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Original Article

Obsessive-Compulsive Disorder and Relationships with Others: A Qualitative Study

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Abstract *- OCD is a debilitating mental health disorder known to influence a variety of domains in life. Clients with OCD is suffering from consistent obsessions or compulsions. OCD has core symptoms that often lead to difficulties in interpersonal relationships. The most common issues reported are barriers to maintaining interpersonal relationships. However, few studies have explored interpersonal relationships in OCD. This study aimed to explore the interpersonal relationship experiences of clients with Obsessive-Compulsive Disorder (OCD) in the Galle area of Sri Lanka. Qualitative method semi-structured interviews were completed with 12 participants who were known to have OCD. The data were thematically analyzed, and the findings were divided into three major themes with their sub-categories. These themes included:1) Interaction with family members with miscommunication and poor emotional bonds with family members.2) Relationship of learning and working with communication problems in the workplace and interpersonal issues in the academic environment.3) Social withdrawal behaviour with hiding symptoms of OCD and poor social relationships. Individuals with OCD have issues with their interpersonal relationships related to family, work, academics, and social behavior in life. Findings may be helpful to develop therapeutic interventions that meet the person's interpersonal relationship needs.*

Keywords *- OCD, Interpersonal, Relationship, Experiences, Adults.*

1. Introduction

Obsessive Compulsive Disorder (OCD) is a mostly prevalent mental health anxiety disorder. Those presented with repetitive, intrusive and unnecessary thoughts and images are called as obsessions or repetitions of behaviors focused on reducing distress interconnected with obsessions are called as compulsions (1). OCD is considered one of the 10 most disabling mental disorders. It significantly affects individuals' functioning levels and quality of life (2). The global prevalence of OCD is estimated to be 1-3% (3). In outpatient settings, the prevalence of OCD is estimated to be between 0.8% - 0.9% (4). In Sri Lanka, 5% to 10% of the population is known to have a mental illness, with anxiety disorders being one of the most common illnesses seen in clinical settings (5). OCD significantly impacts daily activities and interpersonal relationships (6). With the people around them and are affected by their interpersonal relationships with others. The context of human interpersonal relationships can vary greatly depending on the type of relationship and expectations (7). Individuals with OCD are more likely to hide their symptoms rather than confront their fears and discuss them with someone else. This type of communication error can greatly impact their daily lives, especially their relationships with those around them (8). People with OCD often struggle with indecisiveness due to their fluctuating emotions, which leads to excessive amounts of time being spent on decision-making. Many clients with OCD become overly reliant on rules and regulations, which can result in forgetting tasks. Individuals with OCD tend to become fixated on their obsessive thoughts and may not see the need to change their mindset. Clients with OCD may have difficulty working cooperatively and prefer not to delegate tasks (9). Humans are social beings who continuously interact. Individuals with OCD generally have issues with their daily living (6). They are at risk of becoming irritable when their needs are not met (10). Therefore, people with OCD struggle to develop relationships, express their emotions, and show emotional variations (11). These difficulties have a negative impact on their ability to engage in social interactions and maintain social relationships (11). The attitudes towards society and relationships of clients with OCD are subject to a time-honored controversy. Most cognitive-behavioural studies focused on pro-social attitudes in OCD, such as amplified responsibilities and worry about others (12). Individuals with OCD often experience repetitive thoughts, germ phobia, a need for a specific order, social withdrawal, or engage in continuous repetitive behaviors or words. These patterns of preoccupied thinking can affect their job performance and may lead to interpersonal miscommunication with supervisors, co-workers, and colleagues (9). Some previous

studies reported patients' higher levels of both exaggerated pro-social as well as latent aggression and suspiciousness. A study reported 59% of the clients but only 12% of the healthy controls recorded interpersonal ambivalence during their relationship, and the study proved a high level of interpersonal ambivalence in clients who have OCD (12) Sri Lanka is a South Asian country with a rich cultural and traditional heritage with multiple ethnic and religious dimensions. Sri Lankan people naturally support each other when someone becomes ill or faces trouble. However, this nature has a negative effect on psychiatric illnesses, which can help to develop stigma among individuals.

There are also limited research studies on OCD and its nature of relationship in Sri Lanka. A study on life experiences of OCD clients reported interpersonal relationship issues within their family, academics and social experiences due to sociocultural aspects. It is also supported that there is a general facility for managing psychological issues and mental health nursing support for clients at the community level (13). Existing published research addresses the whole impact of OCD on daily living. However, they have not focused on interpersonal relationship issues until now. The current research study will specifically focus on a greater understanding of significant issues regarding client' human interpersonal relationships with OCD features and how they subjectively focus their issues in communication. The findings of the study will help to develop insight regarding much better interpersonal approaches of humanistic and empathetic responses to health care workers interconnecting with persons with OCD. Its outcomes will be based on scheduled therapeutic nursing approaches and more formally arranged psychotherapy programs. And also study findings will support to arrange variety of therapeutic counseling and health educational interventions. Findings about social interpersonal issues that faced by clients will help to create awareness of the normal community and necessarily referrals. Therefore, these study findings will help to enhance quality of interpersonal relationships of clients who living with OCD. Therefore, the current study was conducted to explore the nature of the interpersonal relationship experiences of individuals who are primarily diagnosed with OCD. This study was guided by the main research question, focusing on the objectives: How does OCD influence an individual's interpersonal relationship experience?

1.1. Purpose of the study

An exploration of interpersonal relationship experiences of clients with OCD who are registered in a psychiatric clinic in Teaching Hospital Karapitiya.

2. Methodology

2.1. Research design

A qualitative exploratory study was done to explore the interpersonal relationship experiences of clients with OCD. Qualitative is the best type of study design that could be used to explore the interpersonal relationship experiences of clients with OCD adequately and in-depth because individuals with OCD are allowed to talk freely, and it is intended to generate knowledge grounded in the experience of humans (14).

2.2. Study setting

Research participants were recruited from the clients with OCD registered in the psychiatry clinic, Teaching Hospital Karapitiya in the district of Galle**,** Sri Lanka**.**

2.3. Participants and sampling

Twelve were selected from clients registered in the Teaching Hospital, Karapitiya Psychiatric Clinic. The study participants were selected by applying purposive sampling. Client characteristics may impact the results. Therefore, inclusion criteria were identified according to clients' characteristics. Participants' inclusion criteria were 18 to 45 years old, on five years of regular treatment, currently, an outpatient, diagnosed with OCD in primarily, can illustrate their experiences in Sinhala or English languages and be willing to enter to study.

Participants were recruited through support from different stakeholders such as medical officers, family members, caregivers, friends, co-workers, etc. That helped to gain a multifaceted understanding of the impact of OCD on interpersonal relationships. Exclusion criteria were participants who were previously known with any other psychiatric or neurological deformities, alcoholic, drug addicted, having any intellectual malfunctions and having considerable chronic medical diseases. Study client's recruitment Continued up to the of data saturation (15).

2.4. Data collection

Before the commencement of the research study, approval was obtained from relevant authorities from psychiatric clinics at the Teaching Hospital in Karapitiya. Data collected by the principal investigator from May to June 2021 based on semi-structured interviews. A semi-structured interview was used due to the nature of the disease condition.

It was helpful for keeping the participants' attention on related areas of interpersonal relationships. Study interviews were recorded through audio recording in the psychiatric clinics at the Teaching Hospital in Karapitiya, Sri Lanka. The researcher conducted 12 interviews.

2.5. Data analysis

Thematic analysis was used to analyze the data in the present study. Thematic analysis is widely used in qualitative research. Thematic analysis has been considered a highly validated qualitative research method. The current study used seven steps manually. That followed the process of familiarization with collected data, coding, themes searching and reviewing, themes defining, themes naming and writing up (16).

Table 1. Demographic data of study participants

ID	Sex	Age years	Occupation
P1	Male	32	Security Gard
P2	Male	19	No
P3	Male	27	Customer service assistant
P4	Female	45	House-wife
P5	Male	32	Businessman
P6	Female	29	House-wife
P7	Female	42	Teacher
P8	Female	23	House-wife
P9	Male	23	No
P10	Male	36	Banker
P11	Female	42	Tailor
P12	Female	24	University student

Table 2. Themes and sub-themes of the OCD interpersonal relationship

No	Major Themes	Sub Themes
1	Interaction with family members	Miscommunication Poor emotional bonds with family members
2	Relationship of learning and working	Communication Problems in the workplace Relationship of learning and working
3	Social withdrawal behavior	Hiding symptoms of OCD Poor social relationship

2.6. Ethical consideration

Ethical approval for the study was granted by the Ethical Review Committee of the Cardiff School of Health Sciences at Cardiff Metropolitan University in the United Kingdom (4053). Administrative clearance was also gained from the relevant authorities. The clients were informed that participation in the study was voluntary and that the ability to withdraw at any time without any consequences was left open. All study participants were kept fully informed of the study's purposes, potential risks and benefits before taking participants' informed consent.

2.7. Rigor and reflexivity

The current study maintained credibility, transferability, dependability, and conformability to gain reliability and validity.

3. Findings

Twelve participants *(N =12)* with OCD were recruited who live in the Galle area. Data was taken from clients with OCD, and data analysis was done using three major themes. Themes generated by the interpersonal relationship of clients who have OCD. Major themes identified were interaction with family members, learning and working relationships, and social withdrawal behavior. Table 2 presents major themes and sub-themes that present the interpersonal relationship of a person with OCD. Figure 1 present an interpersonal relationship experiences model which present the interpersonal relationship of person with OCD.

Theme I: Interaction with family members

Under this main theme, there are two subthemes: miscommunication and poor emotional bonds with family members. Clients with OCD face a variety of miscommunications with their families. Clients have reported several instances of miscommunication with family members due to a lack of understanding about the general nature of OCD. For example:

"When I have unwanted cleaning and washing thoughts, I need to clean and arrange items in the home according to my order. However, this often leads to arguments at home, and I blame others for using animal names. My father would get involved and punish me. Unfortunately, I couldn't control these thoughts" (Interview 09, P9).

Out of the twelve participants, four reported marital miscommunication issues due to the nature of OCD. One participant expressed their perception of this issue. One participant perceived that

"I always feel insecure. I need to check all the doors and windows in my home several times at midnight. Even my wife can't sleep properly due to my *unwanted thoughts. Then my wife argues with me. Then we quarrel at home. I feel sorry about this miserable life." (Interview 05, P5).*

Another participant reported marital miscommunications with her *husband*. Her husband's reactions to her condition were perceived as an example.

"I always *followed my husband's work. Most things are unimportant, and he always tells me, 'You are too sensitive, and you are suspicious of what I do.' He is correct, but I can't stop my behavior." (Interview 06, P6).*

All clients who hadn't help for their illness from family due to their *communication* issues. Several family members hadn't adequate awareness regarding OCD. One participant reported repetitive behavior due to obsessive thoughts in their home religious activities. At that time, family members said it was a fussy event. An example,

"I have behaviors of repeating one sentence or word most of the time during *my religious activities, which I feel is essential. I know it is a time waste.* However, *my family members always blame me for being a fussy girl. I think they are right, but I have no idea to change it" (Interview 12, P12)*

The above evidence shows that miscommunication with family *members* has been generated due to the nature of the illness and their communication practices. Clients with OCD reported poor emotional bonds with their family members. They discussed several emotional bonding and interpersonal issues due to the nature of the illness. For example, one participant said,

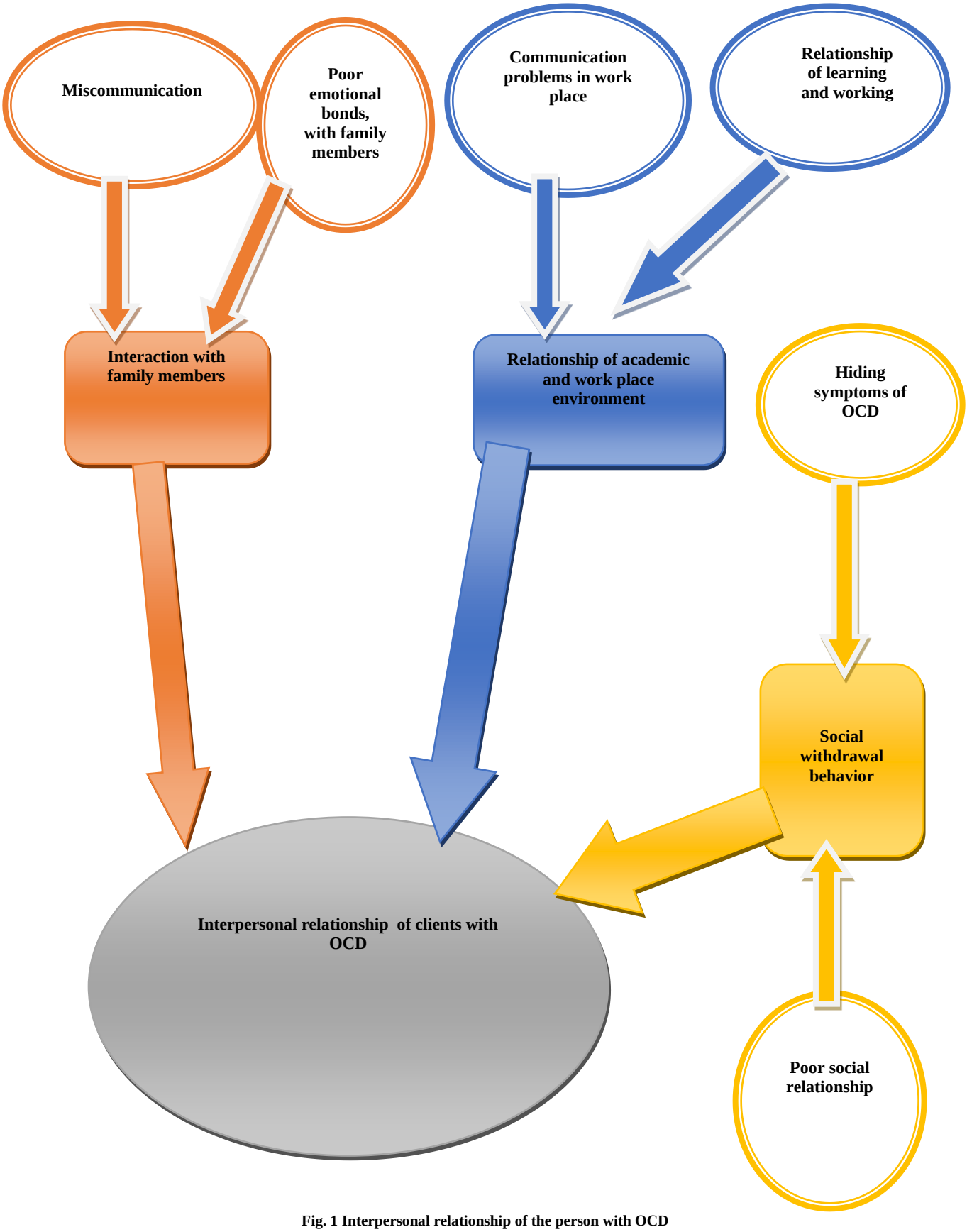

Fig. 1 Interpersonal relationship of the person with OCD

"My husband is a very stubborn man. I am commanded to be clean at any time. It may be harassment for him. I feel he is very dirty. Finally, He is not considering me". (Interview 11, P11)

Another participant reported that their marital relationship *bonds* were destroyed due to his behavior. As a result of these OCD thoughts, some clients were unable to maintain emotional bonds with their parents.

"I had to make major life decisions. I had several irrational feelings about my life. Sometimes I had imaginary thoughts about my death. I could not continue interacting with my parents." (Interview 09, P9)

Although clients with OCD believed that their emotional bonds had *been* affected by OCD thoughts, it had a negative impact on their quality of life.

Theme II : Relationship of learning and working

Symptoms of OCD can be very uncomfortable for individuals, affecting their ability to concentrate and perform tasks effectively. People with OCD often experience repetitive behaviors, such as arranging objects in a specific order according to their thoughts, isolating themselves or withdrawing from society, and engaging in rituals or repetitive activities. OCD can have a detrimental impact on both professional and academic environments. Within the broader theme, two sub-themes have been identified: communication problems in the workplace and interpersonal issues in academic settings. OCD can lead to communication problems in work or academic settings. For example, one participant who works as a teacher in a school reported the following:

"I couldn't perform my studies properly during school due to unwanted negative thoughts. Sometimes, I experience negative *thoughts and images in the classroom, which leads me to isolate myself and irrationally blame the students. During these times, I become extremely strict. However, I believe my strictness does not benefit my students." (Interview 07, P7)*

Another participant who works in a bank has expressed, "I am a banker in a private bank, and I struggle to communicate effectively with my customers due to my stress and sensitivity. I feel like they don't listen to me. I am meticulous when counting *money*, even when machines are not certain. But others laugh at me." (Interview 10, P10) OCD can significantly impact a person's interpersonal relationships in the workplace. It can become a major problem to resolve. Individuals with OCD may struggle to meet certain targets because they are excessively concerned with precision, neatness, and order. This greatly affects their effectiveness. In the workplace, people with OCD may spend more time consumed by obsessive thoughts and engaging in repetitive behaviors. As a result, changes in communication have a negative impact on their efficiency in the work environment. They may even struggle to achieve their financial goals in life. The academics of the participants influenced OCD symptoms. The academic environment is more stressful and requires a limited time for tasks, requiring more concentration. Participants with OCD experienced repetitive behaviors and were required to prepare notes and presentations in a defined order. Sometimes, they wanted to isolate or withdraw from their classes. OCD has a greater impact on their educational environment and academic work. One participant, who is a university student, has perceived this,

"I can't express my ideas with my colleagues. I have some irrational thoughts about them; sometimes I want to touch boys in class, but *I can't do it. Then I get stressed, and it affects all of my academics." (Interview 12, P12)*

Another one expressed that, *"These symptoms began at age 15 years. At that time, it was a new experience for me. However, since then, I* have *been thinking of ideas. Sometimes, I wanted to justify my thoughts with scientific theories and argued with my friends, but I couldn't stop my thoughts. My classmates consider me a stupid boy." (Interview 09, P09)*

OCD has a direct impact on interpersonal relationships in schools *and* universities. They can't control their behavior. Ultimately, it may lead to isolation in the academic environment and academic failures. Therefore, communication problems have a greater influence on their academic progress.

Theme III: Social withdrawal behavior

OCD commonly influences friendships and socialization. Individuals have poor interpersonal relationships and avoid visiting neighbors and relatives' homes. It may lead to the development of social withdrawal behavior. People are more prone to hiding their symptoms of OCD due to the harsh judgments and stigma of society. All participants reported social withdrawal behavior in the current study. There are two subthemes under this major theme: hiding symptoms of OCD and poor social relationships.

Participants are more likely to hide their OCD symptoms from others. Several clients stated that OCD did not allow them time to relax or engage in recreational activities, as many of these activities aggravated their OCD symptoms. This may be a barrier to hiding their symptoms from society. Engaging in activities severely disrupted their lives, so they want to live alone. They believe that living alone may help them hide their symptoms from others. One participant remarked that she wants to hide her symptoms from society by living alone.

"I can't normally *stay with my friends. I want to hide my illness from them. I try to live alone and have minimal interaction with others. It helps me appear as a normal girl" (Interview 12, P12)*

Another one perceived that. *"I have never had a girlfriend, never so... maybe I was a different man, maybe my body language and all things were more varied from others, because of the OCD. So, I want to live alone to hide my symptoms from society" (Interview 09, P09).*

It was evident that hiding symptoms of OCD influenced their ability to accomplish tasks of interpersonal relationships in their life. Most clients were unable to establish new relationships and maintain social relationships due to OCD concerns, which prevented them from going out or attending social gatherings. This may lead to poor social relationships for clients with OCD. Clients with OCD reported more social withdrawal behavior due to their symptoms. For example,

"I would *count my money several times. It develops some fear of behaving in society. I always want to check my purse and bag. I don't like to go with another person. It is very difficult to maintain my behavior..... maybe I have social anxiety, so it makes relaxation activities more difficult for me… But yes, it is from OCD" (Interview 01, P01)*

Another one described how his OCD, together with his depressive thoughts, prevented him from participating in social *events* and caused him to withdraw.

"I haven't been happier to engage in social events. I don't even want to go to neighbors' parties or weddings. If I go to the temple, I don't like to talk with anyone. I don't want to make more relationships with anyone" (Interview 03, P03)

Furthermore, another participant revealed socially isolating himself from his peers as they failed to accept his condition due to ritualistic behavior, and it is taking up more time.

"I have to miss my peers' invitations. I know it is not good one, but it supports maintaining my specified nature"(Interview 10, P10).

OCD highly impacts a person's socialization. Participants have reported poor interpersonal relationships. Finally, they *presented* with social withdrawal behavior.

4. Discussion

4.1. Interaction with family members

In the present study, several clients discussed problematic family interaction. Persons with OCD show issues in their family relationships due to miscommunication. A similar study found that 23.1% of clients with OCD experienced severe family issues as their primary problem. This illness revealed many studies that family members do not understand their thoughts and behaviors and have less relationship with individuals who have OCD (17, 11, 18). This is similar to the findings of the current study. The findings of previous studies support those of the current study (19, 20, 21, 22). The current study found poor emotional bonds between family members and clients with OCD. Several participants had poor emotional bonds with family members, considering themselves the "stupid ones" in the family. Several family members do not understand the nature of OCD, which may lead to the development of poor emotional bonds. These findings are similar to past studies (22, 23).

4.2. Relationship of learning and working

Current study participants reported problems related to interpersonal issues in work or academic environments. Past studies also reported the same evidence in work-related relationship issues with persons with OCD (17, 24,25). All the study participants reported that OCD influenced their academic productivity. The previous studies (17,26,27,28) state a similar idea to this study. Consistent with other studies (17,27), most of the study participants faced that their OCD led to them arriving late or even prevented them from attending classes, lectures, group discussions and work generally due to more time-consuming compulsive behaviors such as cleaning or checking items. These obsessions, thinking and compulsive behavior create a failure to fulfil or participate in activities in society (25).

4.3. Social withdrawal behavior

Study participants reported issues related to social acceptance and withdrawal from society. Socialization is a challenge for persons with OCD as they often face having fewer social skills and social acceptance (29). Several participants have challenges in living with OCD and socialization in the current study due to trying to hide their symptoms from society. This idea is similar to previous studies (22, 18). Persons with OCD tend to hide their illness from society. Most participants have reported privacy problems regarding their symptoms due to Sri Lankan cultural habits like interconnecting and sharing private details with neighbors. In this condition, they are more prone to withdraw from their society. The past studies slightly expressed some supportive ideas (28, 18, 30). Clients with OCD also reported poor social relationships in the current study. That was parallelly the same with previous studies' findings regarding OCD (31, 32).

5. Implications For Treatment

Research suggests that further studies and Cognitive Behavioral Therapy (CBT) programs should be organized for individuals with OCD to improve their interpersonal relationships. The findings of this study will be valuable for future policymaking, as they can help establish supportive programs that address communication challenges faced by individuals with OCD. Community psychiatry nurses and public health nurses at the community level can play a crucial role in developing effective strategies to prevent potential interpersonal relationship issues and provide appropriate assistance to individuals with OCD. Recommended: Encourage individuals with OCD to acknowledge their

interpersonal relationship needs within their familial and social environment. Assist individuals with OCD in participating in regular clinic visits. Ensure that individuals with OCD are made aware of better CBT techniques. Assist individuals with OCD in leisure activities and pursuing personal interests to fulfill their interpersonal relationship needs. Assist individuals with OCD in expanding their support network by connecting them to community nurses, care support groups, and community groups that offer appropriate supportive CBT approaches. Additionally, there is a need to enhance formal psychoeducation programs for family members, employers, and teachers.

6. Strength And Limitations Of The Study

Study findings tend to gain rich details regarding OCD interpersonal relationship experiences efficiently. It is possible to explore attractive concepts that can develop an image in a specific area of OCD by analyzing the entirety of a participant's interview. Limitations of the study are that the findings cannot be generalized because it was conducted with a limited number of participants in one clinic in one district of the country. Other limitations were due to the nature of OCD and the aims of the study. The researcher was limited in asking some questions regarding the personal and sensitive details of the participants, which were highlighted within the interviews. The nature of the participants' cooperativeness and researcher bias can affect the study's findings.

7. Conclusion

This study explores the human interpersonal relationships of clients with OCD. According to the findings of the current study, there is evidence of the nature of interpersonal relationships among individuals with OCD. The study found that interpersonal relationships among individuals with OCD were influenced by interactions with family members, relationships within academic and work environments, and social withdrawal behavior. Clients with OCD experienced issues in their familial relationships, miscommunications within their marriages, difficulties communicating in the workplace and academic settings, and an inability to communicate with friends and society while hiding their OCD symptoms. Additionally, they had poor social relationship statuses.

8. Future Directions

The current study suggests doing further experimental basis researches related to effective communication practices for clients with OCD and being aware of effective community-based nursing approaches.

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