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# Experiences of Interpersonal Relationships in Patients with Obsessive-Compulsive Disorder: A Qualitative Study in Iran

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## ABSTRACT

Obsessive-compulsive disorder (OCD) is a common mental illness characterized by obsessions and/or compulsions. OCD is a chronic and debilitating mental illness that has a negative effect on the lives of those affected by this disorder. A person who has been diagnosed with OCD suffers from persistent obsessions and/or compulsions that interfere with all aspects of life such as their personal relationships, jobs, and everyday lives. It affects each person differently, with one of the most common issues being difficulty in maintaining relationships. This study used a qualitative method via semi-structured interviews followed by thematic analysis. Patients' experiences in encountering problems caused by OCD were then identified, such as turbulent interpersonal relationships with relatives and difficulty communicating. The study used purposive sampling and had a sample of twenty-four patients with OCD. The patients were recruited from the Farshchian Hospital's psychiatry department in Hamadan, Iran from May to October 2017. The sampling was continued until the authors reached data saturation in which no new information was obtainable from the patients. The analysis identified four major themes: (1) communication problems in family relationships; (2) dysfunctional spousal relationships; (3) relationship problems with friends and community; and (4) communication problems within their work environment. The participants viewed OCD as a disorder that unfavourably affected their family and personal relationships, education, and occupations. When patients experience negative responses from family and friends in their attempts to communicate, their

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health is threatened. The patients become at risk for failure in therapeutic treatment, with the possibility of increased severity or recurrence of OCD symptoms.

*Keywords:* Interpersonal relations, Iran, Obsessive compulsive disorders, qualitative research

## INTRODUCTION

Obsessive-compulsive disorder (OCD) is a common mental illness characterized by obsessions and/or compulsions (Sadock et al., 2014). Obsessions are unwanted, intrusive, and recurring thoughts. Patients attempt to relieve the distress caused by obsessions by repeated behaviours (e.g., organising, hand washing, checking) and/or repetitive mental acts (e.g., repeating words silently, praying, counting) to reduce or prevent anxiety and compulsions (American Psychiatric Association, 2013). OCD is a chronic and debilitating mental illness that negatively affects the lives of those affected by it (Abramowitz, Taylor, & Mckay, 2009; Piacentini, Bergman, Keller, & Mccracken, 2003). It is estimated that prevalence of OCD in the population worldwide is 1–3% (Hirschtritt et al., 2017). OCD is diagnosed when a person suffers from persistent obsessions and/or compulsions that interfere with all aspects of life, such as personal relationships, their job, and everyday activities (Knapton, 2016). Literature review revealed OCD patients had significantly poor quality of life compared to the general population (Subramaniam, Soh, Vaingankar, Picco, & Chong, 2013; Van Grootheest, Cath, Beekman, & Boomsma, 2005). Quality of life is a multi-dimensional conception that provides an optimal level of sense of well-being in terms of psychological, physical, cognitive, and social functions (Yazdi-Ravandi et al., 2013). In these patients, quality of life is strongly associated with the degree of functional impairment (Huppert, Simpson, Nissenson, Liebowitz, & Foa, 2009). Quality of life is also impacted by the severity of OCD symptoms (Eisen et al., 2006; Rapaport, Clary, Fayyad, & Endicott, 2005; Rodriguez-Salgado et al., 2006). Patients with OCD may be embarrassed by the disorder and may fear hospitalisation or criminalisation if they explain their symptoms (Torres et al., 2007). People with OCD are likely to hide their symptoms rather than confront their fears and discuss it with others. This lack of communication can cause severe problems in their everyday lives, particularly their relationships with those around them (Robinson, Rose, & Salkovskis, 2017; Salkovskis, 1990).

OCD patients are often indecisive because of their recurring thoughts and therefore need more time to make decisions. Most of them become so stuck on the rules, regulations, and details that they forget their original goal. They persist in their thoughts and do not want to change their mind. Those with OCD find it difficult to cooperate with others and do not like to delegate tasks (American Psychiatric Association, 2013; Keyes, Nolte, & Williams, 2017). They usually have many requests for friends and family and become irritated when their requests are not met, resulting in stressed relationships (Montazeri, Neshatdoost,

Abedi, & Abedi, 2014; Pedley, Bee, Berry, & Wearden, 2017). These patients struggle with intimate relationships, emotional expression, emotional variety, and the appreciation of others, all of which affects others' satisfaction in interpersonal relationships (Mokhtari, Bahrami, Padash, Hosseinian, & Soltanizadeh, 2012).

OCD influences patients' daily lives. It causes many problems in different aspects of everyday life. Struggling with interpersonal relationships with family and community is the most common issue caused by this disorder. Each person is uniquely affected by it. It is imperative to study the experiences of patients with OCD and how it affects their relationships to better understand the disorder. Firstly, the majority of the previous quantitative studies have not focused on all aspects of the patients' problems. This creates knowledge gaps regarding problems in interpersonal relationships, so there is an essential need to gather further information around this issue. Secondly, many of the studies referenced were conducted in developed countries. There is a need for a qualitative study that investigates patients' experiences with OCD and how it affects their relationships in developing countries, such as Iran, because of its different culture and customs.

## MATERIALS AND METHODS

The study used a qualitative method via semi-structured interviews followed by thematic analysis to identify the experiences of OCD patients, with a focus on the consequences of living with OCD.

### Participants and Setting

Twenty-four patients with OCD were selected via purposive sampling. The patients were recruited from the Farshchian Hospital's psychiatry department in Hamadan, Iran from May to October 2017. The patients were selected based on the following inclusion criteria: patients must have an OCD diagnosis via a psychiatrist based on the Structured Clinical Interview for DSM-IV Clinical Version (Persian edition); patients must be between 18 and 60 years of age; patients must have a score of ≥16 on the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS); and patients must be Persian speakers. Patients were excluded if they had psychosis, alcohol or drug abuse, intellectual disability, any neurologic disease, or a considerable medical illness and chose to withdraw from the research. The selected patients were almost homogeneous in terms of symptoms severity, illness duration, marital and educational status. The sampling was continued until the authors reached data saturation in which no new information was obtainable.

### Ethical Considerations

All the patients were given information about the purpose of the study. They were aware that taking part in this study was voluntary and that they had the right to refuse participation or withdraw from the research at any stage without any personal explanation or consequences. The patients were reassured that their personal information and identities would remain

confidential and would not be revealed in study reports. Finally, patients signed a written consent form if they accepted to take part in the current research. The study was reviewed and approved by Hamadan University of Medical Sciences Ethics Committee.

**Data Collection**

The main method of data collection was semi-structured face to face interviews. Using this method, the participants freely shared their experiences of living with obsessive compulsive disorder. The interviews were carried out by a trained psychologist in a quiet room and took approximately 60 and 70 minutes to complete based on the participants' responses. The interviews were recorded with patient permission and were immediately transcribed verbatim. The interview began with a general and open question about the experiences and thoughts of the patient about their life with obsessive-compulsive disorder. After the initial open question, these follow up questions were asked:

- What have been the effects of OCD on your personal life?
- What have been the effects of OCD on your family communication?
- What have been the effects of OCD on your social communication?
- Finally, do you have anything else to add about your other problems?

If the patient's account became less relevant to the questions, the researcher would ask questions about their statements to draw the participant's attention back to the topic. The researcher asked questions such as "Can you explain more about this?", "Can you make this clearer?", "What do you mean exactly?", and "Can you provide an example?" to bring the patient back on topic. Therefore, the interview process continued while exploring participants' experiences.

**Data Analysis**

Thematic analysis was used to interpret the data. It is the most common and widely used method for analysing qualitative data. Data collection and data analysis happened simultaneously. Credibility, dependability, conformability, and transferability were used as accuracy and precision criteria. The transcripts were verified and matched with the audio-tapes. All patients were given copies of their transcripts. It should be noted that participants had the option to change their transcripts if they felt that it did not reflect their experiences.

A primary coding frame was made from issues apparent in the known literature and from careful reading and re-reading of the final transcripts. The line by line coding approach was applied. All descriptions were individually coded and corrected by three specialists to determine inconsistencies in coding. Clear descriptions of the selection, context, the characteristics of the participants, the process of data collection, and analysis contributed to the conformability and transferability of the results.

## RESULTS

A total of 24 OCD patients (16 females and 8 males) were included in the current study. The subjects were aged between 20 and 51 years (Mean±SD age 35.45±10.48). In terms of marital status, 15 were married, six were single, and three were divorced. 13 of the participants had a high school diploma, seven patients had undergraduate degrees and three had an academic degree.

### Themes

The analysis identified four major themes: (1) communication problems in family relationships; (2) dysfunctional spousal relationships; (3) relationship problems with friends and community; and (4) communication problems within their work environment. All of the participants expressed that OCD is a disorder that unfavourably affects their family and personal relationships, education, occupations.

**Problems in Familial Relationships.** Familial relationships emerged as a major theme amongst the problems expressed by OCD patients. Problems created by OCD can include excessive family conflict, ineffective problem solving, a lack of intimacy, and weak emotional bonds.

> *I constantly have issues with my in-laws – my mother and sister in-law in particular. I feel they try to control me too much and interfere in my life. My mind is always occupied with them. Therefore, I do not have a good relationship with either of them.* (Participant 1)

> *When I am feeling bad, I do not like to be in crowded places. Obsessive thoughts create cold interactions with my family, and family relationships are not important to me. My behaviour upsets them. They are losing their relationship with me because they think I'm so comfortable in a poor relationship.* (Patient 6)

> *Obsessive thoughts have caused me to be sensitive and detailed in my familial relationships. I feel there is a hidden meaning behind every behaviour. I have become sensitive to anything. My child makes a mistake and I am constantly on their case. I do not abuse them, of course, but others tell me that I am too critical.* (Participant 8)

> *I always bother everyone for cleanliness and that upsets my mother. She says, "why are you this way?" I always complain that they [my family] are dirty and do not do their chores properly. I usually get into fights with my mother. I know I have become too sensitive and this has damaged my relationship with my family, but it is out of my control.* (Participant 11)

**Marital Miscommunication.** The limitations caused by OCD can lead to a cold and distant relationship between married couples. The stressed relationship creates a decline in the quality and satisfaction

of couples, especially if their spouse has a lot of social contacts and are interested in socializing and communicating with others. All married participants reported that they were concerned about marital miscommunication.

> *I am always on my husband's case regarding different but unimportant things and he tells me that, "you are too sensitive and fussy about what I do". He is right, the poor thing. I know most of what he says is right.* (Participant 1)

> *I hate washing, but I got to do it. I have no choice. My relationship with my husband has become cold because of my OCD. I constantly complain that he is dirty and makes the house dirty and najis [it refers to things that are deemed as ritually unclean in Islam such as dogs]. For example, I tell him that because there are dogs in the street and or the ground is muddy then he or the car have gotten dirty [najis] while in the street so he cannot come into the house.* (Participant 5)

> *My husband's behaviour has changed toward me automatically. He complains a lot because of my disorder and gives me the cold shoulder. I ask him to talk to me, but he refuses. We fight quite often and due to this reason, I do not go out with him often. I prefer to go alone. My relationship with my husband used to be good but he tends to tease me, gets on my case, and frustrates me these days.* (Participant 14)

> *My children support me within the family, but my husband does not care about me at all. My husband tells me that everything is clean and I should not be this obsessed with cleanliness. He beats me when he gets angry. He was like that since the beginning [in his youth], even when I was pregnant.* (Participant 16)

**Communication Difficulty with Friends and Society.** OCD commonly impairs friendships and daily social activities. Patients have poor relationships and restricting visits with relatives, friends, and society which can reinforce stigmas and create social isolation. Patients often attempt to hide their OCD because of the harsh judgement of others.

> *I would like to have better relations with my friends. In the past, I used to annoy them a bit by repeating something too many times because of my OCD. I did not want to be around other people but now I have gotten better and try to behave myself.* (Participant 4)

> *I interacted with the neighbours from my previous neighbourhood because they were clean and had OCD just like me, but my new neighbours are not really clean or religious, so I do not interact with them. I have no relationship with them.* (Participant 5)

> *I do not hang out with my friends that much. I am not bold enough to go see them. This disorder [OCD] is*

*embarrassing to me and whenever I go to my friends, I am unable to interact with them, so I do not bother seeing them anymore.* (Participant 7)

*The disorder has left a negative impact on my relationships and friendships. My relationships with immediate friends and family have suffered. I cannot interact with others properly because of my mental preoccupations/obsessions.* (Participant 10)

**Miscommunication in the Work Environment.** OCD affects people's relationships and daily life each year, but it can become very problematic to manage in the work environment as well. In the work force, it is hard for those with OCD to take care of certain tasks, because they may be excessively concerned with preciseness, order, and neatness, which in turn influences their efficiency. Employees with OCD may spend too much time idling in obsessive loops which can result in stress and anxiety. It is difficult for them to concentrate effectively and focus on their tasks. People with OCD may experience germaphobia, repetitive motions, the need to arrange objects in specific order, social isolation, ritualistic behaviour, or persistent repetition of actions or words. These preoccupations can influence their efficiency in the workplace, or they can even get accustomed to their benefit. It can lead to miscommunication between supervisors, co-workers, and employees.

*I would face small problems with my colleagues at my previous job. I was a bus driver and I was obsessed with the fact that bus speed exceeds a certain level. My mind was occupied by this problem. Because of this, my boss thought I was being stubborn and he hated that.* (Participant 3)

*I am a farmer and I constantly have issues with fellow villagers who also own lands. I do not have a good relationship with them. We even get into fights sometimes because I think they want to take advantage of me. I do not greet them when I bump into them in the street. I have this kind of problem with a lot of them.* (Participant 4)

*I fight with my brothers at my workplace because of my sensitivity. I think they do not listen to me. I am very careful about the cost and earnings of our shop, but the others are not like that. I would go far in my profession if I did not have OCD and I wish I did not. For example, it would be better for me to not be suspicious rather than arguing with customers and being mean.* (Participant 15)

*I think my OCD has caused some problems in my profession [teaching] regarding testing students. I am very strict and I have been told so. I do not have any problems with my colleagues, but I think my strictness upsets the students.* (Participant 24)

## DISCUSSION

This study provides valuable insight into how some patients with OCD conceptualise experiences about their communication. The results of this study are from a small, purposeful sampled group, and therefore generalisation is difficult. The samples are not representative of all patients with OCD. Each participant was chosen through a psychiatric clinic in a hospital in Hamadan, west of Iran.

It is important to develop patient and clinician awareness of how and why OCD can impact their relationships and everyday lives to better promote and understand mental health. In this study, familial and spousal communication problems were the main issue impacting the patients' quality of life. OCD patients show more problems in familial relationships, social relationships, their ability to take vacations, and societal roles than those without. One study reported that 23.1 % of all participants with OCD experienced severe troubles in family relationships as the primary problem caused by their OCD (Subramaniam et al., 2013).

The three most common problems expressed by couples in family therapy are emotional detachment, power fights, and absence of intimacy (Walseth, Haaland, Launes, Himle, & Haland, 2017). The current study demonstrates that OCD may enhance or contribute to couples' relationship problems. Participants expressed that OCD unpleasantly affected their family and individual relationships, education, and jobs. They experienced a sense of inordinate failure in personal life. They had expectations of a normal and usual life, but their goals were postponed or disturbed because of OCD. This may be a primary factor in the communication problems in patient with OCD.

Family members of patients with OCD often experience substantial distress when observing the patient feeling anxious and performing seemingly senseless actions, such as repetitive cleaning or checking. Expert OCD psychotherapists are well versed about how the patients' behaviour can result in malformed interpersonal activity in the family (Walseth et al., 2017). Based on clinical imitations, the OCD study field has paid more attention to family and interpersonal relationships in patients with OCD. All family members, adults, and children can provide accommodations to OCD symptoms (Lebowitz, Panza, Su, & Bloch, 2012).

Studies in England (Coughtrey, Shafran, Lee, & Rachman 2012; Murphy & PereraDelcourt, 2014), Singapore (Subramaniam et al., 2013), Norway (Walseth et al., 2017), USA (Eisen et al., 2006), and Iran (Saei, Sepehrmanesh, & Ahmadvand, 2017) all found that interpersonal and familial relationship are very important to OCD patient's life. The findings of the current study are consistent with those of Knapton (2016). They reported that a common concern in patients with OCD is a disturbance in interpersonal relationships. These findings also support the studies of Williams, Powerson, and Foa (2012), Jahangard et al. (2018), and Lebowitz et al. (2012).

## CONCLUSION

Patients with OCD experienced problems in their familial relationships, marital miscommunication, difficulty communicating with friends and society, and miscommunication in the work environment. When patients experience negative responses from family and friends in their attempts to communicate, their health is threatened. The patients become at risk for failure in therapeutic treatment, with the possibility of increased severity or recurrence of OCD symptoms.

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## CONFLICTS OF INTEREST

The authors declare no conflicts of interest

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