family members. Additionally, the effects of OCD on family and friends emphasize the importance of considering the impact of OCD on both patients and their family members.

Coping strategies played a significant role in the research findings, with participants sharing various techniques they employed to manage their OCD. These strategies included distraction techniques, religious or cultural practices, and seeking professional help. The study also explored social aspects of OCD, including the significance of social support and the negative impact of societal misconceptions and discrimination (Lattie & Stamatis, 2022). Access to treatment and suggestions for improvement were discussed, highlighting disparities in accessing evidence-based treatments. In conclusion, the study offers comprehensive insights into various dimensions of OCD, providing directions for developing support systems and improving mental health services to meet the unique needs of individuals with OCD in Lahore, Pakistan.

Limitation and Future Study Directions

In conclusion, this study on obsessive-compulsive disorder (OCD) in Lahore, Pakistan, provides valuable insights while having some limitations. These limitations include a small and potentially less diverse sample size, which could affect generalizability. The study's focus on Lahore's cultural context may limit its direct applicability to other regions, hampering cross-cultural comparisons. Reliance on self-reported data introduces potential biases, and the lack of longitudinal data restricts insights into changes over time. The absence of clinical assessments might affect the accuracy of reported symptoms. The stigma surrounding mental health issues, including OCD, may lead to underreporting. Additionally, there could be selection bias among participants. Future research directions include conducting longitudinal studies, cross-cultural comparisons, and incorporating clinical validation. Exploring the efficacy of cultural coping mechanisms, neurobiological correlates, and culturally adapted treatments are also important. Investigating the impact of stigma on treatment

seeking, online interventions, policy changes, comorbidity, and cultural perceptions of mental health is essential. Assessing the economic impact, the influence of cultural interventions, and the effects of OCD on quality of life will further enhance our understanding of OCD within this cultural context and provide insights for improved support systems.

REFERENCE:

- Ali N, Butt AJ, Bokharey IZ (2015) Familial and Interpersonal Relations in patients with Obsessive Compulsive Disorder (OCD). *J Psychol Clin Psychiatry* 4(3): 00194. DOI: [10.15406/jpcpy.2015.04.00194](https://doi.org/10.15406/jpcpy.2015.04.00194)
- Arif, A. (2022). Obsessive-Compulsive Tendencies among Students with Autism Spectrum Disorder and Their Classroom Management. *PAKISTAN LANGUAGES AND HUMANITIES REVIEW*, 6(IV). [https://doi.org/10.47205/plhr.2022\(6-IV\)05](https://doi.org/10.47205/plhr.2022(6-IV)05)
- Bhattacharya, A., & Singh, A. R. (2015). Experiences of Individuals Suffering from Obsessive Compulsive Disorder: A Qualitative Study. *The Qualitative Report*, 20(7), 959-981. Retrieved from <http://nsuworks.nova.edu/tqr/vol20/iss7/2>
- Bhikram, T., Abi-Jaoude, E., & Sandor, P. (2017). OCD: obsessive-compulsive ... disgust? The role of. *Journal of Psychiatry & Neuroscience*, 42(5), 300-306. <https://doi.org/10.1503/jpn.160079>
- Catapano, F., Sperandeo, R., Perris, F., Lanzaro, M., & Maj, M. (2001). Insight and resistance in patients with obsessive-compulsive disorder. *Psychopathology*, 34(2), 62-68. <https://doi.org/10.1159/000049282>
- Durdle, H., Gorey, K., & Stewart, S. (2008). A meta-analysis examining the relations among pathological gambling, obsessive-compulsive disorder, and obsessive-compulsive traits. *Psychological Reports*, 103(2), 485-498. <https://doi.org/10.2466/pr0.103.2.485-498>
- Ruscio, A. M., Stein, D. J., Chiu, W. T., & Kessler, R. C. (2010). The epidemiology of obsessive-compulsive disorder in the National Comorbidity Survey Replication. *Molecular Psychiatry*, 15(1), 53-63.
- Jansen, M., Overgaauw, S., & De Bruijn, E. R. A. (2020). Social Cognition and Obsessive-Compulsive Disorder: A Review of Subdomains of Social Functioning. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.00118>
- Patel, S., Humensky, J., Olfson, M., Simpson, H., Myers, R., & Dixon, L. (2014). Treatment of obsessive-compulsive disorder in a nationwide survey of office-based physician practice. *Psychiatric Services*, 65(5), 681-684. <https://doi.org/10.1176/appi.ps.201300192>
- March, J., Franklin, M., Nelson, A., & Foa, E. (2001). Cognitive-behavioral psychotherapy for pediatric obsessive-compulsive disorder. *Journal of Clinical Child & Adolescent Psychology*, 30(1), 8-18. https://doi.org/10.1207/s15374424jccp3001_3
- Suhas, S. and Rao, N. (2019). Neurocognitive deficits in obsessive-compulsive disorder: a selective review. *Indian Journal of Psychiatry*, 61(7), 30. https://doi.org/10.4103/psychiatry.indianjpsychiatry_517_18
- Krysten Zator. (2014). Obsessive Compulsive Disorder as Stress and Coping.
- Nicolini, H., Salin-Pascual, R., Cabrera, B., & Lanzagorta, N. (2018). Influence of Culture in Obsessive-compulsive Disorder and Its Treatment. *Current Psychiatry Reviews*, 13(4), 285-292. <https://doi.org/10.2174/2211556007666180115105935>
- Lattie, E. G., & Stamatis, C. A. (2022). Focusing on Accessibility of Evidence-Based Treatments for Obsessive-Compulsive Disorder. *JAMA Network Open*, 5(3), e221978. <https://doi.org/10.1001/jamanetworkopen.2022.1978>
- Lochner, C., McGregor, N., Hemmings, S., Harvey, B. H., Breet, E., Swanevelder, S., & Stein, D. J. (2015). Symmetry symptoms in obsessive-compulsive disorder: clinical and genetic correlates. *Revista Brasileira de Psiquiatria*, 38(1), 17-23. <https://doi.org/10.1590/1516-4446-2014-1619>
- Luigjes, J., Lorenzetti, V., de Haan, S., Youssef, G. J., Murawski, C., Sjoerds, Z., van den Brink, W., Denys, D., Fontenelle, L. F., & Yücel, M. (2019). Defining Compulsive Behavior. *Neuropsychology Review*, 29(1), 4-13. <https://doi.org/10.1007/s11065-019-09404-9>

Vithana, & Boralassa. (2022). An Exploration of Experiences of Adult Individuals with Obsessive Compulsive Disorder in Galle Area. *International Journal of Scientific and Research Publications (IJSRP)*, 12(2), 43. <https://doi.org/10.29322/IJSRP.12.02.2022.p12208>

Wheaton, M. G., Ward, H. E., Silber, A., McIngvale, E., & Björgvinsson, T. (2021). How is the COVID-19 pandemic affecting individuals with obsessive-compulsive disorder (OCD) symptoms? *Journal of Anxiety Disorders*, 81, 102410. <https://doi.org/10.1016/j.janxdis.2021.102410>

Zohar, A., Pauls, D., Ratzoni, G., Apter, A., Dycian, A., Binder, M., ... & Cohen, D. (1997). Obsessive-compulsive disorder with and without tics in an epidemiological sample of adolescents. *American Journal of Psychiatry*, 154(2), 274-276. <https://doi.org/10.1176/ajp.154.2.274>

Zaheer, M., Kausar, R., & Farooq, A. (2021). Family Accommodation, Caregiver Burden And Psychological Distress In Family Members Of Patients With Obsessive Compulsive Disorder. *Asean Journal Of Psychiatry*, 22(9). <https://doi.org/10.54615/2231-7805.47223>

