

Obsessive-Compulsive Disorder and Marital Relationship Harmony – A Qualitative Analysis

Menezes Ida Sylvia^{1*} & N. Vidya²

¹ Doctoral Research Scholar in Clinical Psychology, Institute of Social Sciences and Humanities, Srinivas University, Mangalore, India,
ORCID: 0000-0001-7654-9217, Email ID: dishaasd2006@gmail.com

² Assistant Professor, Institute of Social Sciences & Humanities,
Srinivas University, Mangalore, India,
ORCID: 0000-0003-0895-6333, Email ID: vidyan.cssh@srinivasuniversity.edu.in

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Obsessive-Compulsive Disorder and Marital Relationship Harmony – A Qualitative Analysis

Menezes Ida Sylvia ^{1*} & N. Vidya ²

¹ Doctoral Research Scholar in Clinical Psychology, Institute of Social Sciences and Humanities, Srinivas University, Mangalore, India,
ORCID: 0000-0001-7654-9217, Email ID: dishaasd2006@gmail.com

² Assistant Professor, Institute of Social Sciences & Humanities,
Srinivas University, Mangalore, India,
ORCID: 0000-0003-0895-6333, Email ID: vidyan.cssh@srinivasuniversity.edu.in

ABSTRACT

Purpose: *The present study examined the role of specific strengths, weaknesses, opportunities, and threats that are either underused or overused negatively in the life of OCD people affecting their relationships.*

Design/Methodology/Approach: *To locate the sources for our review, which encompassed the period from January 2001 to May 2023, we used Google Scholar, Researchgate, and PubMed. A secondary search was carried out by looking up the references of the 60 papers that were found suitable for further investigation. In addition, qualitative interviews with 7 individuals who had suspected ROCD based on theoretical and purposeful sampling were carried out in the years 2022 to 2023. The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), and part-I were the instruments utilized in this work. The descriptive analysis of the qualitative issues was followed by a discussion.*

Finding: *Innovative studies have tackled the difficulties caused by the anxiety-exhibiting internal hidden aspects of OCD. The unpleasant compulsions of OCD's obsessive thoughts that damage relationships with anxiety are addressed, as are common beliefs and misunderstandings about how to manage them.*

Originality/Value: *Most things are incredibly well organized, planned, and thought out. But how does it impact a person's quality of life, health, and happiness given the psychological aspects of emotional stability and self-worth? A broken relationship might seriously uproot a person's life. The researcher has made an effort to comprehend OCD through this study to grasp better how it interferes with the lives of many OCD sufferers, gain a better understanding of their circumstances, and learn how to rid oneself of OCD and its accompanying worry, anxieties, and fears.*

Paper Type: *Case study-based analysis.*

Key Words: Obsessive-Compulsive Disorder, OCD, Relationship OCD (ROCD), SWOT Analysis, Obsessions, Compulsions, Marriage, Couple Relationship, Partner Relationship.

1. INTRODUCTION :

Relationship harmony can be harmed by obsessive-compulsive disorder (OCD) (Culkin, D. T. (2022). [1]). Trust can be eroded by unwanted intrusive thoughts based on erroneous views of reality. A disorder called OCD can sabotage harmony in relationships with oneself, friends, or lovers. The illness can impede the development of empathy for and communication with a spouse because of egotistic obsessions. In any relationship, unpleasant intrusive thoughts based on erroneous conceptions of reality can erode trust and empathy (Clark, et al (2005). [2]). When we learn from our experiences through our senses, doubts can sometimes increase in intensity, which can lead to a misleading narrative about ourselves and our relationships. According to Abramowitz (Abramowitz (2021). [3]), OCD is a con artist who tricks a couple into thinking they can handle a straightforward issue that, the more they try to "fix" it, grows more complicated and emotionally fraught. As a result, the relationship gradually deteriorates over time, frequently with little sign of improvement. Most things are incredibly well thought out, planned, and organized. Nevertheless, how does it impact one's quality of life, health, and happiness given the psychological aspects of emotional stability and self-worth? A person's life might

become seriously unsettling when a romance ends. Through this study, the researcher has tried to comprehend OCD and how it interferes with the lives of many OCD sufferers, become more aware of their circumstances, and learn how to rid themselves of OCD and its accompanying worry, anxieties, and fears.

1.1 Obsessive-Compulsive Disorder:

People of all ages can suffer from OCD, a chronic mental illness (Exceptional Individuals [4]). Obsessions and compulsions become a vicious circle for those with OCD. Obsessions are undesired, bothersome thoughts, desires, or pictures that result in unpleasant emotions. Compulsions are behavior someone engages in to overcome obsessions, usually to ease anxiety and discomfort brought on by the impulse to repeat repeatedly. At some point in our life, everyone has obsessive thoughts and compulsive activities, but this does not always mean that everyone has OCD. An excessive level of the obsessive and compulsive cycle is required for OCD to be diagnosed. It consumes a significant amount of the person's time. It negatively affects daily life, producing a great deal of distress, and hinders crucial social, occupational, and personal functions. To effectively treat the secondary illness, namely OCD, the management of anxiety at its basic level must come first.

1.2. Prevalence:

There is only one epidemiological study conducted in India. The study discovered a 0.6% lifetime prevalence. Compared to the 2-3% rate mentioned in the research from Europe and North America, this percentage is far lower (Khanna, S. et al (1993). [5]). Approximately 2.3% of Americans, or around 1 in 40 adults, have OCD, which is a lifetime prevalence rate of the illness. 50.6% of people had severe impairments, 34.8% had moderate impairments, and 14.6% had mild impairments. (nimh.nih.gov [6]).

1.3. Differential Diagnosis:

Due to its comorbid nature, OCD is challenging to diagnose because it coexists with mental health conditions like schizophrenia, depression, obsessive-compulsive personality disorder, anxiety disorders, autism (Menezes, I. S. et al [7]), Parkinson's disease, and other conditions. It is crucial to get a confirmed diagnosis according to the DSM-V's diagnostic criteria for "Obsessive-Compulsive and Related Disorder" to receive the right treatment and control symptoms (Menezes, I. S. et al [8] [6]).

1.4. Neurophysiology:

Although the neurology of OCD is not fully known, depending on a person's age and symptom profile, many brain circuits may be implicated. One important role of these circuits is connecting the orbitofrontal cortex to the basal ganglia. This view proposes that when the orbitofrontal cortex detects the increased emphasis on obsessive thoughts, it becomes more active and communicates with the basal ganglia. The basal ganglia of an OCD person have an overly excitatory pathway that throws off the activity of the indirect pathway, making it harder to switch to different behavior and generate pain. When the orbitofrontal cortex sends a signal to the basal ganglia in a healthy individual, it frequently results in an activity intended to ease the discomfort produced by the perceived risk, and an inhibitory route known as the indirect pathway thereby blocks further action. As a result, both obsessions and compulsions are more common, by this arousal-inhibitory hypothesis, due to overactivity in the orbitofrontal cortex and the direct channel of the basal ganglia (Widge, A. S. et al (2019). [9]).

1.5 Causes:

It is unclear what elements contribute to the disorder's development and what its causes are. OCD can result from a mix of biological variables, such as a family history of the disorder, brain biology characterized by high brain activity or low levels of serotonin and epinephrine, or personality qualities such as anxiety or systematic adherence to routines. OCD may be triggered by personal experiences with environmental elements such as childbirth, child trauma, bullying, abuse, and other life events [4, 9].

1.6 Four Different Types of OCD Traits:

(1). Contamination: Obtrusive worries about getting sick from touching contaminated objects, bacteria, or dirt. (2). Arranging in Order: When items are misplaced, intense anxiety results from the fear that something awful will happen, which is an OCD delusion, and the attempt to repair the situation may

result in conflict and anxiety. (3). Impermissible Thoughts: Disturbing, humiliating, and frequently blasphemous compulsions. (4). Irrational doubts: Persistent, intrusive thoughts that cause unpleasant behavior or acts to allay the guilt and lack of certainty that something bad would occur if not! [10].

1.7 Key OCD Areas:

1.7.1 Intrusive thoughts: Intrusive thoughts frequently give rise to compulsive behaviors, including harming others or other objects. The intrusive ideas seem to be more genuine, unrelenting, and frightening as they become more frequent.

1.7.2 Anxiety: OCD-related anxiety is primarily brought on by thoughts of contamination, strained relationships, disorderliness, and disarray that prevent people from carrying out daily tasks like keeping a job rather than losing it and running errands.

1.7.3 Compulsions: Compulsions are the mental, physical, or behavioral rituals that must be performed to reduce anxiety and relax oneself. People relied on odd habits as a brief diversion from the sentiments as compulsions to resist the genuine, frightening, and unwelcome obsessive thoughts. These compulsive behaviors are unrelated to the obsessions and are meaningless. They have merely acquired behaviors used to reduce worry and increase feelings of safety.

1.7.4 Control: People with OCD often become very controlled to avoid the anxiety triggers. So that the compulsions and rituals can be carried out by manipulating other individuals and circumstances that are clear to others but invisible to the individual (Radomsky, A. S. et al (2014). [11]).

1.8 Important OCD Personality Types:

The type who prefers to "stay at home" avoids circumstances with delicate environments, infectious media, dirt, or contamination and does not feel safe using public facilities or going to school. The 'loner technical' type is made up of highly intelligent people who spend their time thinking and learning to control their urges to be alone or in small groups. The group of people who manage their career on their own as "self-employed," with little help from others to cover their needs. The "pragmatist" type deals with the harsh realities of stress and disruptions while moving forward without fear of stigma or taboo.

2. LITERATURE REVIEW :

2.1 This study looked at how well female patients with ROCD improved their relationship obsession using a mixed protocol of acceptance and commitment therapy (ACT) for OCD and ACT impacting couples' interpersonal settings. Instead of lowering their frequency, ACT for OCD addresses the functional context that underlies OCD and the distress that it causes [17]. In this functioning setting, highly valued thoughts, reassurance, and avoidance of internal sensations occur. Due to the emphasis on functional context and heightened psychological receptivity to obsessions, ACT does not specifically target the decrease of symptoms, but as a result of this situation, symptom reduction happens. The crucial point is that one can expect that symptoms of ROCD can also be seen in clients, especially those who experience ACT for OCD, because of the decrease in control of annoying thoughts and the increase in psychological acceptance of these thoughts, which is one of the most important goals of the ACT. Failure to initially manage one's thoughts can lead to obsessions, which in turn can result in severe efforts to repress one's thoughts, which only serves to reinforce and strengthen them. The loop of intense effort eventually increases in the attempt to regulate the thoughts. Comparing ACT for OCD with ACT for couples alone, it can be claimed that the combination protocol has successfully reduced clients' obsessions with romantic relationships (Ghomian, S. et al (2022). [12]).

2.2 A growing body of research is concentrating on the new OCD topic of relationship obsessive-compulsive disorder (ROCD), a crippling condition that has numerous detrimental implications on the lives of couples. The findings indicated that repetitive behaviors concerning the spouse, repetitive thoughts about the husband, and repetitive thoughts about the spouse were the causes of ROCD. Obsessive beliefs, environmental circumstances, and other problems were the underlying causes, and environmental driver events and thinking or mental images were the revealing causes. The long-term effects included the impact on one's spouse as well as depressive and aggressive symptoms, while the short-term effects included thought, emotion, and behavior (Ghomian, S. et al (2021). [13]).

2.3 Obsessive-compulsive disorder (OCD) sufferers frequently exhibit a need for excessive control over their partners and other family members, which becomes a major issue in their relationships. This behavior most likely stems from a child's unfulfilled demand for safety. This review sought to investigate the social component of OCD. Patients with OCD frequently struggle with interpersonal

relationships because of their symptoms and overbearing control issues. The sufferer frequently has an addiction to his or her loved ones, who get his or her excessive worry. According to the findings, couples are experiencing less closeness and have higher levels of marital distress as well as lower partner satisfaction. OCD patients frequently communicate in ways that demonstrate a strong need to dominate others, which is likely related to their heightened need for security. People who have a safe attachment type are less prone to grow envious or perceive any rival as threatening than those who have obsessed or avoidant attachment styles (Kasalova, P. et al (2020). [14]).

2.4 This study sought to investigate the mediating functions of relational OCD in connection to marital quality and attachment styles in women in Isfahan. Based on attachment theory and certain psychological characteristics involved in mediating the attachment styles that influence marital quality. The study's findings demonstrated a favorable correlation between secure attachment and marital quality as well as a negative correlation between avoidant and ambivalent attachment types (Kabiri, M. et al (2017). [15]).

2.5 Obsessive-compulsive disorder (OCD) is a common, incapacitating illness that can show in several different ways clinically and in terms of obsessional themes. Obsessive-compulsive (OC) symptoms, such as partner- and relationship-focused OC symptoms, have recently been the subject of research. It is also assessed how personality traits, societal influences, parenting styles, and family situations may contribute to the development and maintenance of ROCD symptoms (Doron, G. N. et al (2014). [16]).

2.6 Indian scholars have focused their attention on phenomenology as a significant area of OCD study. The study used a variety of themes to analyze various research projects. Exploratory research looked at how the OCD and anxiety neurosis group had more similarities to the reactive-endogenous dichotomy than the depressive group did. A form- and content-based classification system for compulsions and obsessions was created. Additionally, using cluster analysis, phenomenology was studied, including washing, checking, thinking about the past, and embarrassing behavior. The study also examined the phenomenology of OCD utilizing clustered evaluation measures. The prevalence of symmetry and religious obsessions, other compulsions, and concomitant ADHD variables were evaluated along with gender variations in OCD. Major depression, being alone, and hopelessness were found to be the main risk factors for suicidal behavior. Patients with OCD were compared with patients with severe severity of schizophrenia in terms of family stress, quality of life, and impairment (Reddy, Y. C. et al (2010). [17], Matsunaga, H. (2002). [18]).

2.7 The Brown Assessment of Beliefs Scale (BABS) was used to gauge the participants' level of "insight" regarding obsessive-compulsive disorder. Poor insight was associated with an earlier age at onset, a more severe illness, a greater comorbidity rate, notably major depression, an overrepresentation of various obsessions and hoarding, and a poorer response to treatment. According to the study, OCD with little insight might be a separate category. Clinically speaking, it is important to look at whether adding neuroleptics helps patients with impaired insight. A few studies have demonstrated that SSRI therapy leads to an improvement in insight (Turksoy, N. et al (2002). [19]), (Eisen, J. L. et al (2001). [20]).

Table 2.1: Literature Review Summary

S. No.	Field of Research	Focus	Outcome	Reference
1	This study looked at how well female patients with ROCD improved their relationship obsession using a mixed protocol of acceptance and commitment therapy (ACT) for OCD and ACT impacting	In this functioning setting, highly valued thoughts, reassurance, and avoidance of internal sensations occur due to the emphasis on functional context and heightened psychological receptivity to obsessions.	Comparing ACT for OCD with ACT for couples alone, it can be claimed that the combination protocol has been the most successful in reducing clients' obsessions with romantic relationships.	Ghomian, S. et al (2022). [12]

	couples' interpersonal settings.			
2	The research is concentrating on the new OCD topic of relationship obsessive-compulsive disorder (ROCD), a crippling condition that has numerous detrimental implications on the lives of couples.	The findings indicated that repetitive behaviors concerning the spouse, repetitive thoughts about the husband, and repetitive thoughts about the spouse were the causes of ROCD.	The long-term effects included the impact on one's spouse as well as depressive and aggressive symptoms, while the short-term effects included thought, emotion, and behavior.	Ghomian, S. et al (2021). [13].
3	Studies on Obsessive-compulsive disorder (OCD) sufferers frequently exhibit excessive control over their partners and other family members which becomes a major issue in their relationships.	This review sought to investigate the social component of OCD. Patients with OCD frequently struggle with interpersonal relationships because of their symptoms and overbearing control issues.	People who have a safe attachment type are less prone to grow envious or perceive any rival as threatening than those who have obsessed or avoidant attachment styles.	Kasalova, P. et al. (2020). [14]
4	An investigation into mediating functions of relational OCD in connection to marital quality and attachment styles in women in Isfahan.	This study is based on attachment theory and certain psychological characteristics involved in mediating the attachment styles that influence marital quality.	The study's findings demonstrated a favorable correlation between secure attachment and marital quality as well as a negative correlation between avoidant and ambivalent attachment types.	Kabiri, M. et al. (2017). [15]
5	Obsessive-compulsive (OC) symptoms, such as partner- and relationship-focused OC symptoms, were studied in a cross-sectional study of Iranian OCD people.	Explains the ROCD idea and examine current research. A deeper comprehension of the origins and maintenance of OCD may be attained by considering obsessional themes, particularly in relational contexts. Obsessive-compulsive symptoms in their relationships with	The term "relationship obsessive-compulsive disorder" (ROCD) was defined, along with its primary characteristics and phenomenology.	Doron, G. N. et al (2014). [16]

		their parents, kids, mentors, or even their God can manifest. Referred to ROCD in the context of romantic relationships in this article.		
6	This research recognized several facets of OCD.	Numerous other variables were recognized and evaluated, including clinical profiles, comorbid patterns, biological research, major research, therapy features, and many others.	There are many similarities between Indian research on different facets of OCD and research from other regions of the world. Surprisingly little information from India exists regarding OCD treatment-related topics.	Reddy, Y., C. et al (2010). [17], Matsunaga, H. (2002). [18]
7	Study on the 'Insight' that patients with obsessive-compulsive disorder have.	The Brown Assessment of Beliefs Scale (BABS) was used to gauge the participants' level of "insight" regarding obsessive-compulsive disorder.	Poor insight was associated with an earlier age at onset, a more severe illness, a greater comorbidity rate, notably major depression, an overrepresentation of various obsessions and hoarding, and a poorer response to treatment.	Turksoy, N. et al (2002). [19], Eisen, J., L. et al (2001). [20]

3. NEED FOR THE STUDY AND OBJECTIVES :

The reviews showcased how well patients with ROCD improved their relationship obsession using a mixed protocol of therapies impacting couples' interpersonal settings. The research also concentrates on the new OCD topic of relationship obsessive-compulsive disorder (ROCD), with its key areas of how OCD sufferers frequently exhibit excessive control over their partners and other family members. Studies have been conducted in understanding the mediating functions of relational OCD in connection to marital quality and attachment styles in women mainly in Iran and other parts of the world, yet very few or not exclusively focused on marital relationships and partner-focused OCDs in the Indian context both cross-sectional and longitudinal. Hence a SWOT (Benzaghta. et al (2021) [21] analysis to understand the key features of ROCD with its positive and negative impact needed to be analyzed and evaluated. The objectives of hence frame are:

- a) To examine how certain advantages, dangers, and vulnerabilities that are either misused or underutilized negatively impact interactions with OCD individuals.
- b) To analyze the challenges faced due to the internal covert characteristics of ROCD that exhibited anxiety.
- a) To study the difficulties caused by the anxiety-exhibiting internal hidden aspects of ROCD.
- b) To study the various ways to connect the relationships that would be distorted due to false beliefs and constraints.

4. MATERIALS AND METHODS :

To locate the sources for our review, which encompassed the period from January 2001 to May 2023, we used Google Scholar, Researchgate, and PubMed. Among the search terms used were "obsessive-compulsive disorder," "relational OCD," "marriage," "marriage disputes," "marriage," "marriage bonds," and "partnership." A main search utilizing several keyword combinations turned up 239 articles. After applying inclusion and exclusion criteria, a secondary search was carried out by looking up the references of the 60 papers that were found suitable for further investigation. In addition, qualitative interviews with seven individuals who had suspected ROCD based on theoretical and purposeful sampling were carried out in the years 2022 to 2023. The Yale-Brown Obsessive-Compulsive Scale (Y-

BOCS), and the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) - Part 1 [22] were the instruments utilized in this work. The descriptive analysis of the qualitative issues was followed by a discussion.

5. RESULTS AND DISCUSSIONS :

5.1 Features Highlighted in Relationship OCD:

5.1.1 Tensed Fear: Fear of harming someone and or loved ones with intrusive thoughts circulates through heightened velocity.

5.1.2 Partner Focused OCD

Partner-focused OCD with intrusive thoughts about his or her appearance, and attraction to the partner, which is mistaken for love and likes, will impact the relationship and put them in the predicament of being in the wrong relationship.

5.1.3 Triggers

Avoiding situations or people that could exacerbate OCD symptoms. A person with OCD may avoid socializing, to feel comfortable, to get away from the trigger and worry that could hurt their connection with their spouse/partner.

5.1.4 Expression

Must deliberately avoid the trigger that would otherwise cause one to feel as though one is lying to one's spouse or would otherwise experience the emotion's result when conveyed as "I love you." People with OCD attempt to avoid expressing "I love you," focusing instead on the emotion underlying the statement because love is sometimes misconstrued as a fleeting emotion. Love is a skill that is developed over time and has nothing to do with a fleeting emotion that comes and goes.

5.1.5 Dissociation

Feeling disconnected from a spouse is a defense mechanism where the body switches into survival mode. People with OCD employ numbing as a form of dissociation to combat intense emotions-related anxiety.

5.1.6 Certainty

OCD patients tend to lean into the situation rather than try to change the certainty that they have as a result of their OCD symptoms. The result of compromising acceptance and compassion for oneself is the sensation of detachment and all other tough emotions. The constant pursuit of happiness, which is a byproduct of love in a relationship, can increase upset, disappointment, and a sense of estrangement from the partner.

5.1.7 Reassurance

Giving attention to a tedious relationship might be a wonderful reward for the patient because family members frequently detect compulsions. Compulsions from a partner, when the patient cohabitates, help to ease the tension brought on by the patient's obsessions (Gomes, et al. (2014). [23]). The partner typically reassures the patient and the patient can relieve themselves by shifting responsibility to someone else (partner) to escape the worry of guilt for damage that may be caused by their actions. (Mahapatra et al. (2020). [24]). This little relief fosters the need for more assurance, which makes the partner irritated and upset and makes them want more assurance. The connection between the partners is hampered by this vicious cycle, which keeps repeating. Obsessions are subdued by reassurance, which encourages their consolidation.

5.1.8 False Memories

With intrusive ideas that something bad or harmful was done in the past, false memories are a phenomenon that needs absolute clarity to erase guilt and shame and drive people to seek confirmation. All knowledge and compassion that seeks reassurance is an inner child seeking approval to feel deserving.

5.1.9 Sense of Safety

The body of an OCD sufferer is constantly seeking intimacy, love, and infatuation to feel safe, which causes the compulsion. The obsessional feelings of seeking safety and those associated with OCD are constantly maintained and validated as a result of the way we train the body to always feel disconnected.

5.1.10 Hypersensitivity to Criticism

OCD sufferers have heightened sensitivity to the attitudes and behaviors of others to feel secure and in control of their surroundings. Because they view their partners as a mirror image of themselves, people with relationship OCD have an increased dread of what others will think of

them. As it is simpler to dominate someone else than oneself, aim to exert control over the companion. They put their insecurities onto their lover.

5.1.11 Exposure to Ease the Anxiety

A person who suffers from anxiety needs to practice accepting the discomfort of not knowing how the anxiety is caused by unidentified anxieties, recognizing that the sickness is caused by these thoughts that cause anxiety.

5.1.12 Avoidance of Fearful Thoughts

Knowing that you are not your thoughts or feelings, but rather have the choice to believe them or not, gives you power. As an observer, acknowledge that the thoughts do not matter and do not alter reality to successfully maintain the relationship.

6. SWOT ANALYSIS :

The acronym SWOT, which stands for strengths, weaknesses, opportunities, and threats, was first used as a framework to examine organizational strategies in the early 1950s (Benzaghta, et al (2021). [21]). The SWOT analysis offers a simple framework for compiling data from many sources and offers a summary of strengths and weaknesses (internal), and external (i.e., threats and opportunities) aspects that can influence the incorporation of new technology in therapies and treatments. This evaluation offers a thorough analysis of OCD's strengths, which can aid in identifying its many opportunities for self-learning. It is guided by the SWOT framework and informed by the relevant research. It also offers a good knowledge of the cognitive system deficiencies that OCD individuals have. Maximizes the beneficial strengths when weighing opportunities. SWOT Analysis therefore, Self-learning as a result, taking into account the strengths; world learning that is stimulated by the cognitive system's flaws; Possibilities that are weighed by maximizing the effects of the OCD components are referred to as positive valence systems, whereas threats connected to obsessions and behaviors prompted by overwhelming anxiety are referred to as negative valence systems (psychologytoday.com). [25]).

6.1 Strengths:

Obsessive-compulsive disorder (OCD) is a mental illness well known for its repeated unrealistic thoughts or obsessions as feelings or compulsions as urges. Most people focus only on the negatives, though in reality, there are many advantages to living life with OCD. Living with OCD recognizes the strengths as advantages that positively evoke the mindset benefitting one's life.

6.1.1 Good Organizational skills: OCD sufferers are very productive and excellent forecasters who quickly set up events, projects, and an office.

6.1.2 Novelty /Creativity: An OCD brain constantly invents novelty and rerouting new ideas. With the help of the energy generated by brainstorming, the ideal assignment can be quickly developed with a myriad of ideas. According to studies, OCD sufferers are highly creative and adept at directing their thoughts in ways that advance their completion of objectives. Excellent detail-orientedness facilitates brainstorming over extended hours using the eureka notion. Being creative is a great skill that makes live more fun by providing a fresh viewpoint. Due to their tendency to anticipate the worst-case situation, people with OCD can be inventive, resourceful, and creative thinkers who meaningfully contribute.

6.1.3 Attentiveness: For OCD people who thrive on perfection, a meticulous, effortless driving force works best. Perfectionism, time management, and attention to detail are traits that help OCD patients succeed in school and at work by helping them meet deadlines in novel ways. Since the OCD brain fixes an idea or thought, attention to detail is a special talent that can be useful in both relationships and the workplace.

6.1.4 Persistence: The drive as compulsion can be used to attain more difficult and undesirable aims (rather than coercion) when it is channeled as natural persistence.

6.1.5 Determination: Repetitively practicing to attain perfection motivates OCD people to their achievements. The determination to gain certainty can be redirected to achieve success. Being to be done in the right manner and perfection, drives more practice and proficiency that need to be acknowledged in OCD people.

6.1.6 Empathetic: Facing everyday struggles with situations out of their control teaches OCD people to empathize naturally. Their understanding and knowing about OCD challenges that it's not by choice but rather inevitable helps them to deal to a greater extent.

6.1.7 Cautiousness: The fears and anxieties to avoid risky situations induce stress as they are prone to get mishaps. As a result, more cautious towards engagements to avoid potential risks.

6.1.8 Potential: People with OCD can manage stress symptoms through OCD treatment and potential for improvement.

6.1.9 Conscientiousness: The sensitivity towards the needs and feelings of people suffering from OCD teaches an OCD person to use conscientiousness adaptively making space for those in need.

6.2 Weakness:

The OCD individual is not defined by unwanted thoughts and sensations. Even if these intrusive ideas do not define the relationships, the OCD person is so preoccupied with his thoughts that he confuses them for his self and identity.

6.2.1 Constant Worry: Constantly worrying about unseen fears of family members, partners, and friends might leave because of unpleasant, dogmatic, and stubborn ways of putting things together. Or avoiding participation or leaving the house with fear of triggers of OCD.

6.2.2 More Focused: The claim that OCD results in a person being "more focused" may not always be true because the person suffering from compulsions is often under more stress than they realize.

6.2.3 Intense Fear: Fear of losing, or harming loved ones, or partners; losing control of the partner in a relationship or being abandoned with intrusive thoughts on the way of coping mechanism.

6.2.4 Anxiety: Since weaknesses make us more vulnerable to threats, worrying about prospective dangers makes us anxious.

6.3 Opportunities:

OCD individuals with their heightened interest look for opportunities as obsession, making use of their potential as they have manic energy to sustain which keeps them engaged with joy throughout the process of learning and repeating.

6.3.1 Omnipotent Choices: The ability to choose and ponder indefinitely calls for a variety of viewpoints to detect distortions and fortify partnerships. These erroneous beliefs cannot give the OCD sufferer power because they do not define who they are as a person.

6.3.2 Protective Mechanism: Throughout their OCD journey, each person employs a particular form of protection to maintain their survival, regardless of how good or bad, huge or small, it may be.

6.3.3 Benevolent Observer: When the power of witnessing or being an observer rule, knowing that you are not your thoughts or feelings and that it is not worth believing them as they distort reality out of compassion, the true path of transformation and integration successfully leads to the maintenance of the relationship.

6.3.4 Leaning into Discomforts: Freedom from suffering can be obtained by leaning into discomforts to overcome internal resistances and grow and heal in ways beyond the scope of one's imagination.

6.3.5 Great Love to Young Self: As the individual looks back on the younger self, the intense outcomes from past experiences assist to keep the present and future selves grounded and free of OCD.

6.4 Threats:

Although OCD has many opportunities because of its strengths, it also has several threats due to its flaws.

6.4.1 Weakening: The anxiety caused by the compulsions and the unidentified OCD symptoms make it difficult to move forward.

6.4.2 Unwanted Thoughts and Feelings: Being both a vulnerability and a threat, they are so potent that they link what a person believes to what they feel through discomforts and disconnections.

6.4.3 Resistance of Thoughts: Resisting thoughts will make life more complicated and demented. Releasing thoughts and the feelings behind them will upgrade the processes.

6.4.4 Gateway of Thoughts: Contrary to popular belief, problems with one's thoughts might affect one's desires and wishes for one's environment. To prevent the repercussions, getting rid of these obsessive thoughts requires using various techniques. To leave by the same entrance of thoughts is not the answer.

6.4.5 Overprotection: The OCD brain is a hyperactive overprotective authoritarian parent. With its protective mechanism, the brain is constantly scanning the environment to make sure safety.

6.4.6 Losing Self: There will be a threat of losing oneself from the inner world of feeling as the obsessed thoughts are engrossed. Self-awareness starts only when the person is no more under the control of thoughts.

6.4.7 Fleeing the Urgency: When a person is distorted, they avoid trauma or end their connection by abandoning their spouse. Understanding the urgency of dealing with the trauma that led to the fixation rather than running from the problem.

6.4.8 Past Experiences: The child's early years, adolescence, and the parental practices that shaped his or her attachment patterns help to form relational ties and shape how the world is perceived.

7. NEW KNOWLEDGE :

Even if these intrusive ideas do not define the relationships, the OCD person is so preoccupied with his thoughts that he confuses them for his self and identity. As the body may endure through knowledge and empowerment, perseverance can counteract weakness and suffering. Leaving behind ideas and sentiments will improve the processes. Different methods and channels must be used to escape from these intrusive thoughts because to exit through the same entry of thoughts is not the solution. The protective mechanism of the OCD brain ensures survival by preventing death or destruction while harming or destroying relationships. There is a risk of losing oneself to one's inner world of feelings during the healing process. As the preoccupied thoughts begin to let go during the healing process and self-awareness begins once the individual is no longer under the power of thoughts, there will be a risk of disconnecting oneself from the inner world of sensation. When addressing the trauma and the projections, past experiences do not need to be considered.

8. MANAGEMENT :

OCD frequently needs specialized care from a mental health professional in the early stages for evaluation and treatment due to its severity. To get the most out of the healthcare professional, it can be helpful to journal about obsessions, anxiety triggers, compulsions brought on by stress, triggers, potential causes, and recent life changes, if any. It might be difficult to manage OCD because it is a chronic disorder that calls for long-term treatment. Learning more about the condition that calls for a mix of medication and therapy can inspire and empower patients to follow their treatment plan. Having focused goals throughout the recovery can help in coping with the unwanted side effects of the medications, as well as from the feeling of apathy, anger, or resentment about having a condition that requires long-term treatment.

8.1 Treatment:

Psychotherapy and medication may be prescribed, either temporarily or permanently, depending on the effect OCD has on the patient's life. The destructive cycle of compulsions and obsessions can be broken with talk therapy and psychotherapy. The brain's chemistry will be restored by medicine. To alter the informational flows between neurotransmitters and neuronal circuits to reduce obsessions, compulsions, and anxiety, transcranial magnetic stimulation (TMS) therapy is also used. Four weeks of TMS gradually reducing anxiety and despair led to a decrease in OCD symptoms (myoclonic.org. [26]).

8.2 Strategies to Overcome:

Maintaining an organized, simple schedule with additional time for relaxation to overcome unwanted compulsions can help in daily life because stress and anxiety can cause OCD and vice versa. It is possible to prevent potential triggers by engaging in daily meditation and mindfulness exercises that include deep breathing exercises in a comfortable setting for at least 15-20 minutes. These techniques also include positivism, internal motivation, and self-love. Fears and unpleasant feelings are relaxed by self-intimacy and gracefully falling in love with oneself. Integrating conventional therapy with holistic practices is a key component of treatment and wellness techniques that can benefit daily living.

9. CONCLUSION :

Common, long-lasting, and characterized by uncontrollable, recurrent obsessions and/or compulsions (behaviors), OCD is a condition. OCD is a mental health condition that belongs to the anxiety family. Obsessions are persistent, unwelcome thoughts, and compulsions are repetitive behaviors or mental acts frequently carried out in reaction to obsessions. The answer is not to stop the behaviors without discovering the behavior's primary source. It's vital to remember that OCD is not simply a liking for orderliness, as the term is occasionally used to indicate, but is frequently quite distressing. Numerous well-known individuals in a variety of professions, particularly the world's athletes, have acknowledged the benefits of OCD as it has been a driving factor in their development as professionals. As they learn to control their OCD, they discover creative methods to channel it into tasks that must be accomplished perfectly, and they relentlessly focus on one goal until it is attained since nothing can stop them. Being "right on time" will help an OCD sufferer maintain their punctuality. Since the overactive OCD brain will not accept "good enough," attention to detail causes the OCD brain to look tidy and orderly and make any job or project simple to follow. It is simple to comprehend why people are plagued by conditions like anorexia, depression, anxiety, alcoholism, drug addiction, etc. that are beyond their control if one learns the weakness of OCD as something that occurs and is not a decision or choice. The human OCD brain may have the capacity to transform into anything the individual desires. The person can change into the person they want to be once they realize that OCD treatment is learning to rewire the way the brain functions using self-help positive energy sources like meditation. Even though OCD has the potential to ruin relationships, techniques like mindful meditation and falling into self-love might help rebuild marriages. By reflecting on the nature of mindfulness in one's own life, one can decide to support and be more present with their partner. Despite various modifications and adaptations made for each person's unique physiology, environment, and circumstances, some people may not notice the difference. According to Dr. Porter and April's Theory (avalonmalibu.com. [27]), those who think positively and have a positive attitude are more likely to experience a variety of psychological and physical advantages. Along with creating specific objectives, engaging in positive self-talk, locating a support network, becoming active, maintaining a nutritious diet, and trying something new, will make you feel better and more motivated. Along with keeping a notebook of the nice things that happen to you every day. By implementing these tactics all at once, one can tick off tracking goals and discover encouraging statements.

10. SUGGESTIONS :

Whether we have OCD or not, being in relationships is a difficult activity we choose to engage in. OCD individuals have verified obsessed thoughts about determining whether their spouse is suitable for a relationship. The OCD person will be frustrated to see and understand why her partner should handle all the household duties like feeding the toddlers (extended family members) or grocery shopping when they are financially sound to hire additional hands. The OCD person will be in distress to understand the partner's nature of handling the people at home, will look silly, and will be inconsolable to see and understand. In addition, she will feel foolish and frustrated when she observes and comprehends her partner's behavior towards the members of the household, which will cause her distress. It is simple and easy to manage others instead of oneself by expressing one's uncertainty or anxiety over their partner's suitability (fitness), as well as what others may be thinking about their husband's actions or attitude. An emotional struggle over whether to keep the relationship going or end it may be fueled by a focus on the partner's parents (particularly from the female OCD person). In addition to seeking comfort or an explanation from their relationship, OCD individuals experience a tsunami of emotional misery and an ocean of meaningless qualities of their partner. To maintain a relationship or discover someone more suited, relationships necessitate significant compromise and reasoning. Justifying the partner's suitability for the partnership may take years of adjustment. Whether it is a career or a spouse relationship, OCD people typically have the attitude of giving up or letting things go. To break apart an obsessive thought or concern when it is dysfunctional, one must ask oneself tenderly and compassionately rather than letting it go completely. Obsessive thoughts, worry, a need for constant reassurance, an inability to articulate oneself, or running away from a problem that cannot be discussed with a partner are all behaviors that are no longer productive. Breakups or letting go of feelings don't

have to be there when you're willing to let go and let something new arise to see what works. The breakups or the feelings of letting things go need not be intense; instead, they can be something new that emerges to discover what works. But exhibiting compassion and making significant personal changes will support developing closeness with something novel. Their adorable arousal validates their need to be in a relationship with their spouse, placing more emphasis on the favorable response. As a result, the endless solution-seeking symptom of OCD becomes more concentrated on their partner and loved ones. Aversive feelings like malfunctions and extreme sexual disinterest become paradoxically apparent when the response is negative. Like any other partner in a relationship, or with the family, the world, and oneself, it is common to feel cut off from the other person. Feeling cut off from a spouse or the outside world reflects oneself. It is crucial to show yourself more love and care to keep relationships with others intact. Instead of looking for fulfillment and happiness in a spouse, we should learn to shoulder the responsibility by loving ourselves. Getting rid of shame and guilt, as well as the indoctrination we have been subjected to since childhood is a lifelong path towards self-fulfillment. Self-love and self-care can foster empathy and love in partners and patients. It is possible to understand the level of debilitation by considering the anguish and trembling that accompany the debilitating symptoms. As the body has the amazing capacity to empower, both the body and mind will experience healing. Reducing anxiety and promoting healing will be accomplished by connecting with the younger self with an abundance of compassion and love. Feelings of the past and crippling pains will result in healing and holding on to them, which benefits both the present and future selves and helps one feel free from OCD. Positive outcomes may result from the partner's participation in therapy. Additionally, family-based programs for exposure and response prevention may help ease OCD symptoms.

REFERENCES :

- [1] Culkan, D. T. (2022). Mindfulness and Obsessive-Compulsive Disorder (OCD). www.psychologytoday.com. Retrieved on 28/03/ 2023. [Google Scholar](#)
- [2] Clark, D. A., & O'Connor, K. (2005). Thinking Is Believing: Ego-Dystonic Intrusive Thoughts in Obsessive-Compulsive Disorder. D. A. Clark (Ed.), *Intrusive thoughts in clinical disorders: Theory, research, and treatment*, 145–174. The Guilford Press. [Google Scholar](#)
- [3] Abramowitz, J. S. (2021). *The family guide to getting over OCD: Reclaim your life and help your loved one*. 1-231. Guilford Publications. [Google Scholar](#)
- [4] <https://exceptionalindividuals.com/neurodiversity/what-is-ocd/>. Retrieved on 30/04/2023.
- [5] Khanna, S., Gururaj, G., & Sriram, T. G. (1993). Epidemiology of obsessive-compulsive disorder in India. *First International Obsessive-Compulsive Disorder Congress*, 9-12. [Google Scholar](#)
- [6] <https://www.nimh.nih.gov/health/statistics/mental-illness>. Retrieved on 30/04/2023.
- [7] Menezes, I. S. & D'Mello, L. (2021). Leisure and Quality of Life among Parents of Children with Autism Spectrum Disorder – A Review Based Analysis. *International Journal of Management, Technology, and Social Sciences (IJMTS)*, 6(1), 176- 188. [Google Scholar](#)
- [8] Menezes I. S., Shwetha, K. T., & D'Mello, Laveena, (2021). A Study on the Implications of COVID-19 Pandemic on Families with Autism Spectrum Disorder. *International Journal of Health Sciences and Pharmacy (IJHSP)*, 5(2), 28-41. [Google Scholar](#)
- [9] Widge, A. S., Heilbronner, S. R., & Hayden, B. Y. (2019). Prefrontal cortex and cognitive control: new insights from human electrophysiology. *F1000Research*, 8, 1-10. [Google Scholar](#)
- [10] <https://www.ocdtypes.com/order-ocd.php>. Retrieved on 09/06/23.
- [11] Radomsky, A. S., Alcolado, G.M., Abramowitz, J. S., Alonso, P., Belloch, A., Bouvard, M., Clark, D. A., Coles, M. E., Doron, G., Fernández-Álvarez, H., Garcia-Soriano, G., Ghisi, M., Gomez, B., Inozu, M., Moulding, R., Shams, G., Sica, C., Simos, G., & Wong, W. (2014). Part 1—You can run but you can't hide: Intrusive thoughts on six continents. *Journal of Obsessive-Compulsive and Related Disorders*, 3(3), 269-279. [Google Scholar](#)

- [12] Ghomian, S., Shaeiri, M. R., & Farahani, H. (2022). Obsession improvement in female patients with relationship obsessive compulsive disorder: A single subject study. *Journal of Fundamentals of Mental Health*, 24(4), 241-251. [Google Scholar](#)
- [13] Ghomian, S., Shaeiri, M.R., & Farahani, H. (2021). Relationship Obsessive Compulsive Disorder (ROCD) in Iranian culture: Symptoms, causes and consequences. *Journal of Fundamentals of Mental Health*, 23(6), 397-408. [Google Scholar](#)
- [14] Kasalova, P., Prasko, J., Ociskova, M., Holubova, M., Vanek J., Kantor, K., Minarikova, K., Hodny, F., Slepecky, M., & Barnard, L. (2020). Marriage under control: Obsessive compulsive disorder and partnership. *Neuro Endocrinol Letters*, 41(3), 134-145. [Google Scholar](#)
- [15] Kabiri, M., Neshat-Doost, H.T., & Mehrabi, H. A. (2017). The mediating role of relationship obsessive-compulsive disorder in relation to attachment styles and marital quality in women. *Journal of Research & Health*, 7(5), 1065-1073. [Google Scholar](#)
- [16] Doron, G. N., Derby, D. S., & Szepsenwol, O. (2014). Relationship obsessive compulsive disorder (ROCD): A conceptual framework. *Journal of Obsessive-Compulsive and Related Disorders*, 3(2), 169-180. [Google Scholar](#)
- [17] Reddy, Y. C., Rao, N. P., & Khanna, S. (2010). An overview of Indian research in obsessive compulsive disorder. *Indian Journal of Psychiatry*, 52(S1), S200–S209. [Google Scholar](#)
- [18] Matsunaga, H., Kiriike, N., Matsui, T., Oya, K., Iwasaki, Y., & Koshimune, K. (2002). Obsessive-compulsive disorder with poor insight. *Comprehensive Psychiatry*, 43,150–157. [Google Scholar](#)
- [19] Turksoy, N., Tukul, R., Ozdemir, O., & Karali, A. (2002). Comparison of clinical characteristics in good and poor insight obsessive-compulsive disorder. *Journal of Anxiety Disorder*, 16, 413–423. [Google Scholar](#)
- [20] Eisen, J. L., Rasmussen, S. A., Phillips, K. A., Price, L. H., Davidson, J., & Lydiard, R. B. (2001). Insight and treatment outcome in obsessive-compulsive disorder. *Comprehensive Psychiatry*, 42(1), 494–497. [Google Scholar](#)
- [21] Benzaghta, M. A., Elwalda, A., Mousa, M., Erkan, I., & Rahman, M. (2021). SWOT analysis applications: An integrative literature review. *Journal of Global Business Insights*, 6(1), 55–73. [Google Scholar](#)
- [22] <https://www.sandrarubinmd.com/storage/app/media/ybocs-pdf-yale-brown.pdf>. Retrieved on 13/6/23.
- [23] Gomes, J. B., Van, N. B., Pato, M., Braga, D. T, Meyer, E., Bortoncello, C. F., Cordioli, A. V. (2014). Patient and family factors associated with family accommodation in obsessive-compulsive disorder. *Psychiatry Clinical Neurosciences*, 68(8), 621–630. [Google Scholar](#)
- [24] Mahapatra, A., Kuppili, P. P., Gupta, R., Deep, R., Khandelwal, S. K. (2020). Prevalence and predictors of family accommodation in obsessive-compulsive disorder in an Indian setting. *Indian Journal of Psychiatry*, 62(1), 43–50. [Google Scholar](#)
- [25] <https://www.psychologytoday.com/intl/blog/ocd-and-marriage/202211/mindfulness-and-obsessive-compulsive-disorder-ocd>. Retrieved on 28/04/23.
- [26] <https://www.mayoclinic.org/diseases-conditions/obsessive-compulsive-disorder/diagnosis-treatment>. Retrieved on 02/05/23.
- [27] <https://www.avalonmalibu.com/blog/finding-the-positives-of-OCD-reclaiming-your-story>. Retrieved on 30/04/23.
