Living With Obsessive–Compulsive Disorder Without Formal Therapy: A Qualitative Exploration of Self-Management and Lifestyle Adaptations Among Adults in Pakistan

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ABSTRACT: Obsessive–Compulsive Disorder (OCD) is a chronic, potentially incapacitating disorder with intrusive thoughts and compulsive actions that hinder psychological well-being and daily functioning. Although treatments based on empirical evidence exist, some people are unable to undergo or fail to carry on with professional psychotherapy, thus devising their own ways of dealing with symptoms. The extent of qualitative research into the experience of adults suffering from OCD in Pakistan is rather limited. The present study investigates the self-management techniques and lifestyle adjustments of adults with mild to moderate OCD who do not have access to professional psycho-therapy. The phenomenological approach was chosen for the study, and the data were collected through semi-structured interviews conducted with 12 adults aged 19-40 years of age. The interviews were recorded, transcribed, and analyzed. Three main themes have been identified: the challenges of living with OCD, self-management of OCD, and life Adaptation. The findings highlight how adults may negotiate OCD symptoms through individualized coping strategies, daily routines, and interpersonal support. However, the study does not establish the clinical effectiveness of these strategies. The findings provide culturally situated insight into lived experiences of OCD management and identify areas for future research and culturally responsive clinical support.

KEYWORDS: Obsessive–Compulsive Disorder, Self-management, Lifestyle Adaptations, Coping, Qualitative Research, Phenomenology, Pakistan, Family Support

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Introduction

Obsessive–Compulsive Disorder (OCD) is a chronic and possibly debilitating psychological condition identified by recurrent obsessions and compulsions or both. An obsession refers to an intrusive and unwanted thought, impulse, or image usually linked with discomfort, while compulsion refers to any behavior or mental act that a person feels forced to perform and that reduces discomfort. According to the criteria defined by the Diagnostic and Statistical

Manual of Mental Disorders (5th ed, text revision; DSM-5-TR), symptoms warrant clinical diagnosis when they consume significant amounts of time or cause serious distress or interference in life activities (American Psychiatric Association, 2022). Despite the variations in experiences of individuals with OCD, persistent symptoms impede performance in work and scholarship, as well as interpersonal relationships.

The influence of OCD goes well beyond merely having obsessions and compulsions. Repetitive behaviors and intrusions might take up an immense amount of time, distract people from their daily routines, and ultimately cause psychological distress. A sufferer may struggle with their job or studies, as well as with their social life. In this regard, it seems that the disorder affects both the subjective well-being of a person and their functioning. In Pakistan, the presence of OCD has already been documented by research conducted there, although statistical information has been rather scarce (Gadit, 2003).

OCD is a complex disorder because it includes biological, psychological, behavioral, and environmental components. From the psychological point of view, cognitive-behavioral theories reveal that obsessive thoughts are not destructive in their own nature, but their interpretation is crucial for the disorder's development. When people find their obsessive thoughts threatening, important for themselves, and require a certain level of control over them, they might begin engaging in compulsive acts and actions that are aimed at mitigating the threat.

The cyclical nature of compulsions can significantly influence how individuals arrange their daily routines. As a result, tasks that typically require minimal time can extend considerably, impacted by behaviors such as checking, cleaning, organizing, seeking reassurance, counting, or engaging in rituals. Consequently, OCD can hinder productivity and contribute to mental strain. Participants discussed the complexities of intrusive thoughts, compulsive actions, limitations on performance, and psychological discomfort, all of which accompany life with OCD. These insights underscore the necessity of exploring not just the clinical manifestations of OCD but also the practical implications these symptoms impose on individuals' everyday lives.

Psychological interventions grounded in evidence, such as Cognitive Behavioral Therapy (CBT) combined with Exposure and Response Prevention (ERP), play an essential role in the management of Obsessive-Compulsive Disorder (OCD) (Skapinakis et al., 2021; Polak & Tanzer, 2024). In ERP, the person must confront anxiety-inducing or feared stimuli and refrain from their compulsive response. Medications may also be included in complete OCD therapy. However, treatment effects are not homogeneous, and some people may suffer from persistent symptoms and terminate therapy. The literature discussed in this paper shows that a share of people might not react adequately to standard forms of therapy, which proves the necessity of considering other treatment options (Sij et al., 2018).

Apart from the standard treatment, there is a growing trend in studying the importance of lifestyle and behavioral aspects that may add to the conventional treatment of OCD. One of the systematic reviews of lifestyle methods in treating obsessive-compulsive and similar disorders offers examples of different approaches related to lifestyle that can be crucial for treatment and well-being (Brierley et al., 2021). These methods include changes in daily practices, including both behavioral methods and health practices. It should be mentioned that these methods should be considered as complementary forms of treatment, which are not to replace effective psychological or pharmacological therapies.

Another aspect that requires attention is the role of family in the process of experiencing and treating OCD. Family members can be involved in everyday life, act as emotional support, and demonstrate reactions to the compulsive behavior. Previous studies on family-based behavioral treatment methods have shown that the same importance is given to the family environment when analyzing OCD (Mehta, 1990). However, family involvement

in the treatment is not always effective. What is important is that families may have different understandings of the disorder and respond to it in various degrees.

When it comes to managing oneself, it is also important to understand the role of substance use. This is because people suffering from psychological disturbances may turn to substances to either control their negative feelings or achieve temporary relief. The link between substance use disorder and OCD is highlighted in studies conducted on patients and suggests that substance use needs to be taken into account while looking at the wider behavioral and psychological context of OCD (Mancebo et al., 2009). Therefore, while conducting a qualitative study of self-management, it cannot be assumed that the strategies people use are always constructive. Some strategies are short-term effective but can have negative results in the long run.

Self-management is an important way of understanding how people react to OCD outside the settings of formal treatment. It includes all forms of efforts to control one's thoughts, feelings, daily routine, attention, and other factors. It must be mentioned that the availability of a specific self-management strategy does not provide proof of its positive impact. In fact, it helps to show what people actually do and how effective various self-management strategies can be in everyday life.

This distinction is especially significant as those with OCD may come up with their unique strategies for coping with their symptoms. For instance, one person may attempt to keep busy to avoid thinking too much about the intrusive thoughts, while another may turn to relaxation, writing, self-soothing, or following certain routines. Some might even try to gain control over the habits or actions they link to their symptoms. All these attempts may be an effort to achieve predictability, control, or a sense of functioning amid the psychological hardship.

The notion of lifestyle adaptations is related but still different from that of the above-mentioned coping strategies. The point is that rather than reducing symptoms, lifestyle adaptations refer to steps that the individuals introduce into their everyday life. Such changes include planning activities, using reminders, redistributing time, forming various routines, or spending their time proactively. The existing systematic literature on lifestyle interventions helps to understand the connection between lifestyle and OCD experiences (Brierley et al., 2021).

Cultural context holds great significance in understanding the experiences of individuals in Pakistan. Mental health beliefs, family dynamics, support systems, religious beliefs, and attitudes toward professional psychological help might all shape the way people perceive their psychological issues. As shown by research studies conducted in Pakistan, OCD does exist in the context of local cultures; yet, the overall body of studies indicates the need for a culturally sensitive approach (Gadit, 2003). However, only a handful of qualitative studies have analyzed how Pakistani adults suffering from OCD come up with their own methods for coping with their problem without receiving formal psychological assistance.

Most of the available literature on OCD addresses such issues as diagnosis, the severity of OCD symptoms, response to treatment, and effectiveness of traditional treatment. While these questions are important for clinical practice, the studies mentioned do not provide sufficient insights into the daily life of individuals coping with OCD independently. Even though quantitative methods help establish different relations between variables and evaluate treatment effectiveness, qualitative methods tend to deliver a more thorough understanding of how people interpret their experiences and overcome challenges in their lives.

Consequently, a qualitative phenomenological approach is highly suitable for investigating lived experiences of self-management in OCD. Instead of exploring whether the specific management strategy works effectively among people with OCD, the phenomenological research focuses on how participants assess their conditions and treatments

in terms of their meanings. A phenomenological approach can also help to find specific cultural practices that might not be visible through statistical procedures.

The current research fills this gap by conducting a qualitative study of adults experiencing mild to moderate symptoms of OCD in Pakistan who have not undergone any formal psychotherapy. The study analyzes participants' accounts to reveal the strategies they used for managing their OCD symptoms as well as adjustments they made in their lifestyles because of these.

Accordingly, the study was guided by the following objectives:

1. To explore how adults with OCD in Pakistan manage their condition in the absence of formal psychological therapy.
2. To explore the lifestyle adaptations made by adults with OCD in response to their symptoms.

The guiding research question was:
How do adults with OCD in Pakistan describe the strategies and lifestyle adaptations they use to manage their condition in the absence of formal psychological therapy?

Method

Research Design

A qualitative phenomenological design was used in this research study to find out how participants live with OCD and what methods they use for coping with it. Semi-structured interviews were used to get in-depth information on the participants' experiences.

Participants

The research was conducted with 12 adults (N = 12) with a diagnosis of mild to moderate obsessive-compulsive disorder (OCD) in the age range of 19 – 40 years. The participants were recruited with the help of purposive sampling. The criteria for selection included individuals with OCD diagnosed with mild to moderate OCD in the required age range who practiced self-control or lifestyle measures for dealing with the problem. Individuals with co-morbidity, past history of hospitalization due to psychotic OCD, or severe OCD were excluded from consideration for this research project.

The sample consisted of nine women and three men, with ten participants from nuclear families and two from joint families. The majority of respondents were from the middle class, with the educational status of respondents varying from undergraduate to postgraduate level.

Instruments

A demographic information sheet was used to obtain information about the participants such as their age, gender, and religious beliefs. With the help of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), symptoms' intensity and eligibility of participants were evaluated. A semi-structured interview guide based on the literature was developed and approved by two researchers and two clinicians. The aim of the guide was to find out what people with OCD went through, how they cope with it, and what kind of changes they made in their lifestyle. Before starting the collection of data, written consent was obtained from the participants.

Procedure

The participants were selected through medical referrals and personal networks. The data were collected through onsite and online interviews via WhatsApp, lasting about 25 to 30 minutes each. All interviews were recorded, transcribed, and translated upon getting approval from the participants.

Data Analysis

The six phases of thematic analysis described by Braun and Clarke (2019) formed the basis for analysis of data from this research. This involved becoming familiar with the data, creating preliminary codes, developing themes, refining those themes, defining and labeling them, and finally producing a report. The themes emerged inductively, allowing for patterns to appear in the participants' stories. The coding framework also underwent a committee method for its review and validation, thus leading to the addition of one new theme and some amendments to subthemes.

Ethical Considerations

The Department of Clinical Psychology at Shifa Tameer-e-Millat University, Islamabad, has reviewed and accepted the research protocol. Participants were all previously informed and signed the consent form. They were informed that their information would be confidential, and they would have the right to withdraw their participation whenever they wanted. Moreover, the data collection process caused no physical or psychological harm to participants, who were kept anonymous through their identification codes (P1-P12).

Results

Table 1 outlines the demographic characteristics of the sample. The thematic analysis revealed three primary themes and eleven sub-themes, which are summarized in Table 2: Challenges, OCD Management, and Lifestyle Changes.

Table 1

Demographic Characteristics of Participants

Sr. No	ID	Age	Gender	Socio-economic Status	Education	Family Type
1	P1	24	Female	Middle class	Undergraduate	Nuclear
2	P2	25	Female	Upper class	Graduate	Nuclear
3	P3	25	Female	Upper class	Post graduate	Nuclear
4	P4	38	Male	Middle class	Graduate	Joint
5	P5	30	Female	Middle class	Post Graduate	Nuclear
6	P6	24	Male	Middle class	Undergraduate	Nuclear
7	P7	20	Female	Middle class	Undergraduate	Nuclear
8	P8	32	Female	Middle class	Graduate	Nuclear
9	P9	28	Female	Middle class	Graduate	Nuclear
10	P10	27	Female	Middle class	Graduate	Nuclear
11	P11	23	Male	Middle class	Undergraduate	Joint
12	P12	35	Female	Middle class	Graduate	Nuclear

Table 2

Themes and Sub-themes Derived from Thematic Analysis

Theme	Sub-theme	Representative Codes
Challenges	Intrusive Thoughts	Obsessive doubt, mental looping, perfectionistic urges, discomfort from disrupted order
Challenges	Compulsions	Excessive organizing/counting, repeated checking, focus on cleanliness/hygiene.
Challenges	Performance Limitations	Decreased productivity, time wastage, reduced creativity
Challenges	Psychological Strain	Emotional distress, irritability, mental strain
Management of OCD	Self-Distracting Strategies	Mental focus, active engagement, ignoring intrusive thoughts

Management of OCD	Self-Soothing Practices	Self-pampering, relaxation techniques, emotional expression
Management of OCD	Substance Use	Cannabis use for temporary compulsion relief
Lifestyle Adaptations	Daily Activity Scheduling	Structured routine, engagement in activities
Lifestyle Adaptations	Time Management	Task reminders, visual cues
Lifestyle Adaptations	Perceived Self-Control	Habit control, self-assurance, willpower
Lifestyle Adaptations	Family support and Accountability	Family monitoring, accountability, emotional support

Discussion

The research investigated how Pakistani adults manage mild to moderate obsessive-compulsive disorder (OCD). It identified three primary themes: the challenges associated with living with OCD, the self-management strategies employed, and lifestyle modifications. The results indicate that individuals coping with OCD face not only practical difficulties in organizing their lives but also a range of psychological issues. Participants did not adhere to a singular method for managing their obsessions; rather, they utilized a variety of techniques, including attention management, self-soothing practices, disciplined daily planning, effective time management, a sense of self-control, and support from family.

Challenges of Living With OCD

Participants described their experience with intrusive thoughts, compulsive behaviors, difficulties with functioning, and considerable psychological suffering. These findings support cognitive-behavioral theories explaining OCD wherein intrusive thoughts and threats provoke compulsive actions to cope with anxiety (Rachman, 2002). Various types of behaviors such as checking, ordering, cleanliness, and hygiene indicate the extent to which compulsions penetrate daily life.

The participants' comments about reduced productivity and wasted time deserve special attention because they demonstrate that OCD not only affects a person's emotional state. Obsessive thoughts and compulsive behaviors were frequently perceived as obstacles to successful completion of tasks. However, due to the qualitative nature of this study, it is important to regard these findings as reflections of people's experiences rather than objective measures of impairment.

Psychological strain appeared to be another important theme in participants' stories. Irritability, emotional distress and mental fatigue were reported as accompanying obsessive-compulsive symptoms.

Self-Management Strategies

Participants referred to self-distracting and engaging in activities as strategies for reducing attention to intrusive thoughts. Keeping busy may help individuals have a sense of relief from the excessive focus on obsessive thoughts for a while. However, it is not possible to establish whether distraction helps reduce OCD symptoms or whether different individuals use it differently.

Self-soothing methods such as relaxation, writing, or expressing feelings were reported, too. While self-help and complementary approaches in treating OCD have been studied before, the evidence is quite heterogeneous (Sarris et al., 2012). Similarly, lifestyle approaches have been mentioned as a possible source of supporting treatment of obsessive-compulsive disorders and related disorders (Brierley et al., 2021).

The finding concerning substance use should be regarded with caution. A participant discussed the use of cannabis as part of compulsive behavior, while at the same time being faced with intrusive thoughts. This finding confirms the importance of the role of substances in the context of OCD (Mancebo et al., 2009). The finding illustrates that self-management may comprise actions that people consider as a cure initially, while actually, the consequences may not be so positive.

Lifestyle Adaptations

Participants indicated that amongst others, one effective way of managing everyday life is the planning of activities and scheduling. In addition, previous research examined the problems of various lifestyles and self-help treatments as the tools that can be used in the treatment of OCD (Brierley et al., 2021; Sarris et al., 2012).

Participants also talked about self-control. It is important to mention that the authors are using the term Perceived Self-Control instead of "Empowered Willpower" because the latter could result in misunderstanding thoughts that OCD can be battled with strong will alone.

Family support appeared to be an important part of the participant's experience. Participants indicated that members of their family recognized their behavior, supported them in overcoming OCD, and were able to persuade them to abandon their compulsive behavior. Family-related behavior therapies were subject to research in respect of OCD and show that social factors play an important role in the treatment of OCD (Mehta, 1990). Nevertheless, findings gained in this study should not be interpreted as proof of the efficiency of family involvement in the treatment of OCD.

Cultural Context

Participants' narratives were situated within the Pakistani context. Evidence for familial influence came from the interview data, indicating that participants' experiences in managing disruption were not entirely individual. The original manuscript also provides evidence for the significance of religious practice through reference to repetitive performance of wudu.

Religious practice should, however, be treated with caution in this manuscript as the theme was not referred to as a separate sub-theme in the thematic analysis table. Thus, rather than concluding that it was a general coping resource among the respondents, it will be more reasonable to interpret it as a context-relevant experience present in the narratives of the respondents. Future studies with larger samples should explore the relationship between religious practices, religious-related obsessions or compulsions, and culturally relevant coping.

Clinical and Practical Implications

The research has many implications for practitioners in the field. First, therapists should look at how clients are presently coping with OCD. It is crucial that practitioners understand coping strategies currently in use, because they may help practitioners identify helpful techniques and resources, but they may also help practitioners locate maladaptive techniques that contribute to clients' pain.

Secondly, family members should be an integral part of the intervention process, especially when family members are providing help or monitoring. However, it is important to understand the distinction between involvement and accommodation of the compulsive behavior.

Thirdly, psychoeducation services may be needed particularly among those individuals who are not currently receiving treatment for their problem. These services would have to complement evidence-based approaches such as CBT and ERP.

Finally, culturally sensitive practices should be based on the understanding of the significance of family support, religion, and other culturally-specific coping practices. The key is to determine how helpful these factors are for each individual, rather than assume a universal effect.

Limitations

Several limitations should be considered when interpreting the findings. First, the sample was small (N = 12), which is appropriate for an in-depth qualitative study but limits the transferability of findings to broader populations. Second, participants were predominantly female and largely from middle-class and nuclear-family backgrounds, limiting the diversity of perspectives represented in the study. The demographic table also indicates that only two participants were from joint families.

Third, participants were recruited through clinical referrals and personal networks, which may have introduced selection bias. Fourth, the study relied on self-reported experiences and did not independently assess the clinical effectiveness of reported management strategies. Fifth, no comparison group receiving formal psychological therapy was included. Consequently, the findings cannot establish whether self-management strategies are equivalent to, inferior to, or complementary to formal OCD treatment.

Future research should therefore recruit larger and more diverse samples and examine self-management across gender, socioeconomic status, family structure, and geographic location. Longitudinal and mixed-method studies could also investigate whether particular self-management strategies are associated with changes in OCD symptom severity or functioning over time.

Conclusion

This qualitative study explored how adults with mild to moderate OCD in Pakistan described managing their symptoms outside formal psychological therapy. Participants reported experiencing intrusive thoughts, compulsive behaviors, performance limitations, and psychological strain. They also described a range of self-management strategies, including distraction, self-soothing, and deliberate engagement in activities, alongside lifestyle adaptations involving structured routines, time management, perceived self-control, and family support.

The findings highlight that living with OCD involves an ongoing process of adapting to symptoms within everyday environments. Family relationships and culturally situated experiences may form part of this process. However, the study does not establish the clinical effectiveness of the reported strategies and should not be interpreted as evidence that self-management can replace evidence-based OCD treatment. Instead, the findings provide insight into participants' lived experiences and identify areas that may warrant further investigation.

Future research should examine self-management strategies using larger and more diverse samples and should investigate how culturally responsive, family-informed approaches can complement established psychological treatments for OCD in Pakistan.

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