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The Impact of Obsessive-Compulsive Disorder on Marital Adjustment and Quality of Life

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Abstract: *OCD, or obsessive-compulsive disorder, is a chronic illness that affects around 2.3% of people in general. Repetitive obsessions and compulsions are the main characteristics of OCD, a kind of anxiety disease. Because a marriage entails a man and a woman joining together as husband and wife, it serves as the cornerstone of family life. A person's feeling of social, emotional, and physical well-being is referred to as their quality of life. The study's goal must be to enlighten and investigate the quality of life and marital adjustment of those who suffer from obsessive compulsive disorder. Both manual searches and computerized databases. May argue that OCD has a direct impact on spouses and causes a great deal of misery and discontent in the marriage. Additionally, it is linked to social standing and the shame associated with the condition, which worsens spouses' quality of life.*

Keywords: Psychological Impact, Social Well-being, Coping Strategies, Therapy Adherence.

I. INTRODUCTION

OCD, or obsessive-compulsive disorder, is a chronic illness that affects around 2.3% of people in general. Repetitive obsessions and compulsions are the main characteristics of OCD, a kind of anxiety disease. Obsessions and compulsions, which may sometimes worsen and impair a person's everyday functioning, social relationships, and professional performance, are the hallmarks of obsessive compulsive disorder, a chronic and crippling illness. OCD's cognitive, emotional, and behavioral components impact the patient, their surroundings, friends, family, spouses, role-playing, and their relatives.

Because a marriage entails a man and a woman joining together as husband and wife, it serves as the cornerstone of family life. It serves as a means of meeting demands related to physiology, procreation, society, emotions, and security. The capacity of people to become content, joyful, and successful in a variety of particular activities in marriage is referred to as marital adjustment. A person's feeling of social, emotional, and physical well-being is referred to as their quality of life, and it affects how satisfied they are with their current situation in life. Since people's relationships vary throughout time, the idea of marital quality is dynamic.[1] Patients with obsessive compulsive disorder have difficulties in many aspects of their lives, as does their family system. Almardani compared the marital satisfaction of OCD sufferers with that of healthy people.The findings demonstrated a considerable difference between normal persons and those with obsessive compulsive disorder in terms of marital satisfaction. This indicates that OCD sufferers have lower marriage satisfaction ratings than the general population. Obsessive compulsive disorder patients were less satisfied with their marriages.[2]

When Riggs et al. looked at the connection between obsessive compulsive symptoms and marital unhappiness, they discovered that almost half of the participants had marital difficulty before starting therapy. However, there was no correlation between the degree of obsessive-compulsive symptoms and marital distress. After three weeks of behavior treatment, respondents who were initially upset showed a substantial reduction in marital discomfort. After receiving therapy, 42% of the people who had previously experienced marital difficulties no longer did so. There was no discernible difference in marital misery among those who were previously marital satisfaction. Every participant said that they were less dependent and demanding of their partners. After therapy, the marital troubled patients also reported having less fights with their spouses. Reductions in depression that were also seen after therapy had no impact on

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changes in marital distress. The effectiveness of the behavioral therapy in lowering obsessive-compulsive disorder symptoms was unrelated to the initial levels of depression and marital distress.[3]

In a study by Emmelkamp et al., individuals with obsessive-compulsive disorder received behavioral therapy (self-exposure in vivo and response prevention) either with or without their spouse actively participating in every facet of treatment. The effectiveness of the two treatment modalities was equal. Behavioral treatment for obsessive-compulsive disorder produced improvement regardless of marital quality or partner engagement in the therapy, even though a significant percentage of patients with the disease were reported to have marital issues. Neither the partner's adjustment issues nor the marriage's decline were caused by the treatment's consequences.[4]

In their comparative analysis of religiosity and stress as predictors of OCD severity, Bakht and Batool found that the degree of obsessive-compulsive disorder seems to be highly influenced by both factors. They also found differences in marital adjustment between OCD and non-OCD persons. OCD patients exhibited considerably worse marital adjustment than the non-patient group, according to the mean difference in marital adjustment scores.[5] At the Behavioural Sciences Research Centre at Fahan University of Medical Sciences in Iran, Almasi et al. carried out a study to assess the effectiveness of religious cognitive behaviour therapy on marital satisfaction in OCD patients. The results show that religious cognitive behaviour therapy techniques can influence how to improve marital satisfaction and lessen OCD symptoms.[6] A research on sexuality and OCD—the secret affair—was carried out by Real et al. Both men and women with OCD have been shown to have high rates of sexual difficulty and dissatisfaction. OCD patients also reported experiencing difficulty connected to marital issues.[7]

Ghomian et al. evaluated the psychometric feature of obsessive compulsive disorder and found that it was positively correlated with the Obsessive-Compulsive Inventory Revised Scales, Depression, Anxiety Stress Scale, Dyadic Adjustment Scale, Relationship Beliefs Inventory, and Padua Inventory-Washington State University Revigion.[8] Abramowitz et al. carried out research The results of a pilot study on couple-based cognitive behavior therapy for treating obsessive compulsive disorder in intimate relationships at the University of North Carolina at Chapel Hill show that patients with moderate to severe symptoms and fair to good insight into the senselessness of the symptoms came to treatment. The sample also reported a moderate level of depression, and their relationship was neither particularly distressing nor particularly fulfilling. [9] Suculluoglu et al. studied the quality of life (QoL) of family caregivers of OCD patients and factors that predict their QoL. The study's conclusions showed that the only predictor that was common to all four aspects of the caregiver's quality of life (physical, psychological, social relations, and environmental) was disease burden. They also suggested that the caregiver's quality of life declined as perceived disease burden rose. [10]

In order to evaluate the quality of life of individuals suffering from obsessive compulsive disorder, Ahmed et al. and the results show that 78% of persons experienced moderately severe symptoms, and that the treatment of those symptoms may have had an approximately equivalent impact on their quality of life as fixation alone and obsession with compulsion. Additionally, it was shown that fixation alone, as opposed to obsession with compulsion, had a greater impact on the environmental domain and produced extreme stress. In order to evaluate the family burden, quality of life, and impairment in obsessive compulsive disorder from an Indian viewpoint, Gururaj et al. conducted a comparative research. The study's findings indicate that OCD patients had a lower quality of life in the psychological and social domains than OCD patients, and that OCD patients and Schizophrenia patients shared similar disabilities. Schizophrenia patients also experienced a significantly higher level of family burden in terms of financial burden and disruption of family routines. [12] In a population-based research examining the connection between young people' quality of life and obsessive compulsive disorder, Trettim et al. carried out a cross-sectional survey to assess the quality of life among those with the disease. The results showed that young adults with OCD had a poorer quality of life than young adults without OCD. [13]

Salgado et al. looked at a study The worldwide YBOCS score for obsessive compulsive disorder was found to be substantial at 22.6%, with obsessive compulsive disorder scoring 11.3% and compulsion 12.3%. Therefore, the SF 36 score has a greater impact on OCD patients' physical function, physical role, and social functioning than it does on the general population. [14]

A cross-sectional research was carried out by Alghamdi and Awadalla to assess the sociodemographic characteristics and quality of life of obsessive compulsive disorder patients. The results showed a substantial correlation between OCD

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and gender, unemployment, and low levels of education.OCD sufferers' quality of life was shown to be poorer than that of the general population. [15]

There have been conflicting findings about the traits that influence quality of life (QoL). Whether or whether patients are content with the patterns of engagement in their relationships that reinforce OCD is unknown. Determine the traits of OCD patients that affect their quality of life and relationship happiness. Relationship satisfaction was judged to be modest, and quality of life was bad. A worse quality of life was linked to more severe co-morbid anxiety and depression symptoms as well as a lack of paid work. Relationship satisfaction was negatively correlated with less checking symptoms, more severe co-morbid depression symptoms, and the belief that partners were irritable or lacking emotional support. Treatment should concentrate on co-morbidity, the patient's ability to work, and how they interact with their partners in order to enhance quality of life and relationship happiness. [16]

Goracci et al. employed 202 samples free of mental disease in their investigation of the connection between subthreshold obsessive-compulsive disorder and quality of life. The Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) and the Self Report Questionnaire for Obsessive-Compulsive Spectrum (OBS-SR) were completed in Italian. The results of the study were analyzed using Pearson's correlation coefficient, which revealed a statistically significant negative correlation between the OBS-SR and the Q-LES-Q. This is because the two instruments have opposite directionality, with higher OBS-SR scores indicating higher levels of symptomatology and higher Q-LES-Q scores indicating better quality of life. Additionally, 41 individuals (scored) exceeded the OBS-SR cutoff point. Q-LES-Q and OBS-SR have a statistically significant association across a number of domains. Sub threshold OCD has been linked to a worse quality of life. Additionally, additional study is required to determine if certain therapy methods are effective. People with subthreshold obsessive-compulsive symptoms may have a significant improvement in their quality of life. [17]

In order to evaluate the psychosocial effects of obsessive compulsive disorder on patients and their caregivers, Vikas et al. 32 patients with OCD and their caregivers and 30 patients with depressive disorder and their caregivers were included in a comparison research with depressive disorder. Hamilton The results showed that OCD patients had a higher quality of life and were less disabled than depressed patients. These measures included the Depression Rating Scale, WHO Quality of Life Scale—Brief Hindi version, Schedule for Assessment of Psychiatric Disability, Family Burden Interview Schedule, and Family Accommodation Scale. [18]

A cross-sectional research by Rosa et al. revealed clinical correlates of social adjustment in OCD patients. The findings showed that higher levels of OCD severity were linked to impaired social functioning. When compared to quality of life, hoarding symptoms and sexual fixation seem to have the most detrimental consequences on social functioning; social adjustment measures appear to provide a more comfortable, all-encompassing picture of the load associated with OCD. [19]

While Katarina et al. discovered that compulsions had a detrimental effect on quality of life, Masellis et al. observed that obsessions do affect QoL. [20–21]

II. CONCLUSION

Spouses who suffer from obsessive and compulsive disorders may experience significant discomfort and discontent in their marriage. According to studies, spouses of people with obsessive compulsive disorder report much higher levels of emotional and adjustment dissatisfaction than spouses of people without the disease. Additionally, it is linked to social standing and the shame associated with the condition, which worsens spouses' quality of life. The specifics of the quality of life and marital adjustment of spouses of patients with obsessive compulsive disorders are the main subject of this research.

REFERENCES

[1]. Custer L. Marital Quality. The Blackwell Encyclopedia of Sociology. 2007 Feb 15.

[2]. Almardani SS. The comparison of Marital Satisfaction in OCD-patients and normal individuals. Shenakht Journal of PsychologyandPsychiatry2019;5(6):13- 23.

[3]. Riggs DS, Hiss H, Foa EB. Marital distress and the treatment of obsessive compulsive disorder. Behav Ther.1992;23(4):585-97.

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[4]. Emmelkamp PM, DeHaanE, Hoogduin CA. Marital adjustment and obsessive compuls ive disorder. BrJ Psychiatry.1990;156(1):55-60.

[5]. Bakht S & Batool SS. Religiosity and Stress as Predictors of Severity of OCD, and difference in marital adjustment of OCD and non OCD individuals. Pakistan J Psych Soci. 2019; 17(3): 19-23.

[6]. Almasi A, Akuchekian S H, Maracy MR. Religious Cognitive–Behavior Therapy on Marital Satisfaction OCD Patients. Procedia - Soci Behav Sci. 2013; 84: 504– 08

[7]. Real E, Montejo A, Alonso P, Menchon J M. Sexuality and Obsessive-Compulsive Disorder: The hidden affair.Futr sci group Neuropsychiatry. 2013;3(1):23-31.

[8]. Ghomian S, Reza shaeiri M, Farahani H. Psychometric Features of Relationship Obsessive-Compulsive Inventory: A scale in Field of Relationship Obsessive- Compulsive Disorder. Int J Behav Sci.2019;12(4):154-61.

[9]. Abramowitz J S, Baucom D H, Boeding S, Wheaton M G, Pukay Martin N D, Fabricant L E, Paprocki C, Fischer M S. Treating Obsessive-Compulsive Disorder in intimate Relationship: A pilot Study of Couple-based Cognitive Behavior Therapy. Int J Behavior Therapy.2013;44(3):395-407.

[10]. Suculluoglu Dikici D, Eser E, Çökmüş FP, Demet MM. Quality of Life and Associated Risk Factors in Caregivers of Patients with Obsessive Compulsive Disorder. Psychiatr Clin Psychopharmacol. 2019;29(4):579-86.

[11]. Ahmed F, Begum M,Wahab MA, Ahmed S K.Quality of life of patients with obsessive compulsive disorder. Bang J Psychiatry 2015;29(1):18-22

[12]. Gururaj G P, Bada math S, Reddy J Y C, Chandrashekar C R. Family Burden, Quality of life and Disability in Obsessive Compulsive Disorder: an Indian perspective. J Postgrad Med. 2008;54(2):91-7.

[13]. Trettim JP, Pires AJ, Matos MB D,Jansen K, Silva R A,Quevedo LA . Quality of life among young adults with obsessive compulsive disorder: a population-based study. Int J Fam Commun Med. 2017;1(2):22–27.

[14]. Salgado-Rodriguez B, Segal-DolengevichH, RomeroM A, Castelli-Candia, P.,Navio-Acosta, M., Perez-Rodriguez, M. M, Baca-Garcia, E. Perceived Quality of life in obsessive-compulsive disorder: related factors. BMC Psychiatry.2006;6(1). doi:10.1186/1471-244x-6-20

[15]. Alghamdi HM and Awadalla AW. Sociodemographic and Quality of life of Patients with Obsessive Compulsive Disorder:A comparison within Saudi Arabia's Population. INDJ.2016;6(3): 1-15.

[16]. Remmerswaal KC, Batelaan NM, Smit JH, van Oppen P, Van Balkom AJ. Quality oflifeandrelationshipsatisfactionofpatientswithObsessiveCompulsiveDisorder.Jof Obsessive Compuls Relat Disord. 2016; 11:56-62.

[17]. Goracci A, Martinucci M, Kaperoni A, Fagiolini A, Sbaragli C, Corsi E, Castrogiovanni P. Quality of life and subthreshold obsessive-compulsive disorder.Acta Neuropsychiatrica.2007; 19(6): 357–61

[18]. Vikas A, Avasthi A, Sharan P. Psycho social Impact of Obsessive-Compulsive disorder on Patients and thier Caregivers: A Comparative study with Depressive disorder. IntJSocPsych. 2015; Vol 57(1): 45–56.DOI: 10.1177/0020764010347333. Rosa A C,

[19]. Diniz J B, Fossaluza V, Torres A R, Fontenelle L F, De Mathis A S, Shavitt R G. Clinical correlates of social adjustment in patients with obsessive-compulsive disorder. J Psych Resch, 2012;46(10): 1286–92.

[20]. Katarina Stengler-Wenzke Michael Kroll Steffi Riedel-Heller Herbert Matschinger Matthias C. Angermeyer: Psychopathology 2007; 40:282–289

[21]. Masellis M, Rector NA, Richter MA: Quality of life in OCD: differential impact of obsessions, compulsions, and depression co-mor-bidity. Can J Psychiatry 2003; 48: 72–77.

[22]. M. Phil, Psychiatric Social Work Trainee Institute of mental health, Pt. B.D.S., PGIMS, Rohtak [2]M. Phil, Psychiatric Social Work Trainee, Institute of mental health, Pt. B.D.S., PGIMS, Rohtak [3]M. Phil, Psychiatric Social Work Trainee, Institute of mental health, Pt. B.D.S., PGIMS, Rohtak

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