

# *The implications of obsessive-compulsive disorder due to Covid 19 Pandemic situation* \_\_\_\_\_

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## **Abstract**

*Background: Obsessive-compulsive disorder is one of the anxiety disorders that directly affects many areas of life and its quality. Purpose: This study aims to explore how obsessive-compulsive disorder affects various aspects of quality of life such as family life, social relationships, and activities of daily living. Its focus is also on exploring personal beliefs and social support.*

*Method: The quality method is based on a case study model, the subject of which was part of the clinical population of persons diagnosed with obsessive-compulsive disorder in Tirana.*

*The study showed that obsessive-compulsive disorder has major impacts on areas such as family life and activities of daily living and a significant impact on social relationships. Conclusion: The result showed that personal beliefs and social support were important factors during and after therapeutic treatment. It is recommended that the study should be applied on larger samples to gain more data for Albania.*

**Keywords:** *obsessive-compulsive disorder, case study, quality of life, social support, personal beliefs.*

## **Introduction**

Obsessive-compulsive disorder is one of the most discussed issues in recent years in the field of psychology. For years, experiments and studies have been conducted on anxiety disorders, a category which also includes obsessive-compulsive disorder. The reason science is paying increased attention to this group of neuroses is that it has noticed the most common problems that the

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individual faces today. In everyday life we can often hear someone described as ‘obsessed with his job’ or expressions like ‘he is obsessed with that girl’, ‘he is obsessed with football’ and so on. It is deemed necessary to make the difference between the use of this term (obsession, obsessive thinking) in everyday life and in the science of psychology. When used in everyday life it relates to someone’s tremendous interest in someone else or something. This person can spend a lot of time thinking about the person or situation / activity they like. Unlike a person suffering from obsessive-compulsive disorder, these thoughts are desirable and acceptable to the person, unlike the obsessions that a person with obsessive-compulsive disorder tries to stop. Based on these changes, a distinction is made between the daily use of the term ‘obsession’ and its use in the clinic. The person who goes to the clinic suffers because of the presence of these unwanted thoughts and experiences, constant anxiety, the levels of which he can reduce by performing compulsive actions.

Obsessions and compulsions constitute a cycle that is constantly repeated and that affects the routine of the individual (American Psychiatric Association., 2000). They become problematic for its normal functioning as they take time and interfere with daily activities. Individuals become hostage to strange thoughts that constantly ‘occupy’ their minds and make them feel strange, anxious, and scared. There are people who know themselves well and whether they pose a danger to society or not, yet they live in fear and suspicion that they may hurt a relative or someone innocent. There are other people who feel the need to constantly make sure that they have closed the door after leaving the house, if they have turned off the stove, if they have turned off the gas, etc. and do repetitive actions to check and confirm that everything is as it should be because if they don’t do this something terrible will happen (Al Khalifa & Al Ansari, 2018). People who suffer from OCD are characterized by emotional problems. They have difficulty regulating and controlling emotions because they are involved in the cycle of obsessions and compulsions, which generates inevitable anxiety. Under the pressure of anxiety and trying to get rid of it, people with OCD are forced to perform several repetitive actions (Rachman & De Silva, 2009). The latter are as undesirable as obsessions and can be considered by the person himself as vain and irrational as obsessive thoughts. Therefore, they have an extreme desire to avoid danger or situations that provoke obsessive thoughts.

In developed countries, more and more attention are given to the studies conducted in connection with this disorder. The purpose of worldwide studies and experiments is to discover the causes that lead to OCD and further find the most adequate treatments depending on the factors that have prompted the problem. Despite efforts, so far science has managed to discover only risk factors, but not concrete causes that serve as initiators of the disorder. Among the risk factors for

obsessive-compulsive disorder are organic causes, related to the dysfunction of the neurotransmitter serotonin in the brain and this has been proven after patients with OCD have responded positively to antidepressant medications (Hamad & Al-Mudhhi, 2017). On the other hand, brain imaging studies have shown that there is a link between certain abnormalities in the brain and symptoms of obsessive-compulsive disorder. Genetic causes are also an explanation because people who have a parent, brother, sister or other relative who suffers from OCD are much more likely to be affected by the same problem compared to a person who has no relatives with symptoms of the disorder (Masoudi, 2015). On the other hand, the traumas one may go through during childhood may have their impact on increasing the probability of suffering from obsessive-compulsive disorder in the future.

People with *OCD* may feel ashamed and refuse to seek help, even if the condition is serious and the problems that come because of the disorder are numerous (Marie Humble, 2020). However, it should be born in mind that there are other cases who do not go to the clinic due to the stigma that exists in society regarding this mental health issue.

In Albania there is no data to show the prevalence of this problem in the population. Moreover, even scientific research in the field of psychology in our country is not focused on research and exploration of this issue. The consequences that *OCD* have on the lives of people suffering from it are numerous and affect many areas of life. Therefore, the need arises to study the relationship between obsessive-compulsive disorder and quality of life. Quality of life is a broad field that encompasses many aspects of overall functioning. Some of them that will be considered in this study are the activities of daily life, social relationships, emotional state and how elements such as individual beliefs, social support and ideas of perfectionism affect obsessive-compulsive disorder.

## **Methodology**

This study was undertaken to study the relationship between obsessive-compulsive disorder and quality of life. This type of topic is little studied in our country and research is needed in terms of addressing the issues associated with the disorder. The study was conceived to be an exploratory type, which are common in psychological research. The approach that has been followed for the realization of this study is the qualitative one. The qualitative method aims to produce a deliberate exploratory sample, and this gives the researcher the opportunity to research in detail the issues that are of interest to him. This is achieved through open-ended questions that enable the participant to

express themselves freely and give the researcher the necessary information. The purpose of this study is to explore the individual experiences of a person who has been diagnosed with OCD and the consequences of this problem in his life. In this study, interviews with semi-structured questions, designed by the researcher and the Twenty Affirmations Test that were used in it. The population from which the champion was chosen are individuals with OCD in the city of Tirana. This is a delicate issue and not easily identifiable. The sample of this study consists of a clinical case. The subject is a girl, 29 years old, currently engaged. She was diagnosed with obsessive-compulsive disorder 2 years ago. Sampling is without probability and belongs to the exploratory type, and it was intentional. The interviews contain closed-ended questions and open-ended questions. They started with open and general questions to initially establish the relationship between the two parties. The interviewer occasionally used the summary and exploratory questions about the issues being discussed. The Twenty Affirmations Test (TNJP) was the second instrument used for data collection. It was developed by Baumann, Mitchell & Persell in 1989 (Baumann, Mitchell, & Persel, 1989) and is an instrument that asks participants to give twenty answers to the question: 'Who am I?' He also asks not to pay attention to the order in which the statements come to mind or to the person you may want to complete, but simply write them as if you were telling yourself. Through it, important data are collected that are closely related to the concept of self.

## **Analysis**

Data analysis was performed based on the rules of thematic analysis. Thematic analysis is a process that uses raw data to identify key topics. The raw data in this study were collected through semi-structured interview and through the Twenty Affirmations Test. Analysis involves segmenting and categorizing data and finally re-linking them to make their final interpretation (Matthews & Ross, 2010). The analysis was performed using conceptualization techniques, critical thinking, etc.

The subject of this study is a 29-year-old female with the initials I.M. She was born and lives in Tirana with her family. Her family consists of mom and two sisters who are younger than her. Her father passed away 15 years ago because of an incurable disease. She has been engaged for three years; and her fiancé lives in the city of Durrës. The participant has completed higher studies in the laboratory department and currently works in an analysis laboratory in Tirana.

The first signs of obsessive-compulsive disorder in the participant were noticed by her mother at an early age. She explains that when she was little, she refused

to wear the same clothes twice if they weren't washed. The mother, due to her daughter's behavior, was forced to wash her clothes every day. I.M. mentions this detail as one of the first signs of obsessive-compulsive disorder.

At different periods of life, at I.M. obsessions and compulsions of various kinds have prevailed. During the interview with her, the researcher collected data that showed which obsessions and compulsions were most common. The obsessive thoughts that caused her the most anxiety was fear of pollution from impurities or other substances of the environment; fear of injury, accident, or death to her loved ones; thoughts and scenes about possible accidents that could happen to her closest people.

Among her most frequent compulsions, she mentions: the compulsions of cleanliness and washing, mainly of the house and the environment where she worked, as the places where she spent most of her time; washing clothes and bedding; repetitive rituals of different phrases for a certain number of times in cases of obsessive thoughts about accidents or the possible death of people close to her.

The second category of obsessions and compulsions that I.M. related to the fear of death or accidents that could happen to people close to her. These thoughts had started shortly after she had lost her father when she was 15 years old. Throughout the interview, this was the only moment when the participant was reluctant to speak. Despite the difficulty of sharing the event with a stranger, she says that period coincides with the time when she started having 'some weird thoughts', as she calls them.

The start of the pandemic has been a real challenge for I.M. as it was an event that came shortly after the participant had completed the therapy for OCD, which had proved very effective for her. In the period when Covid19 started, I.M. has been improving, as she explains during the interview, she had mastered the ways in which she managed to control her compulsions and was improving increasingly. It was at that time that she began to fear again that the virus would affect her or her relatives. As a result, she reverted to some old compulsive behaviors, which she struggled to control over time. At first, she says she started spending time cleaning as before. She had learned to be careful 'as much as she should', even though it does not have a unit of measurement. As I.M. also mentions, she respected the measures that everyone should take against Covid19, which was clearly seen even during the interview with her. She never took off her mask, respected social distance and wore gloves. In addition to the help, he has received from the therapist, it should also be mentioned the fact that I.M. is a 'strong' person, a term by which she describes herself, saying this in the sense that she has the will and if she really wants something, she achieves her goal. She describes her obsessions as strange because they caused her confusion as she knew they were not real but nevertheless

she believed them and went further, performing compulsive actions. However, the thoughts and actions that are triggered by the coronavirus should not be seen only in the context of obsessive-compulsive disorder but should be judged as a real fear based on the probability of being affected by the coronavirus.

## Results

Daily life is very dynamic. It includes a range of activities with which the individual engages and devotes most of his time and energies. Activities can be of different natures: paid work, volunteer work, maternal care for children, housework, school, training, etc. For the individual to perform well in these activities, he must be physically, emotionally, and psychologically healthy. Achieving healthy balances in these areas of life is a real challenge for people suffering from OCD.

In this study I.M. was diagnosed with OCD two years ago, the consequences of which it has suffered for years. She currently works in an analysis laboratory and has shown how OCD has influenced her work and other important activities she conducts during a typical day. 'Home' and 'work' are two of the environments which are described by the participant as those places where she most often displayed her compulsive behaviors. She explains that her obsession with cleaning and fear of bacteria was so present in her life that it made her lose focus in her work as a lab technician or in other work at home.

While at work, the situation presents itself even more problematic for I.M. The main cause of this is pandemic. She explains that during this time, many patients come to the laboratory where she works to perform tests to find out if they are affected by Covid19 and this causes her fear. This was also expressed during the interview through non-verbal language observation. While she was talking about the conditions in her work, her hands were touching each other, and this was an action that was noticed in the cases when she talked about the symptoms of OCD that appeared most often to her. The tone of voice also changed in these parts of the interview. He was a little louder than the rest of the interview, more potent, which could be interpreted as if the participant was trying to convince you that what she was saying was true and not fabricated by her.

From the analysis of the data, we understand that the experiences of OCD, in the conditions of the pandemic have been intense and that she has been forced to take actions that affect her performance at work. This was especially pronounced at a time when Covid19 was just beginning to spread and when the virus began to cause loss of life. This has been a key period, as it came after a significant improvement in the life of I.M. Before that happened, I.M. had adapted some new patterns of thinking and behaving in moments when confronted with an obsessive thought.

The therapy she had followed two years ago had resulted in high effectiveness and her life seemed to be undergoing a positive change gradually, which included not only home and work but also other important aspects.

Obsessive-compulsive disorder also affects the social life of the individual. Relationship is any relationship that the individual creates with the outside world. This may include family, relatives, friends, co-workers, etc. In this case study, the social circle of the subject included her family members, mother and two sisters, fiancé, work colleagues and close friends, who were not numerous in number.

From the data collected by the interview with I.M, it showed that the obsessive-compulsive disorder negatively affected all its relationships with others. If we start from the test that the participant completed at the end of the interview, we will notice that she first talks about her family saying that she loves her sisters very much, that she cares for her mother and she wants to make people feel proud of her. Their ranking at first is not unintentional, as it shows how important they are in the life of I.M. However, on the other hand, this makes her family members more affected by the negative consequences that OCD has in the life of the participant of this study.

I.M. shows at one point in the interview that there have been debates, the cause of which has been her fear of impurities. I.M. has also expressed in the Twenty Affirmations Test that she loved her sisters very much, even though she sometimes upset them. So, if we are to make a connection between these two facts, in the house of I.M. debates have taken place from time to time. These debates relate to the obsessions of I.M. with cleaning. Since she mentions several times what her concept of house cleaning was, this would normally bring resentment towards other family members who are not as careful about keeping the house as clean as I.M. Although, this may seem like something that does not affect I.M. with other family members, this judgment is wrong because the participant suffers from obsessive-compulsive disorder for a very long period already. This means that home disputes over cleanliness have also been present for a long time, thus damaging the relationship of I.M. with each family member.

Another important report for I.M. is also with her fiancé. They have known each other for four years and have been engaged for three years. From the way the participant expresses herself about him, it is understood that they have a healthy relationship.

The relationships (with mother, sisters, and fiancé) are the most important ones in the life of I.M. According to the participant, she thinks that she 'bothers' them a lot, so she worries them, but at the same time they are the people she talks to most about her problems. Speaking, it discharges some of the anxiety and distress and other non-positive feelings. Despite what she calls 'annoying' the fact that she shares with the people closest to her some things that she shares with no one else, I.M. has them the main 'pillar' where she finds support and strength.



After that, she points out that other people, including her colleagues and friends, do not understand the reasons why she participates in compulsive behavior. According to her, they judge only what appears on the outside and therefore ask her to change as if this were a simple thing. Asked if she had ever tried to explain the truth to them, I.M. says she does not feel comfortable discussing these topics with others and therefore does not talk much about her disorder.

So, she feels very depressed in the presence of her friends or colleagues and tries to hide some of the things that are most disturbing in order not to be judged by them. While in a normal relationship with friends it is supposed to share with them the problems of daily life. In addition, friends share tips with each other on how to deal with problems they may have encountered during their lifetime. Thus, in this bilateral relationship, they benefit from each other by exchanging experiences and empowering each other.

I.M. says she has very few close friends, though she does not talk about any of them specifically. She shares her problems only with her mother, sisters, and fiancé. From this analysis, it turns out that these are the people who offer her unconditional love, social support and do not judge her based on the disorder from which she suffers. The fact that she has only a few close friends is more than understandable in this case. By not getting the support she needs, she may have chosen that it is more reasonable to maintain a close relationship only with those who feel better.

In the last part of the interview, the interviewer addressed some questions which were related to the characteristics of a person with obsessive-compulsive personality disorder. From the responses received, it turned out that I.M. was not a perfectionist. The only area where she considered herself such was when she talked about the obsessions and compulsions she had had about pollution or impurity.

## **Discussions**

Studies that have explored the relationship between OCD and quality of life agree that OCD affect the overall functioning of the individual, although different studies rely on different aspects to explain this. In this study, aspects such as activities of daily living, social relationships and emotional state were considered. It has also explored how factors such as personal beliefs, social support relates to individual experiences of obsessive-compulsive disorder, and whether there is a link between OCD and perfectionist ideas.

Studies that have focused on quality of life in patients with OCD compared to the non-clinical population have shown that individuals suffering from OCD have a lower quality of life in physical, psychological, and social terms. There are many variables that affect the findings of these studies because they depend especially

on specific individual factors such as patients' own perception of the disease, perception of social support, side effects of medications, etc.

At the end of this study, it turned out that the subject's compulsive behaviors negatively affected various activities at home and at work. Evidence has shown that patients with OCD perform more compulsive behaviors in the home environment than in environments where they may be observed by others. In this study, this is partly true, as the subject tried to hide the symptoms of the disorder outdoors. However, the severity of the disorder caused them to appear frequently especially at work, where the participant spent a considerable part of the day. This was accompanied by debates with the persons responsible for its work. Debates also took place with family members and other people she had more contact daily.

Comparative studies have been conducted that have considered the quality of life of patients with OCD and those with other anxiety disorders and it has been observed that the degree of negative consequences that caused this group of disorders is similar in all aspects of quality of life, but patients with OCD had more impairments in family life and activities of daily living. Compared to other disorders, evidence shows that quality of life was lower in patients who had more severe symptoms of obsessions, comorbid depression, low social support, and low social status. It has been found that patients with OCD have a lower quality of life compared to other groups such as patients with depression, schizophrenia, heroin addiction, patients who have had a kidney transplant, etc. These studies should be viewed critically as the data extracted from them may also depend on the context in which the study was conducted.

In terms of social relations, it turned out that they were one of the principal areas in which the negative consequences of the disorder were reflected. From previous studies the disorder has a major negative impact on the family and social relationships of patients. Evidence shows that social support and family members' reactions to patients with obsessive-compulsive disorder played a significant role in the effectiveness of the behavioral therapies that these patients followed. Positive interactions with others helped maintain the behaviors learned during therapy, while negative interactions such as criticism and anger were identified as variables that predict relapse. In the case study, I.M. admits that there were prejudices about her behavior and that she did not talk about her disorder with others, which explains why she had very few close friends and consequently low social support. This may be related to the fact that there is still a complex in Albania that being vulnerable shows weakness or that the assertion of something that deviates from the norm is considered unacceptable.

Another result of this study is that the ideas of perfectionism, which are characteristic of obsessive-compulsive personality disorder are not present in the subject under study. Researchers have often published evidence that obsessive-

compulsive disorder is not necessarily related to obsessive-compulsive disorder. Despite the similarity of the terms, one of them belongs to the group of personality disorders and the other to emotional disorders. This means that the presence of one disorder in a clinical case does not mean that the other disorder exists.

The novelty of this study is that the problems caused by OCD have been examined in the context of the current Covid19 pandemic situation. It has resulted that the subject has had an increase in the intensity of OCD symptoms especially in the initial period of virus spread. As this is only one case study, further studies are needed to be done in the future regarding the impact that Covid19 has on the lives of patients suffering from OCD. It would also be of interest the study of the probability of relapse in patients who have previously received psychological help and have had positive behavioral changes over a period.

As the identification of clinical cases with OCD was difficult, a larger-scale study would be valuable to investigate OCD in the Albanian cultural context. This does not mean that the reliability and robustness of this study is low, as all working procedures were performed according to research standards.

## Conclusions

The study of quality of life is a useful issue to understand the impact that psychological disorders have on the mental health of the individual. Obsessive-compulsive disorder is an issue that needs to be addressed more often in both scientific research and psychological clinics as a problem that affects various areas of human functioning and makes it dysfunctional in society. Based on the data analysis, in this study it resulted that:

- OCD causes damage to activities of daily living such as work and family life.
- Obsessive-compulsive disorder affects the relationship of the individual, especially with the people with whom he interacts the most during his daily life.
- Obsessive-compulsive disorder generates constant feelings of fear, guilt, confusion, and shame.
- Personal beliefs play a significant role in the management of obsessions and compulsions and in the effectiveness of therapy.
- Social support play a key role in receiving psychological help and in the effectiveness of therapy.
- The idea of being perfect or doing things perfectly was not necessarily related to obsessive-compulsive disorder.

Referring to the above conclusions, it is recommended conducting further studies by selecting the largest sample to see whether the results obtained from this qualitative study are representative of the clinical population or not. Another recommendation is that the symptoms of obsessive-compulsive disorder in the non-clinical population become the focus of further studies in our country, as it is an area still unexplored.

Researchers focus on the standardization of instruments that measure the relationship between OCD and quality of life; to explore the relationship between OCD and quality of life indicators, as a way of measuring the satisfaction and happiness that the individual experiences in life. In addition, exploring the link between OCD and quality of life can contribute as an asset to the day-to-day work of the clinical psychologist.

This paper suggests studying the age factor extensively in relation to OCD, as this would enable understanding of how the disorder is experienced and its effects on individuals belonging to various stages of cognitive development. I recommend that in future studies the gender variable to be considered, to explore if there are gender differences related to this issue. The concept of quality of life should be studied in more depth by researchers with experience in the field of scientific research, to improve the mental health of the individual, and to prepare preventive therapeutic programs to improve health care.

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