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Exploring Sexual Obsessions in Obsessive-Compulsive Disorder: Prevalence, Demographic Correlates, and Clinical Implications for Anxiety and Depression

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ABSTRACT

Obsessive-compulsive disorder (OCD) is a severe neuropsychiatric condition that disrupts professional, social, and family lives, often co-occurring with mood disorders like depression. It manifests through obsessions and compulsions, including contamination fears, symmetry, and taboo thoughts. Sexual obsessions cause significant distress, anxiety, shame, and self-disgust, despite sufferers being unlikely to act on them.

Aim: This study aimed to explore the demographic and clinical characteristics of OCD patients, with a particular focus on sexual obsessions and their impact on anxiety, depression, and overall functioning.

Design: The study employed quantitative, correlational, and descriptive research methods and gathered data using standard psychological instruments. Purposive sampling selected 50 patients, aged 18 to 40, from Ashoka Neuro Psychiatric Hospital & Addiction Centre in Jalandhar (Punjab). Data collection included the Yale-Brown Obsession-Compulsive Disorder Scale (YBOCS) and the Hospital Anxiety and Depression Scale (HADS).

Results: Results revealed that sexual obsessions affected 34% of OCD patients, particularly among females, individuals aged 28– 40, married individuals, urban residents, those from joint families, and those with higher education levels. The study also highlighted that OCD patients experience severe symptoms, with 86% reporting severe or intense symptoms and 98% classified as abnormal for anxiety and depression. Cognitive treatment (CT) and exposure and ritual prevention (ERP) therapy were identified as effective interventions for addressing OCD symptoms, including sexual obsessions.

Conclusion: The high prevalence of severe OCD symptoms and comorbid anxiety and depression underscores the necessity for early detection and comprehensive treatment. The study emphasises the importance of recognising and addressing sexual obsessions in OCD patients to ensure accurate diagnosis and personalised care, thereby improving their overall quality of life.

Keywords: *Obsessive-compulsive disorder, sexual obsessions, anxiety, depression, cognitive treatment, exposure and ritual prevention, demographic characteristics.*

1. INTRODUCTION

Obsessive-compulsive disorder (OCD) is a devastating neuropsychiatric condition that interferes with sufferers' occupational, interactions with others, and family life (Tibi et al., 2021). Numerous people who suffer from obsessive-compulsive disorder (OCD) also fit the criteria for other disorders. Mood disorders, particularly depression, are among the most often occurring co-occurring conditions (Tibi et al., 2021). A dreaded consequence frequently surfaces in OCD obsession thoughts. The feared result will differ depending on the sort of preoccupation experienced. One could be afraid of losing something significant, of upsetting someone, or of their safety or the safety of others they care about (Kelly Owen, 2019). There are several ways in which obsessive-compulsive disorder can manifest. Some people just have compulsions,

some only have obsessions, and some people have both. Although there are no recognised subtypes of OCD, the following are the most often seen obsessions and compulsions: fear of contamination or cleanliness, an obsession with precision, symmetry, taboo thoughts, or hoarding (collecting) (Kelly Owen, 2019; Leckman et al., 2009). The National Comorbidity Survey Replication (NCS-R) indicates that the average age at which OCD first manifests is 19.5 years. Females are substantially more likely than men to experience OCD and vice versa (Ruscio et al., 2010). According to the World Health Organisation, obsessive-compulsive disorder (OCD) is ranked among the top ten most disabling disorders globally, highlighting its significant impact on individuals' quality of life and functionality (World Health Organisation, 2001; Murray, 1996).

1.1 Sexual Obsession in Patients with Obsessive-compulsive Disorder

Sexual obsessions are usually called (Autogenous Obsessions) (Kuty-Pachecka, 2021), which means they develop on their own. These people are afraid of taking risks and are not realistic, so they are considered extremely hazardous. A person suffering from a sexual obsession disorder might be anxious about the meaning driven by thoughts that involve himself or herself (Kuty-Pachecka, 2021).

People with strong and unusual sexual ideas regularly may have a sexual obsession, which is frequently misdiagnosed (Kunde, 2022). Sexual obsessions are characterised by intense feelings of anxiety, concern, shame, and self-disgust, as opposed to pleasurable sexual fantasies. These ideas may make you feel anxious and negative at the same time. You probably live in continual fear that one day your intrusive thoughts about sex may drive you to act on your urges (Kunde, 2022). However, the reality is that OCD sufferers are the least likely to act on their sexual obsessions since their thoughts make them feel humiliated and repelled. Such conduct is seen as unethical, and they wish to repress their opinions. Instead of pursuing self- gratification, they are looking for an end to their anxieties (Kunde, 2022).

1.2 Prevalence of sexual obsession in Obsessive-compulsive disorder

Obsessive-compulsive disorder (OCD), which affects 1 in 40 people, is a mental illness that includes several types of obsessions, including sexual obsessions (Hart, 2020). Approximately 6% to 24% of people with OCD will have some form of sexual obsession (Chaudhary et al., 2022; Kunde, 2022). These sexual obsessions are also being consciously neutralised or suppressed. OCD with sexual orientation is typically characterised by unpleasant intrusive sexual ideas and ego-dystonic sexual content, which may include thoughts about inappropriate sexual behaviour, child abuse, anxieties or thoughts regarding one's sexual orientation, or thoughts about having sex with family members and aggressive sexual behaviour (e.g., with children, animals, or inanimate objects (Choudhary et al., 2022).

1.3 Coping mechanisms for unwanted sexual thoughts

If a patient is suffering from sexual OCD, they may turn to masturbation and porn as coping mechanisms for anxiety related to unwanted sexual thoughts (Kunde, 2022).Common sexual Obsessions in OCD: There are several typical obsessions that OCD might be linked to, including Extreme fear of being pulled toward a family member, pet, inanimate object, dead people, or young children, severe fear of immoral sexual behaviour, extreme anxiety about developing sexual violence, intrusive thoughts and pictures might be brought on by images or ideas that indicate painful sexual behaviours involving unfavourable creatures (such as children or animals) (Mehta, 2022).

1.4 Theory related to sexual obsession in OCD

Psychodynamic view of OCD patients' sexually obsessive thoughts. The findings indicate that there are numerous subtypes of OCD, including sexual OCD, which is the presence of sexually intrusive ideas. A family member, inanimate objects, animals, God, or children may be the subject of unwanted obsessive sexual thoughts in those who suffer from sexual OCD. These ideas can differ in severity between mild and severe (Kessler et al., 2005; Chaudhary et al., 2022). The study uses a case study methodology while examining a diagnosed case of OCD to describe the viewpoint from psychodynamic theory on the causes of sexual obsessions. The result showed that experiences from childhood like parental abandonment, the dispute between mother and father, and a lack of affection from the parents and care cause fixation during phases of psychosexual development, which further causes the adoption of maladjusted defence mechanisms, which in turn furthers the evolution of obsessional personality tendencies. According to the investigation, there is a strong link between personal characteristics, the defensive mechanism, and the rise of obsessive symptoms (Chaudhary et al., 2022).

1.5 Studies related to sexual obsession in OCD

Shabnam & Neelam Mishra (2020) validate that sexual obsessions are common clinical aspects of OCD that emerge from sex-related symptoms. The study included 11 individuals with symptoms that persisted for over a year. The findings indicate that there has been a lack of formal research on sexual obsession in OCD. The results indicated that the patients have an obsession with sexual behaviours and experience discomfort if they are unable to manage their sexual impulses, which affects their personal and social functioning. Additional research in this area is required, according to the findings, and it should repeat studies that found clinical correlations between sexual obsessions and OCD patients.

In comparison to individuals with other symptoms, OCD patients with contaminated or cleaning symptoms showed decreased sexual interest. The total number of samples taken was 72 (27 with signs of contamination or cleaning versus 45 without).

According to the findings, people with OCD who had dirt or cleaning symptoms and higher levels of disgust showed a propensity to restrain themselves more because of the risk of having a poor sexual experience and its repercussions. High disgust sensitivity may be a cause of the reduction in this area of well-being. The recommendation indicates that sexual health needs to be assessed as part of normal clinical assessments of individuals with OCD (Pozza et al., 2020).

Steinberg et al. (2016) Conducted research on 110 professionals and 66 graduate students. The finding revealed that people with obsessive-compulsive disorder experience constant intrusive thoughts that are so distressing that they make it difficult for them to go about their regular lives. The result concluded that when stigma prevails among mental health professionals, it could be problematic as it might lead them to distance themselves from their patients and have a pessimistic view of treatment results. Most often, mental health professionals may harbour

biases toward those who have other mental problems. The study showed that participants were less likely to disclose having a sexual obsession to others than they were for the other three types of obsessions and that they were more inclined to socially reject or be worried by those with contaminating, hurting, or sexual obsessions than those with scrupulous obsessions. Obsessions with violent and sexually intrusive ideas are stigmatised by the majority of people. So, those with this sort of fixation strive to conceal it. Suggestions concluded that clinicians need greater training and expertise to educate people so that this stigma can be reduced.

1.6 Studies related to sexual obsession and its clinical correlates

Sexual obsession and its clinical correlates in OCD-affected people because There is not a lot of information available on sexual obsession. The sample size consisted of 293 people who were all at least 18 years old. In participants with and without sexual obsessions, all factors were compared. Using the Yale-Brown Obsessive Compulsive Scale, the severity of the symptoms was evaluated. The findings of this study say that those with sexual obsessions report developing OCD at a younger age than those without these symptoms. The results revealed that OCD sufferers frequently have sexual obsessions and that these obsessions might be relevant to serious clinical signs and symptoms. Treatment studies are advised as a necessary element in determining if patients with violent, sexual, and religious obsessions require therapies that are particularly suited to them (Gant et al., 2006).

Sexual obsessions are prevalent in people, cause significant distress when they have obsessive- compulsive disorder (OCD) and are frequently regarded as a danger to others. For this study, 383 children were taken as a sample. The results show that children with OCD and sexual obsessions are more depressed and violent, have magical thinking and religious obsessions, are afraid to speak certain words, repeat rituals, play superstitious games, engage in mental rituals, and have a greater urge to tell, ask, or talk to others. This study concludes that, even in very young children, sexual obsessions are widespread in paediatric OCD. Recommendations are that children suffering from sexual obsession be recognized and treated with CBT (Cruz et al., 2013).

According to several clinical correlates, including symptom intensity, anxiety, depression, suicidality, and treatment response, comorbidity should be considered in OCD (Jakubovski et al., 2012; Torres et al., 2016). According to van Oudheusden et al. (2020), a history of childhood trauma and a prolonged disease course were also linked to increased comorbidity in OCD. Moreover, comorbidity is a strong indicator of decreased functioning and a lower quality of living in OCD patients (Tibi et al., 2021). The diathesis-stress model says that people are more likely to develop a disorder when exposed to certain stressors. It also explains why some people develop psychiatric problems after being exposed to a stressor. This concept has been used in disorders such as depression, anxiety, panic attacks, and schizophrenia (National Council of Education Research and Training, 2007).

Ghassemzadeh et al. (2016) evaluated sexual function in OCD patients who had or did not have depressive symptoms. 56 volunteers with OCD between the ages of 18 and 50 were gathered as samples; 36 were female and 20 were male. Overall, in addition to having sexual dysfunction, 82% of women and 25% of men also reported having depression symptoms. The findings demonstrated that comorbid despair is a common symptom of OCD, which is likely to contribute to the association between OCD and sexual dysfunction. The link between sexual dysfunction (the cycle of sexual response, including sexual desire, arousal, and pleasure), OCD, and depression may be related to psychopathology or medication side effects. The result showed that anxiety, depression, and dysfunctional sexual behaviour are all related and influenced by psychological elements such as guilt, shame, learned behaviours, interpersonal relationships, societal and cultural expectations, and gender roles. Suggestion: Nursing education has not given appropriate consideration to human sexuality; thus, regular training for professional nurses is advised in order to handle any sexual challenges that may arise during their daily patient care. Everyone in the community, not just nurses, should be educated on sexual health issues.

Obsessive-compulsive disorder (OCD) is a long-lasting mental disorder that can impair everyday functioning. A systematic review of five databases was done for studies examining sleep in individuals with OCD. The findings revealed that several sleep problems were associated with depression. Some OCD patients, however, reported delayed sleep as well as a higher prevalence of delayed sleep phase disorder (DSPD). Significant OCD symptoms were consistently present due to increased sleep disruption. The results indicate that while sleep disturbance in patients with OCD hasn't been a big priority since now, according to the available research, treating sleep disruption holistically for OCD sufferers may ensure treatment

effectiveness, minimise relapse, and guard against the emergence of co-occurring mental diseases (Paterson et al., 2013).

1.7 Studies related to sexual obsession and its treatment strategies

Steketee et al. (2011) examined factors predicting the success of cognitive treatment (CT) for obsessive-compulsive disorder (OCD). The study included 39 adults who underwent a 22- session CT course that combined traditional CT techniques with specific coping strategies for OCD subtypes like sexual and religious obsessions. Findings indicated that patients who perceived their OCD as severe remained in treatment, although severity was only slightly linked to poorer outcomes for those completing therapy. Comorbid disorders, particularly significant depression and anxiety. The results indicate that individuals with more severe initial symptoms require a longer period of therapy. It is evident that cognitive therapy effectively treats symptoms of OCD as well as related feelings of despair, anxiety, and core beliefs.

The study described investigates the effectiveness of exposure and ritual prevention (ERP) therapy for treating sexual orientation obsessions in a 51-year-old heterosexual male with obsessive-compulsive disorder (OCD). The patient exhibited symptoms such as fears of becoming gay, a need for mental reassurance, and avoidance of other people, particularly males. These obsessions led to depressive symptoms and marital stress. The findings indicate that sexual obsessions are ego-dystonic, presenting as intrusive and unpleasant thoughts. The results showed that ERP therapy successfully improved mood, quality of life, and social adjustment in the patient. The study highlights the frequent misdiagnosis or underdiagnosis of sexual orientation obsessions and recommends that therapists ask about sexual content when treating OCD. It concludes that exposure therapy should be more widely recognised to treat sexual obsessions as effectively as other types of OCD (Williams et al., 2011).

1.8 Research gap

Sexual obsession is a significant issue among young adults with obsessive-compulsive disorder (OCD). Clinical correlates of sexual obsession are often overlooked, despite their significant impact on mental health (Grant et al., 2006). Literate mental health professionals and the general population are often hesitant to discuss sexual problems with family members and professionals. This research aims to fill this gap and improve understanding of sexual obsession in OCD. Mental health professionals often distance themselves from OCD patients dealing with sexual obsessions, leading to a significant knowledge gap. This stigma, despite being a fundamental part of biology, often leads to a gloomy perspective on therapy outcomes (Koolwal et al., 2022). This bias towards those with other mental issues further exacerbates the stigma surrounding sexual obsessions in OCD patients (Steinberg et al., 2016). The investigation into mental health issues, particularly sexual obsession, highlights the need for more experienced clinicians to better inform the public about mental health issues. The study also highlights the lack of a holistic approach to studying sexual obsession and its clinical correlations, particularly in relation to anxiety and depression in obsessive-compulsive disorder. Further research and investigation programmes can provide a deeper understanding of this topic.

2. METHOD

2.1 Formulation of Research Questions

The fundamental purpose is to examine the presence of sexual obsessions in individuals with OCD. Then our goal is to explore whether these types of obsessions are linked to clinical correlates such as anxiety and depression. Certain research questions have been set out to be answered in order to achieve this goal. The following table lists these questions and their significance.

Table 1. Research questions with their significance

1. What are the demographic and clinical characteristics of individuals suffering from OCD, and how do these characteristics vary across different subgroups (e.g., gender, age, education, marital status, setting, family type)?	It is important to understand the demographic and clinical features of OCD patients. This helps in identifying the latest developments and differences across subgroups. The information gained can be used to tailor therapies and improve OCD management by addressing individual needs based on gender, age, education, marital status, and family type.
2. What are the prevalence and severity levels of obsessive-compulsive disorder among the people with OCD ?	We are determining the prevalence and severity levels of OCD in order to understand the overall impact of the disorder on the general population. This information can be used to

	allocate healthcare resources more effectively, enhance early detection methods, and improve treatment planning for patients with different severity levels.
3. What is the prevalence and impact of sexual obsession compared to other obsession and compulsion categories in individuals with OCD?	Investigating the prevalence and effect of sexual obsessions in comparison to other forms of obsessions and compulsions sheds light on the particular problems that OCD patients experience. This insight can help to design more specialised therapy techniques and reduce the stigma associated with sexual obsessions.
4. How do demographic factors such as gender, age, marital status, setting, family type, and education level influence the severity of sexual obsession in individuals with OCD?	Analysing the impact of demographic traits on the intensity of sexual obsessions helps us identify individuals who are susceptible and adjust therapies accordingly. This knowledge is crucial for developing personalised treatment strategies that consider the specific demographic factors of people with OCD.
5. What is the prevalence and severity of anxiety and depression among individuals with OCD, particularly those experiencing sexual obsession, and how do these clinical correlates interact?	It is imperative to grasp the frequency and severity of anxiety and depression in OCD patients, particularly those with sexual obsessions. This understanding is vital to developing comprehensive treatment approaches that address both OCD and any associated comorbidities, leading to improved patient outcomes.

2.2 Research Design

The study was quantitative, correlational and descriptive. The primary data became the basis of the proposed research, while secondary data were used to confirm the conclusions drawn from the primary information. Standard psychological tools (questionnaires) were used to collect data.

2.3 Sample Method

Purposive sampling was used to choose patients from Ashoka Neuro Psychiatric Hospital &Addiction Centre in Jalandhar (Punjab), which serves patients from diverse socio- demographic areas. The sample size was 50 patients between the ages of 18 and 40, and our sample consisted of individuals who had already been diagnosed with OCD (DSM-5 or ICD- 10) based on hospital records.

2.4 Inclusion criteria

- People with the age of 18 to 40 years.
- Primary diagnosis of DSM V (2013) and ICD-10 of OCD lifetime.
- OCD patients from psychiatric OPD and IPD.
- Both male and female patients.
- The education level of the patients should be at least upper primary.
- Able to be interviewed in person with the help of, Mini-Mental State Examination (MMSE).

2.5 Exclusion criteria

- Exclude less than 18 years.
- Exclude below primary or illiterate people.
- Exclude the possibility of an organic mental illness.
- Exclude the Inability to understand and give consent for the study

2.6 Research instruments

The Yale-Brown Obsession-Compulsive Disorder Scale (Modi, 2016; Raje et al., 2020): The Yale-Brown Obsession-Compulsive Disorder Scale (YBOCS), established by Goodman et al. (1989), is a 10-item scale that is valid and reliable for use by clinicians in assessing the severity of obsessions and compulsions. The questions ranging from 1 to 5 are used to assess obsessions, while the questions ranging from 6 to 10 are used to assess compulsions. Raters gave the YBOCS Symptom Checklist (YBOCS-SC) before the YBOCS to collect data on particular present symptoms. This explains the various types of obsessions that can occur with OCD. Cronbach's alpha value is 0.96 and Pearson's *r* value is 0.94 (Castro-Rodrigues et al., 2018). The scale has a validity of 0.89 and a reliability of 0.98.

Hospital Anxiety and Depression Scale (Kumari et al., 2020; Rishi et al., 2017): This self- administered rating scale was developed by Zigmond and Snaith (1997), and assesses the presence and severity of anxiety and depression. It measures distress on two subscales, the anxiety and depression subscales, both containing seven items. All 14 items are rated on a 4-point Likert scale coded from 0 to 3. Cronbach's alpha of HADS- Anxiety subscale ranges from 0.68 to 0.93, and for the Depression subscale is 0.67 to 0.90.

2.7 Procedure

This study involves 50 patients diagnosed with obsessive-compulsive disorder (OCD). After obtaining consent from the Ashoka Neuro Psychiatric Hospital & Addiction Centre in Jalandhar (Punjab) for data collection on OCD, we aim to examine the presence of sexual obsessions in individuals with OCD. Then our goal is to explore whether these types of obsessions are linked to clinical correlates such as anxiety and depression.

The Data Collection from OCD Patients

This study recruited participants from patients visiting the psychiatric outpatient department (OPD) and inpatient department (IPD) at Ashoka Neuro Psychiatric Hospital & Addiction Centre in Jalandhar, Punjab. Ethical approval was obtained from the Institutional Ethics Committee of the hospital prior to any patient interactions. Potential participants were informed about the study's objectives and procedures, and only those who voluntarily agreed to participate were included. Inclusion criteria involved individuals diagnosed with obsessive-compulsive disorder (OCD) by a qualified psychiatrist, while exclusion criteria ensured the exclusion of individuals with severe cognitive impairments or other conditions that could affect their ability to participate effectively. Before data collection, researchers established rapport with the participants, providing detailed explanations of the study's goals and ensuring confidentiality of their data. Participants were assured of their right to withdraw from the study at any time without consequences. The study employed standardised assessment tools, including the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), the Y-BOCS Symptom Checklist, and the Hospital Anxiety and Depression Scale (HADS). Each participant required approximately 12 to 15 minutes to complete the questionnaires.

2.8 Data Analysis

This study utilised Descriptive Statistics to examine the characteristics of patients with obsessive-compulsive disorder (OCD), specifically focusing on sexual obsessions and other clinical correlates. By calculating the variables' Mean, Standard Deviation, and Frequency Distribution, we aimed to understand the Central Tendency and distribution of the data. The analysis of the observed data was then contextualised and discussed about the relevant literature.

3. RESULTS

The analysis results of this study's acquired information are coded and tabulated in Excel. Later, descriptive statistics (mean, standard deviation, and frequency distribution) were used.

RQ: 1 What are the demographic and clinical characteristics of individuals suffering from OCD, and how do these characteristics vary across different subgroups (e.g., gender, age, education, marital status, setting, family type)?

Table 1: Demographical Variable and Clinical Characters in People Suffering from OCD

Variable	Frequency (N=50)	Percent %
Gender		
Male	27	54.0
Female	23	46.0
Age		
18-28	19	38.0

28-40	31	62.0
Education		
Upper Primary	6	12.0
Secondary	17	34.0
Tertiary	27	54.0
Marital status		
Married	33	66.0
Unmarried	17	34.0
Setting		
Rural	29	58.0
Urban	21	42.0
Family Type		
Nuclear	20	40.0
Joint	30	60.0
OCD Diagnosed from		
Less Then 1 year	27	54.0
1 to 5 years	20	40.0
5 to 10 years	3	6.0
Taking and Psychiatric drugs		
Yes	45	90.0
No	5	10.0
Comorbid disorder		
No comorbid disorder	38	76.0
Mood disorder	5	10.0
Sleeping disorder	1	2.0
Psychotic disorder	3	6.0
Tic disorder	1	2.0
Substance abuse disorder	1	2.0
Anxiety disorder	1	2.0

Table 1 provides a comprehensive overview of the demographic and clinical characteristics of the 50 patients with obsessive-compulsive disorder (OCD) who participated in the survey. The sample includes 27 males (54.0%) and 23 females (46.0%), indicating a nearly equal gender distribution with a slight male predominance. The age distribution shows that 62% of the participants fall within the 28–40 age group, suggesting that the majority are adults in this age range. Educational attainment reveals that over half of the sample, 27 participants (54%), have tertiary education, while 17 participants (34%) have

secondary education, and 6 participants (12%) have upper primary education, reflecting a relatively educated sample. Regarding marital status, 33 participants (66%) are married, and 17 (34%) are unmarried. A larger proportion of the sample resides in rural areas (29 participants, 58%) compared to urban areas (21 participants, 42%). Family structure indicates that 30 participants (60%) come from joint families, whereas 20 participants (40%) are from nuclear families. Clinical characteristics show that more than half of the participants, 27 (54%), have been diagnosed with OCD for less than one year, 20 participants (40%) for 1 to 5 years, and only 3 participants (6%) for 5 to 10 years. A significant majority, 45 participants (90%), are currently taking psychiatric drugs, indicating high medical intervention. Most participants do not have comorbid disorders (38 participants, 76%). Among those with comorbid conditions, mood disorders are the most common (5 participants, 10%), followed by psychotic disorders (3 participants, 6%), and other less frequent disorders.

RQ :2 What are the prevalence and severity levels of obsessive-compulsive disorder among the people with OCD ?

Table 2: The level of Obsession and Compulsion in people suffering from OCD

Level of OCD	Frequency	Percent
8-15 Mild	1	2.0
16-23 Moderate	6	12.0
24-31 Severe	26	52.0
32-40 extreme	17	34.0
Total	50	100.0

The table above illustrates the severity levels of OCD among the participants. The majority of participants are categorised as having severe (26 participants, 52.0%) and Extreme (17 participants, 34.0%) OCD, indicating that a significant portion of the sample experiences high levels of OCD symptoms. Together, these severe and extreme categories account for 86.0% of the participants. Only one participant (2.0%) is categorised as having Mild OCD, demonstrating that the sampled population generally experiences more intense OCD symptoms. A small portion of the sample, 6 participants (12.0%), falls into the Moderate category, which, while higher than the Mild category, is still significantly lower than the Severe and Extreme categories. This indicates a distribution skewed towards more severe manifestations of OCD within the sample.

RQ : 3 What is the prevalence and impact of sexual obsession compared to other obsession and compulsion categories in individuals with OCD?

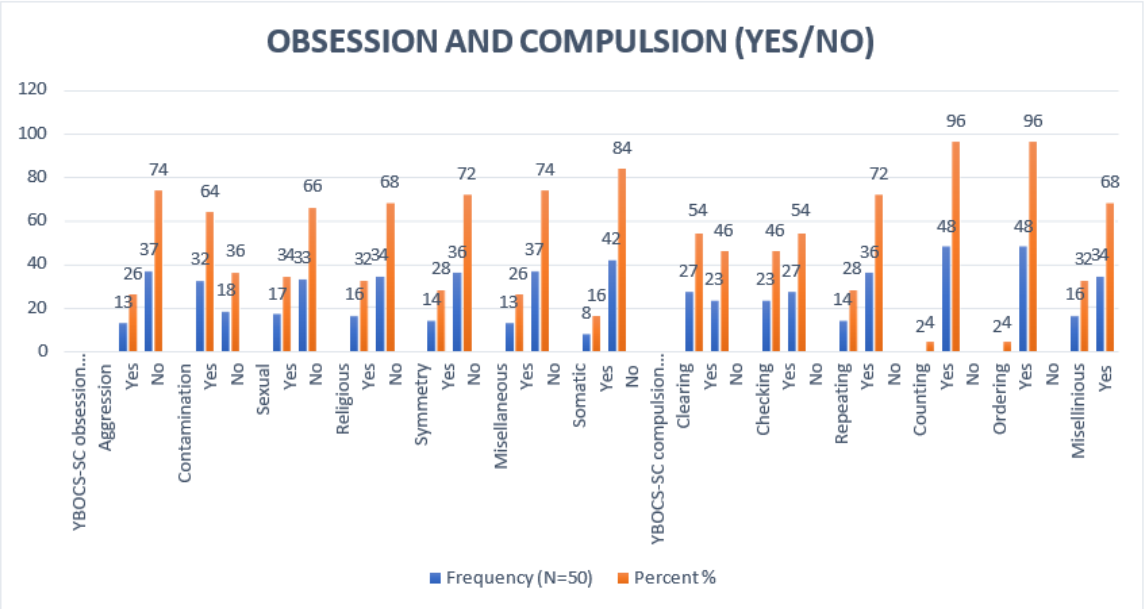

Figure 1: YBOCS-SC obsession and compulsion categories in people suffering from OCD

Figure 1 shows the frequency of obsession and compulsion categories among people suffering from OCD. The most common obsession category is contamination, affecting 32 participants (64.0%), followed by sexual obsessions (17 participants, 34.0%), religious obsessions (16 participants, 32.0%), and symmetry obsessions (14 participants, 28.0%). Aggression and miscellaneous obsessions each occur in 13 participants (26.0%), while somatic obsessions, the least common obsession category, affect 8 participants (16.0%).Regarding compulsions, cleaning compulsions are the most prevalent, affecting 27 participants (54.0%), indicating a significant focus on hygiene and cleanliness. Checking compulsions are also common, present in 23 participants (46.0%), reflecting a need for reassurance and safety. Repeating compulsions are observed in 14 participants (28.0%), and miscellaneous compulsions affect 16 participants (32.0%). Counting and ordering compulsions are the least common, each affecting 2 participants (4.0%).The presence of a wide range of obsession and compulsion categories indicates variability in symptom presentation among the participants, highlighting the heterogeneous nature of OCD.

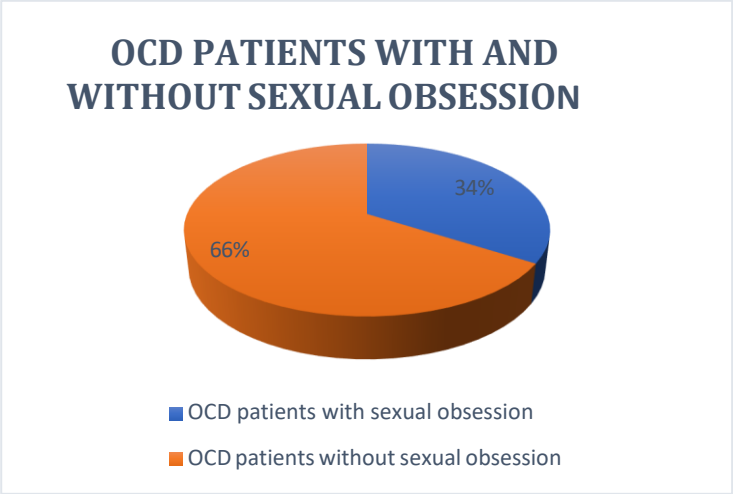

Figure 2: pie chart of OCD Patients with and without Sexual obsession

The above pie chart provides the frequency of OCD patients based on whether they experience sexual obsession as part of their symptoms. The study includes a total of 50 OCD patients. 17 out of 50 patients have sexual obsession, indicating that sexual obsession is present in approximately one-third (34%) of the OCD patients in this study. This indicates that while sexual obsession is a common and significant symptom, it is not the predominant issue. The majority of OCD patients, 33 out of 50 (66%), do not experience sexual obsession. Overall, this figure highlights that a significant portion (34%) of OCD patients experience sexual obsession, and treatment plans should consider addressing this specific symptom. However, treatment approaches should also be diverse to cater to the majority (66%) who might have different primary symptoms.

RQ: 4 How do demographic factors such as gender, age, marital status, setting, family type, and education level influence the severity of sexual obsession in individuals with OCD?

Table 3: Mean and Standard Deviation between the Demographical Variables of People Suffering from Sexual Obsession in OCD

Variable	Mean	(N=50)	Std. Deviation
Gender			
Male	1.5926	27	.50071
Female	1.73891	23	.44898
Age			
18-28	1.5789	19	.50726
28-40	1.7097	31	.46141
Marital status			
Married	1.7576	33	.43519

Unmarried	1.4706	17	.51450
Setting			
Rural	1.6207	29	.49380
Urban	1.7143	21	.46291
Family Type			
Nuclear	1.5000	20	.51299
Joint	1.7667	30	.43018
Education			
Upper Primary	1.6667	6	.51640
Secondary	1.5294	17	.51450
Tertiary	1.7407	27	.44658

Table 3 presents the mean scores and standard deviations for various demographic variables among 50 individuals with sexual obsession. Females have a higher mean score (M = 1.7389) compared to males (M = 1.5926), suggesting that females might experience higher levels of sexual obsession in OCD, although males exhibit slightly more variability in their scores. Adults aged 28–40 show a higher mean score (M = 1.7097) compared to those aged 18–28 (M = 1.5789), indicating potentially higher levels of sexual obsession in the older age group, with both groups displaying similar score variability. Married individuals report a higher mean score (M = 1.7576) compared to unmarried individuals (M = 1.4706), indicating potentially higher levels of sexual obsession among married individuals and more variability in the scores of unmarried individuals. Urban residents have a slightly higher mean score (M = 1.7143) compared to rural residents (M = 1.6207), suggesting potentially higher levels of sexual obsession in urban settings, with similar variability in both groups. Those from joint families report a higher mean score (M = 1.7667) compared to those from nuclear families (M = 1.5000), indicating potentially higher levels of sexual obsession in joint family settings. Finally, the mean scores increase with higher education levels, with tertiary education having the highest mean (M = 1.7407) and upper primary the lowest (M = 1.6667), suggesting that individuals with higher education levels might report higher levels of sexual obsession and less variability in scores among those with tertiary education.

RQ : 5 What is the prevalence and severity of anxiety and depression among individuals with OCD, particularly those experiencing sexual obsession, and how do these clinical correlates interact?

Table 4: Clinical correlate (Anxiety and Depression) in people suffering from OCD

Variables	Frequency	Percent %
Anxiety		
0-7 normal	0	
8-10 borderline	1	2.0
11-21 abnormal	49	98.0
Total	50	100.0
Depression		
0-7 normal	0	
8-10 borderline	1	2.0
11-21 abnormal	49	98.0

Table 4 presents the frequency and percentage distribution of anxiety and depression levels among a sample of 50 individuals. Both conditions are categorised into three levels: normal, borderline, and abnormal. For anxiety and depression, 49 participants (98.0%) are classified as "abnormal," signifying that the vast majority of the participants experience severe levels of these conditions. Only 2.0% of participants fall into the borderline category for both anxiety and depression. This low percentage underscores the dominance of more severe symptoms within the sample. There are no individuals classified as having normal levels of anxiety or depression. The high prevalence of abnormal anxiety and depression levels suggests a need for targeted and intensive therapeutic interventions.

Figure 3: shows the severity level of clinical correlates (Anxiety and depression) among people suffering from sexual obsession with OCD

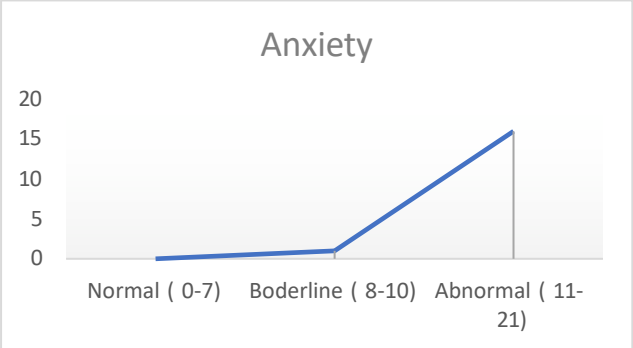

Figure 2 (a)

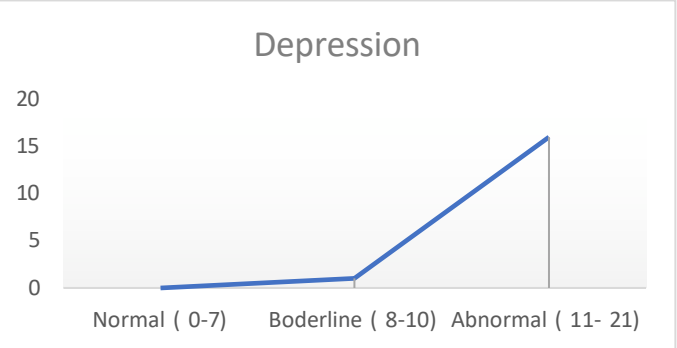

Figure 2 (b)

The above line chart illustrates the distribution of severity levels for both anxiety and depression among 17 out of 50 individuals suffering from sexual obsession in OCD. The severity levels are categorized into Normal (0-7), Borderline (8-10), and Abnormal (11-21). Figure 2(a) shows that no individuals with sexual obsession in OCD fall into the normal range for anxiety (0-7), indicating that anxiety is a significant issue for all individuals in this group. Only one individual is in the borderline range for anxiety (8-10), highlighting that moderate anxiety is also relatively rare among these individuals. The vast majority, 16 out of 17, fall into the abnormal range for anxiety (11-21), demonstrating that high levels of anxiety are prevalent among individuals suffering from sexual obsession in OCD. Similarly, Figure 2(b) shows that no individuals with sexual obsession in OCD fall into the normal range for depression (0-7), indicating a high prevalence of depression in this group. Only one individual is in the borderline range for depression (8-10), showing that moderate depression is also uncommon among these individuals. The majority of individuals fall into the abnormal range for depression (11-21), suggesting that severe depression is a significant issue among individuals with sexual obsession in OCD. Overall, the data clearly indicate that both anxiety and depression are predominantly at abnormal levels among individuals suffering from sexual obsession in OCD.

4. DISCUSSION

Obsessive-compulsive disorder (OCD) is a severe neuropsychiatric condition that disrupts sufferers' professional, social, and family lives, often co-occurring with mood disorders like depression (Tibi et al., 2021). OCD manifests in various ways, including obsessions, compulsions, or both, with common themes such as contamination fears, symmetry, and taboo thoughts (Kelly Owen, 2019; Leckman et al., 2009). Among these, sexual obsessions, or autogenous obsessions, cause significant distress due to their intrusive nature and the accompanying anxiety, shame, and self-disgust, despite sufferers being unlikely to act on these thoughts (Kunde, 2022). Sexual obsessions affect 6% to 24% of those with OCD and often involve distressing intrusive sexual thoughts (Chaudhary et al., 2022).

Coping mechanisms for these unwanted thoughts include masturbation and pornography, though they can exacerbate anxiety (Mehta, 2022). Psychodynamic theories suggest that childhood experiences and maladaptive defence mechanisms contribute to these obsessions (Chaudhary et al., 2022). Research highlights the need for further studies on sexual obsessions in OCD and their impact on sexual interest and personal and social functioning (Shabnam & Mishra, 2020; Pozza et al., 2020). Clinical correlates of sexual obsessions include a younger onset of OCD and significant distress, emphasising the need for tailored treatments (Gant et al., 2006).

Studies also show a high prevalence of sexual obsessions in adults with OCD, often accompanied by other severe symptoms, underscoring the importance of early recognition and treatment (Cruz et al., 2013). Comorbid conditions like depression and anxiety are common in OCD patients and can exacerbate sexual dysfunction, highlighting the need for comprehensive care, including education on sexual health (Ghassemzadeh et al., 2016). Additionally, sleep disturbances in OCD patients are linked to depression, suggesting that holistic treatment of sleep issues could enhance overall treatment effectiveness and

prevent relapse (Paterson et al., 2013). Steketee et al. (2011) demonstrate that cognitive treatment (CT) can effectively address OCD and comorbid depression and anxiety, while Williams et al. (2011) show that exposure and ritual prevention (ERP) therapy significantly improves outcomes for patients with sexual orientation obsessions. These findings suggest that therapists should routinely inquire about sexual content in OCD assessments to avoid misdiagnosis and ensure comprehensive treatment, recognizing the efficacy of CT and ERP in improving patients' overall well-being.

The study examined the demographic and clinical characteristics of 50 individuals with OCD, yielding important insights into their profiles and symptom severity. This demonstrates that a majority fall between the ages of 28 and 40 (62%), and most are male (54%). Furthermore, 54% have completed higher education, revealing the impact of OCD across educational levels. These findings emphasise the crucial role of education in managing and treating OCD symptoms. Additionally, a significant number of OCD patients are married (66%), and 58% reside in rural regions, indicating a higher prevalence of OCD in such areas.

The findings might reflect the mental health challenges and treatment scenarios in rural settings. A significant portion of the OCD patients come from joint families (60%). Clinically, over half of the participants have been diagnosed with OCD for less than a year (54%), and a striking 90% of OCD sufferers are currently on psychiatric medication, which indicates that the high proportion of recent OCD diagnoses (less than 1 year) could indicate increased awareness and diagnosis rates or a recent rise in cases within the patients and The high percentage of OCD patients taking psychiatric drugs suggests significant ongoing treatment and the importance of medication management in this population. Comorbid disorders are present in 24% of the sample, with mood disorders being the most common (10%), indicating the need for attention to mood regulation in treatment.

OCD symptoms are usually severe or intense, impacting 86% of all individuals. This indicates that mental health providers should allocate more resources to treating severe and acute OCD patients, as these cases have a higher frequency and potentially a more significant impact on daily functioning and quality of life. Also, the low number of mild cases suggests a need for early detection and intervention strategies to prevent the progression of symptoms to more severe levels. Given the high prevalence of severe and extreme OCD, treatment programmes should prioritise interventions targeting high-intensity symptoms.

The most common obsessions were contamination (64%) and sexual (34%), with cleaning (54%) and checking (46%) being the most prevalent compulsions among OCD patients. The data show that 34.0% of patients experience sexual obsessions. This condition is associated with higher mean scores among females compared to males, individuals aged 28–40, married individuals, urban residents, those from joint families, and those with higher education levels. These findings suggest that higher levels of sexual obsession in people with OCD are more prevalent in these demographic groups. Indicating that this is a common and significant symptom, present in approximately one-third of the OCD patients in this study. This highlights the importance of recognising sexual obsession as a major component of OCD, as other mental health issues often overshadow it and can exacerbate the stigma surrounding the condition. Additionally, sexual obsessions are frequently misdiagnosed by clinical experts (Steinberg et al., 2016). Individuals with OCD must acknowledge that sexual obsession is a significant and widespread feature of the disorder. It's crucial for patients to openly discuss these symptoms with family members and mental health professionals. This open communication is essential for obtaining an accurate diagnosis and personalised treatment, ensuring that individuals receive the necessary support so that people suffering from sexual obsession can effectively manage their symptoms.

Anxiety and depression are markedly high among OCD patients, with 98% classified as abnormal for both conditions. Interestingly, OCD patients with sexual obsession symptoms exhibit similar levels of anxiety and depression compared to those with other types of obsessions and compulsions. Indicating high levels of anxiety and depression were prevalent among individuals with sexual obsession, highlighting the need for targeted therapeutic interventions. Additionally, anxiety and depression levels are overwhelmingly abnormal in this subgroup. These findings underscore the necessity for targeted therapeutic interventions addressing the severe and diverse symptoms experienced by individuals with OCD, with particular attention to those suffering from sexual obsessions.

5. LIMITATION

This research explores related possible future research on sexual obsession in OCD, which may include publications on highly cited topics. Despite the high quality, scope, and impact of this research, several limitations must be addressed.

- The study might have a relatively small sample size, which could limit the generalizability of the findings to larger populations of OCD patients.
- Sexual obsessions are inherently subjective and culturally influenced, which could affect how participants perceive and report these symptoms.

Addressing these limitations could enhance the robustness and applicability of future research on OCD and sexual obsessions, improving understanding and treatment outcomes for affected individuals.

6. CONCLUSION

In conclusion, the analysis highlights the multifaceted nature of OCD, with a significant portion of patients experiencing severe symptoms and high levels of comorbid anxiety and depression. Sexual obsessions, affecting 34% of patients, are particularly distressing and prevalent, especially among females, individuals aged 28-40, married individuals, urban residents, those from joint families, and those with higher education levels. These findings strongly emphasise the importance of implementing comprehensive and personalised treatment techniques that specifically address the diverse needs of different demographic groups. The high frequency of severe and extreme levels of OCD symptoms, coupled with the significant comorbidity of mood disorders, unequivocally underscores the imperative need for early detection, appropriate medication management, and integrated therapy methods. Cognitive treatment (CT) and exposure and ritual prevention (ERP) therapy have proven effective in addressing OCD symptoms, including those related to sexual obsessions, and in improving patients' overall well-being, mood, and quality of life. These therapies should be more widely recognized and utilized. Mental health providers must significantly enhance the quality of life for people with OCD by prioritising the early identification and management of sexual obsessions, as well as related feelings of depression and anxiety. It is crucial to initiate discussions and provide robust education on sexual obsessions to effectively reduce stigma and ensure that patients receive the indispensable therapy and support they need.

AUTHOR'S CONTRIBUTION

The author played a pivotal role in every stage of this research, including the conceptualization and design of the study, data collection, and statistical analysis. Furthermore, the author was responsible for interpreting the findings, drafting the manuscript, and revising it critically for intellectual content. The final approval of the manuscript was also given by the author, ensuring the integrity and accuracy of the work.

RESEARCH CONFLICTS

The authors of this research claim to be free of any conflicts of interest.

FUNDING

No funding is required for this research.

ETHICAL CONSIDERATION

All participants in this study were patients diagnosed with obsessive-compulsive disorder (OCD) characterized by sexual and religious obsessions. Data collection was conducted in accordance with the ethical guidelines of *Discover Mental Health* and the Institutional Ethical Committee (IEC) of Lovely Professional University (LPU), which approved the study on **12/09/24** (Ref: **LPU/IEC-LPU/2024/3/10**).

Prior to participation, all individuals were fully informed about the study's objectives, and written informed consent was obtained. Participants were assured that their responses would remain confidential, and all data were anonymized to protect their identities. The collected information was used solely for research purposes, ensuring compliance with ethical standards for privacy and confidentiality.

DATA AVAILABILITY STATEMENTS

All data collected or analyzed during this study are included in this publication article

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