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An Interpretative Phenomenological Analysis of Marital Intimacy and Power Dynamics Among Spouses of Patients with Obsessive-Compulsive Disorder

Ms. Sanghmitra
M.Phil. Clinical Psychology, Department of Clinical Psychology, Amity University, Lucknow Campus
Ms. Saima Ayyub
Assistant Professor, Department of Clinical Psychology, Amity University, Lucknow Campus

Abstract

Obsessive-compulsive disorder, a major psychiatric disorder, not only affects the individual but also the significant others around the individual. It profoundly shapes the marital structure in a person's life. The present study aims to explore the marital intimacy and power dynamics among spouses of patients who are clinically diagnosed with OCD. The sample consisted of 6 male participants recruited from the Psychiatric Hospital of Lucknow. The tools used were Y-BOCS, for screening OCD patients with moderate to severe symptoms; GHQ-12 was used to screen spouses of OCD-affected patients with typical to mild range; a semi-structured interview guide was used for data collection through in-depth interviews. Interpretative Phenomenological Analysis (IPA) was used to analyse the data.

Keywords: *Marital Intimacy, Power Dynamics, Obsessive-Compulsive Disorder, Spouse experiences, Interpretative phenomenological analysis*

Introduction

Marriage is a significant interpersonal relationship that provides emotional support, intimacy, companionship, and shared responsibility. However, the presence of a chronic mental health condition can affect not only the individual but also the overall quality and functioning of the marital relationship. Obsessive-Compulsive Disorder (OCD), characterized by distressing obsessions and repetitive compulsions, is one such condition that can substantially influence the lives of both patients and their spouses. The demands associated with OCD often affect communication, intimacy, daily routines, and decision-making within marriage. Among the various aspects of marital functioning, marital intimacy and power dynamics are particularly vulnerable to the effects of OCD. Marital intimacy encompasses emotional, psychological, physical, and sexual closeness between partners, while power dynamics refer to the distribution of influence, control, responsibility, and decision-making within the relationship. The persistent demands associated with OCD symptoms may disrupt intimacy and contribute to shifts in relational power, often requiring spouses to adjust their own needs and behaviours in response to the disorder.

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Despite growing research on OCD, the lived experiences of spouses remain relatively underexplored, particularly in the Indian context. Therefore, the present study aims to explore marital intimacy and power dynamics among spouses of individuals with OCD and understand how these experiences shape their marital relationships.

Rationale of the study

OCD has been considered a challenging condition, its effects are seen on the individual, along with the significant others. Studies have administered quantitative approaches towards understanding the marital adjustment (Tiwari & Singh, 2023), however, marital dynamics go beyond numbers. Satisfaction in a marriage comes from a range of aspects like decision-making processes, intimacy on physical as well as emotional level, a shared understanding and more. Thus, a need for qualitative analysis is there to explore the in-depth aspects of a marital dynamic in terms of OCD. Especially, among spouses who have started their marital journey together.

The study focused on spouses who have been together for 2-4 years, as they are still settling into their roles while understanding the rules that society imposes on marriage in the Indian-context. Unlike couples in long-term marriages who may gradually adapt to symptom-related routines over time, spouses in the earlier stages of marriage may experience the impact of OCD more intensely while still constructing their marital identity and emotional connection.

Therefore, due to the limited exploration of lived experience in a descriptive manner, the present study uses IPA to explore spouse-centered experiences of intimacy and power dynamics in OCD-affected marriages. The study aims to explore what the non-affected spouses face with the inclusion of OCD in their lives. What affects are there on their daily functioning and their understanding of the changing dynamics. Findings will aid in formulating therapeutic plans, psychoeducation, and session structures to better support spouses and strengthen relationship functioning.

Aim of the Study

To study in-depth Marital Intimacy and Power Dynamics among Spouses of Patients with Obsessive-Compulsive Disorder through IPA.

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Objectives

1. To explore marital intimacy among spouses of patients with obsessive-compulsive disorder using Interpretative phenomenological analysis.
2. To explore power dynamics among spouses of patients with obsessive-compulsive disorder using Interpretative phenomenological analysis.

Research Questions

RQ1. How do partners of individuals diagnosed with OCD experience marital intimacy in their marriage?

RQ2. How do spouses of OCD-affected individuals experience and understand power dynamics in their marital relationship?

Method

Participants

The sample consisted of six spouses of individuals clinically diagnosed with OCD (n = 4 males, n = 2 females), aged between 24 and 40 years (mean age = 31.5 years), recruited from Nur Manzil Psychiatric Hospital, Lucknow, using purposive sampling. The mean duration of marriage was 3.53 years.

Inclusion and Exclusion Criteria

- Spouses of patients diagnosed with OCD by a qualified psychiatrist as per ICD-11 with moderate to severe symptoms
- Individuals married or cohabiting with a partner with an OCD diagnosis for at least 2 to 4 years
- Individuals between the ages of 24 and 40 years
- Couples currently undergoing separation or legal proceedings were excluded
- Partners with any other major psychiatric or neurological illness were excluded

Instruments

Yale–Brown Obsessive–Compulsive Scale (Y-BOCS; Goodman et al., 1989): A clinician-rated scale considered the gold standard for

assessing OCD symptom severity. Items are rated on a 5-point Likert scale (0–40), with scores above 16

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indicating clinical significance. Cronbach's alpha ranges from 0.85 to 0.90.

General Health Questionnaire–12 (GHQ-12; Goldberg, 1988): A 12-item self-report scale screening for psychological distress. Scores above 20 indicate severe distress. Cronbach's alpha ranges from 0.82 to 0.90. Participants scoring below 20 were recruited.

Semi-Structured Interview Guide: A 10-item open-ended interview guide developed by the researcher, covering marital intimacy, power dynamics, communication patterns, coping strategies, and relational stressors.

Research Design

A qualitative, exploratory, descriptive design following Interpretative Phenomenological Analysis (IPA) was employed.

Procedure

Ethical approval was obtained from the Department Research and Ethics Committee, followed by approval from the psychiatrist of Nur Manzil. Patients diagnosed with OCD as per ICD-11 were first screened using Y-BOCS; only spouses of individuals with moderate to severe scores were approached. Written informed consent was obtained from participants, who were then screened using the GHQ-12. Semi-structured interviews were conducted in English or Hindi, either in-person or telephonically, over a single session averaging 30 minutes. Interviews were audio-recorded with consent, and field notes were taken simultaneously. Participants were debriefed and thanked
after the interview.

Results

Table 1

Y-BOCS scores of the affected spouse and their symptom severity level

Affected Spouse	*Y-BOCS Score of Partner*	*Severity*
P1	26	Severe
P2	21	Moderate
P3	29	Severe
P4	24	Severe
P5	19	Moderate

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Affected Spouse	*Y-BOCS Score of Partner*	*Severity*
P6	31	Severe

Note. Y-BOCS = Yale–Brown Obsessive Compulsive Scale. Severity classification: 0–7 = Subclinical, 8–15 = Mild, 16–23 = Moderate, 24–31 = Severe, 32–40 = Extreme.

Table 1 represents the classification of the severity level of the participants' spouses who were diagnosed with OCD. The Yale-Brown Obsessive-Compulsive Scale shows the severity of symptoms in all six participants' spouses. Four patients fell under the severe range, while two were scoring moderate.

Table 2
GHQ-12 scores of participants for screening

Spouse Participant	*GHQ-12 Score*	*Interpretation*
P1	13	Mild Psychological Distress
P2	13	Mild Psychological Distress
P3	12	Typical Range
P4	11	Typical Range
P5	10	Typical Range
P6	14	Mild Psychological Distress

Note. GHQ-12 = General Health Questionnaire–12. Scores ≤ 11 indicate Typical Range; 12–15 indicate Mild Psychological Distress.

Table 2 explains the GHQ-12 scores of the participants, that was done after the screening of the OCD affected partners on Y-BOCS. The GHQ-12 test was administered to understand the psychological distress and well-being. The screening was done on the basis of the score; only participants scoring below 15 were taken. Thus, the participants' scores ranged from 10 to 14, of which three scored in the typical range, and three scored in the mild range. Two of the participants who scored mild were female, and one was male.

Qualitative analysis

The analysis revealed eight superordinate themes and seventeen subordinate themes. The themes are presented below with supporting participant excerpts.

1. Erosion of Marital Intimacy

The first and most pervasive theme across all six participants was the comprehensive erosion of marital intimacy. Emotional, physical, and sexual dimensions of closeness were all affected. Participants compared early periods of warmth and understanding to the current experience of distance and disconnection.

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1.1 Loss of Intimacy. Closeness was experienced as absent rather than diminished. P1 shared, "Emotional closeness is not there at all", while P3 reflected, "There is no closeness between us." P6 further echoed, "Closeness is not that much, less than before."

1.2 Shift from Love to Duty. Six participants described how marital engagement had shifted from love-based connection to duty-focused obligation. P2 reflected, "The care and the love we had took a backseat", while P6 shared, "I have to take care, no option."

2. OCD Impact on Daily Life

The second superordinate theme captured the way OCD symptoms disrupted not just the relationship but the entire shared domestic space.

2.1 Compulsions Dominating Routine. OCD rituals consumed hours that could have been shared between partners, embedding themselves into domestic routine. P3 revealed, "She washes clothes the whole night", highlighting how compulsive acts became central to daily life.

2.2 Unpredictability and Vigilance. Five participants described living in a state of constant alertness due to unpredictable symptom-driven reactions. P2 stated, "It can be a speck of dirt, that's it, and he gets irritated," while P4 described, "It's like I have to be aware all the time."

3. Communication Breakdown and Isolation

Communication diminished significantly across all cases, with silence becoming the relational default.

3.1 Silence and Withdrawal. With the highest frequency of all themes (f = 31), silence and withdrawal were present across all six participants. P1 shared, "All the conversation has stopped, it's not like before," and P6 reflected, "We don't talk for days."

3.2 Avoidance and Secrecy. Five participants reported mutual concealment and topic avoidance to prevent conflict. P1 described, "Both of us are hiding things now, we don't want conflict," while P3 noted, "Not everything has to be shared."

4. Power

Imbalance and Loss of Voice: Power dynamics shifted significantly with the presence of OCD, driven by accommodation, anxiety, and family interference.

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4.1 Conditional and Family-Driven Relationship. Four participants described how relational harmony depended on compliance. P1 noted, "Everything is fine, until I agree with her," and P2 revealed the role of extended family: "My father-in-law decides."

4.2 Loss of Voice and Autonomy. All six participants reported suppression of personal needs and opinions. P1 questioned, "What about my need? It's like I am not even heard," and P6 expressed, "I am not able to put my opinions."

5. Caregiver Burden and Role Shift

Five out of six participants experienced a gradual and often unrecognised transition from equal partner to primary caregiver.

5.1 Shift from Spouse to Caregiver. The role shift brought exhaustion and confusion. P3 reflected, "This problem has made me into a caregiver," and P6 shared, "I believe I am his caretaker."

5.2 Increased Responsibility and Overload. Participants assumed full domestic and caregiving responsibility. P6 shared, "I take care of everything around the clock," and added, "I feel this is too much for one person alone."

5.3 Compromise and Need Suppression. Participants consistently suppressed their own desires and needs. P3 shared, "Suppressing my own desire is the only way," while P2 questioned, "How much am I supposed to adapt?"

6. Emotional Strain and Psychological Impact

All participants experienced psychological distress as a cumulative consequence of their caregiving and marital experience.

6.1 Anxiety, Helplessness, and Distress. "My brain began to anticipate" (P2) and "Now I end up feeling helpless" (P6) capture the pervasive anxiety and helplessness experienced. Female participants expressed distress more openly, while male participants tended to internalise it.

6.2 Emotional Strain and Feeling Trapped. Participants described feeling trapped with no viable exit. P6 shared, "There is a lot of burden to carry," and P2 reflected, "It's suffocating now."

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6.3 Identity Loss. Three participants experienced erosion of self-identity. P2 reflected, "It's hard to remember the things I used to like," recognising the self-neglect that accompanied sustained caregiving.

7. Coping and Meaning-Making

Participants found individual ways of coping and drew meaning from their circumstances.

7.1 Withdrawal and Work as Escape. Occupation and physical withdrawal served as primary coping strategies. P1 reflected, "Going to school makes me forget things at home," and added, "If I don't use my job as something to look forward to, I would also take pills like her."

7.2 Acceptance and Partial Hope. Even amidst difficulty, participants reflected acceptance and cautious optimism. P4 offered, "We cannot stop bad times," and P6 reflected, "Medicine has shown some difference, that's good."

8. Marriage as Obligation

A critical and consistent finding was the experience of marriage not as a free choice but as a socially enforced obligation.

8.1 Compulsion to Stay. Five participants described remaining in the marriage as a compulsion. P1 reflected, "There is no option, there are children to look after, there is society, it is an obligation," and P5 shared, "A man has to adjust, in whatever way wife wants."

Discussion

The present study aimed to explore the lived experience of spouses of individuals diagnosed with moderate to severe OCD using Interpretative Phenomenological Analysis. The findings revealed eight superordinate themes and seventeen subordinate themes that together paint a comprehensive picture of the relational and psychological cost of living with an OCD-affected partner.

The first research question on marital intimacy was consistently answered across all participants. The analysis revealed a complete erosion of intimacy - emotional, physical, and sexual - rather than a simple reduction. Participants recalled early periods of closeness and compared them to the present experience of distance, grief, and confusion about their marital roles. These findings are consistent with Kasalove et al. (2020), who found that OCD disrupts intimacy and leads to emotional distance in couples, and with Menezes and Vidya (2023), who reported significant reduction in relationship satisfaction in marriages

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affected by OCD. The shift from love to duty, found across the majority of participants, resonates with the broader literature on caregiver burden and relationship quality in mental illness (Boulton, 2020).

The second research question on power dynamics revealed that power shifted gradually and imperceptibly through accommodation, emotional dependence, and extended family control. Loss of voice and autonomy was reported by all six participants, reflecting a deeply embedded suppression of needs within the marriage. This aligns with Simpson et al. (2015), who describe power in intimate relationships as shaped by emotional exchanges and dependence rather than explicit control alone. The role of extended family, particularly in-laws directing marital decisions, reflects the collectivist and family-embedded nature of Indian marriages (Kalra et al., 2009), making the findings particularly relevant to the South Asian context.

The caregiver burden experienced by participants was both domestic and emotional, with five out of six having transitioned into a primary caregiver role. This is consistent with Cremona (2014), who found that female participants lost a sense of self through the caregiving role, and with Singh and Ali (2022), who identified occupation as a protective coping resource for caregivers experiencing burnout. The use of work as an escape, the mutual secrecy, and the acceptance of difficulty as part of life all reflect adaptive coping strategies employed under chronic stress.

The overarching theme of marriage as obligation reflects the significant socio-cultural influence in the Indian context. Participants did not experience staying in the marriage as a personal choice but as a social and familial compulsion, constrained by children, society, and cultural duty. This finding adds to the growing literature on how collectivist cultural frameworks shape spousal experience in the context of mental illness and underscores the urgent need for culturally sensitive interventions.

Conclusion

The present study provides a rich and multidimensional understanding of the lived experience of spouses of OCD-affected individuals. The findings indicate a comprehensive erosion of marital intimacy alongside significant power imbalances, caregiver burden, and psychological distress. The socio-cultural context of India emerged as a critical determinant shaping these experiences. Clinically, the findings underscore the need for spouse-inclusive interventions, early psychoeducation, and pre-marital disclosure of OCD

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diagnoses. This study contributes to the growing body of literature on OCD within relational and cultural frameworks, particularly within the South Asian context.

Limitations and Future Directions

- Small sample size (N = 6) limits generalisability
- Gender differences in spousal experience can be studied in depth with larger samples
- Future studies may include the perspectives of the OCD-affected partner to provide a dyadic understanding
- Longitudinal designs could capture how spousal experience changes across treatment phases

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