

# Exploration Into the COVID-19 Lockdown Affective Experiences and Modulations in Obsessive-Compulsive Behavior

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## ABSTRACT

The development of unique situations due to the hit of COVID-19 has forced the human race to take a plunge into a different facet of the world functioning. The novel lifestyle appropriate in prevailing times has been imposed with an ample of lifestyle regulations and consequently influenced behavior, thought and affective processes. The nature of experiential incorporation of the environmental changes and eventual adjustments may have age differences. Hence, the present study focuses on the exploration of the following research questions:

- 1) What were the affective experiences of middle and old aged individuals post first wave of COVID-19 lockdown?
- 2) What were the modulations in the levels of obsessions and compulsive behaviour of middle aged and old aged individuals before and post first wave of COVID-19 lockdown?

For the purpose, 12 case studies (06 middle and 06 old aged) were taken pre and post COVID-19 first wave lockdown. Personal data schedule and Clark-Beck Obsessive-Compulsive Inventory was administered. The results identified four categories of the affective experiences of participants. The affective responses to information exposure were revealed in accordance to age in the four categories. Modulations in obsession and compulsions were also recorded pre and post COVID-19 lockdown phase I in accordance to the age groups.

**Keywords:** COVID-19, Affective experience, obsession, compulsions, middle aged & old aged.

## INTRODUCTION

The global spread of corona virus was recognized widespread enough by the World Health Organization (WHO) in March 2020 to be categorised as a pandemic.<sup>[1]</sup> The usual patterns of life course were influenced by the protective strategies employed to prevent the spread of the disease. The response of the world on COVID-19 pandemic was significantly influenced with respect to their varied cultural orientations.<sup>[2]</sup> Specifically referring to Indians, being more sociable than western nations they are involved with larger social networks, variety of religious celebrations and get-togethers across the year.<sup>[3]</sup> Also, Indian psyche is a network of age specific social responsibilities and attitudes with obvious strokes of societal changes.<sup>[4,5]</sup>

The undebatable public health benefits of physical distancing had implications, like increased social isolation linked with both loneliness and worsened physical and mental health outcomes.<sup>[6]</sup> Though age specific vulnerability of lockdown revealed that the geriatric population was among the most distressed groups due social distancing

[7]. Still, the age specific information lacks clarity regarding affective experiential journey during phases of lockdown in India. Post the COVID-19 period media sources largely stressed upon the importance of hygiene measures, washing and prevention of contamination. While apparently, it seems that the hygiene rituals are easy to follow but the question arises about those who already have their doubts with hygiene and the compulsive need to stay clean, specifically patients with obsessive-compulsive disorder.[8] Behaviours to prevent virus exposure, infection and transmission are crucial for reducing the severity of pandemic and the behaviours scores of COVID-19 found significantly associated with contamination obsessions and with overall obsessive-compulsive symptoms.[9] Social distancing and ritualized washing behaviours, which patients themselves usually considered senseless or exaggerated and which often associated with increased shame, have become not only standard but are advocated on official websites, such as the website of WHO.[10] The onset of new obsessions and compulsions and the re-experiencing of past obsessions and compulsions which were absent before the beginning of the pandemic were reported.[11] Research findings indicate that fear of COVID-19 was associated with OCD score, suggesting that an environment (COVID-19 pandemic), psychology (fear and/or anxiety) interaction might be involved in obsessive-compulsive disorder (OCD) and that a fear of negative events might play a role in the etiology of OCD.[12] In other words, the efforts for revealing excruciating distress of an OCD patient post COVID-19 has been able to put some vital information on the center stage but there seems to be a lack of understanding in the experiences of the individuals whose obsession and compulsion levels were non-significant but were influenced post the pandemic. Paucity of information regarding the effects of COVID-19 on the obsessions-compulsions seems evident. In this situation

the health impact of COVID-19 pandemic on obsessions and compulsions cannot be overlooked.[13] There seems a paucity of information regarding the age specific affective experience of COVID-19. However, the broad much explored mental health aspects post the lockdown phase of pandemic falls short in exploring the affective experiences and changes in the levels of obsessive-compulsive behaviour. Therefore, the present study was conducted with the following research questions:

1. What were the affective experiences of middle and old aged individuals post first wave of COVID-19 lockdown?
2. What were the modulations in the levels of compulsive behaviour of middle and old aged individuals before and post first wave of COVID-19 lockdown?

## MATERIALS & METHODS

The present study employs case study method. In the present study quantitative and qualitative data was collected after administration of questionnaires and taking semi-structured interviews. The audio recording of the interviews was also done simultaneously for the deeper understanding and employing affective coding on the participants reported experiences of post first wave of COVID-19 lockdown. The pre COVID-19 data was collected from December, 2019 to March, 2020. The post COVID-19 lockdown phase-1 data was collected from December, 2020 to February, 2021 after taking prior telephonic permissions of the participants.

### Participants:

For the present study 12 cases were taken from Nagar Palika Area of district Almora, Uttarakhand, India. Out of the 12 cases studied, six were in old age ( $\geq 60$  years) and six were in middle age (45-59 years). There were two females and four males in old age group and five females and one male in middle age group. Data was collected twice, formerly, in February & March, 2020 before COVID-19 lockdown and later, in December, 2020 after lockdown when first

wave of COVID-19 was uplifted. Before collecting the data, 18 individuals were contacted telephonically for taking permission for the collection of data on offline mode while following COVID-19 protocol and were also informed about the purpose of the study. 12 individuals agreed to meet and participate in the study again.

The cases for the study were limited to only those who were contacted before COVID period for research purpose. They were not under medication from any psychiatrist when initially contacted.

The details of the participants are given in Table 1 & 2.

**Table 1: General description of old-aged respondents**

Case	1 (Mr. M)	2 (Mr. R)	3 (Mr. S)	4 (Mr. D)	5 (Mrs. C)	6 (Mrs. L)
Age	75	63	68	69	70	62
Gender	M	M	M	M	F	F
Marital status	Married	Married	Married	Married	Married	Married
Financial status	I	I	D	D	D	D
Physiological state	Heart disease	-	-	-	Hypertension	-

I/D- Independent/ Dependent

**Table 2: General description of middle-aged respondents**

Case	1 (Mrs. S)	2 (Mrs. L)	3 (Mrs. V)	4 (Mrs. A)	5 (Mrs. K)	6 (Mr. R)
Age	58	46	46	53	45	50
Gender	F	F	F	F	F	M
Marital Status	Married	Married	Married	Married	Married	Married
Financial status	D	D	I	D	I	I
Physiological state	Physical discomfort	Diabetes, hypertension	-	Arthritis	-	Hypertension

General description of all the participants is mentioned in Table 1 and Table 2. From all 12 cases 6 old-aged cases were contacted twice formerly in March 2020 before COVID and later in December 2020 after lockdown post first wave of COVID-19. All cases were married, from which 2 cases (Mr. M and Mr. R) were financially independent and 4 cases (Mrs. S, Mr. D, Mrs. C and Mrs. L) were dependent on their family. Mr. M reported heart disease with medication from last 8 years and Mrs. C reported hypertension & under medication for 15 years.

Like old-aged, all middle-aged cases were contacted twice formerly in March 2020 before COVID and later in December 2020 after lockdown post first wave of COVID-19. All 6 cases were married and 3 cases (Mrs. S, Mrs. L & Mrs. A) were dependent on their family and 3 cases (Mrs. V, Mrs. K & Mr. R) were independent. Mrs. S reported body ache, psychological problems like, stress, tension & over-thinking. Mrs. L reported diabetes & hypertension and she is under medication since last two years, Mrs. A reported Arthritis and she occasionally takes painkiller, Mr. R reported

hypertension and under medication for 10 years and rest of the cases were physiologically and psychologically well.

### Tools administered

Data was collected after the administration of followings tools-

- 1. Personal Data Schedule (PDS):** PDS was created by the researcher to take the preliminary information, socio-demographic details and consent of the subject.
- 2. Case Study Format:** It was a semi-structured interview format, formed by the researcher to take in depth details of the participants about their COVID-19 experiences. Interviews were audio-recorded.
- 3. Clark-Beck Obsessive-Compulsive Inventory (CBOCI):** CBOCI was developed by Clark et al. [14] CBOCI is a 25-item instrument for obsession and compulsive symptoms. It is divided into two subscales obsession and compulsion. For both subscales the item is scored on a four-point scale from 0 to 3 where 0 indicates absence of symptoms in two weeks and 3 indicated

highest frequency of difficulty within two weeks.

### **Trustworthiness:**

Credibility of the data was ensured through talking to their family members. To examine the conformability recorded audio was analysed.

### **Ethical Consideration:**

The subjects were informed about the purpose of the study and their consent was taken before collecting the data. Before recording the whole interview session, they were informed and their permission was taken.

## **STATISTICAL ANALYSIS**

In the present study, all the audio files and case studies were analysed. Then, affective coding method (manual) was employed. Affective coding is useful for analysing interpersonal and intrapersonal experiences.<sup>[15]</sup> Firstly, all the statements of the participants were transcribed. Secondly, all the written statements were read one by one and codes were given to each statement. After first coding, interrelated codes were identified and similar codes were placed in one category. The scores obtained on CBOCI were used for the understanding of obsession and compulsions.

## **RESULT**

### **A) Affective experiences**

The affective experiences among middle and old-aged participants were grouped into four major categories, viz. emotional reflection on distress, fear and apprehensions, stress due to psychosocial changes and striving for emotional comfort.

#### **1) Emotional Reflection on Distress**

Post COVID-19 lockdown middle and old-aged individuals expressed emotional discomfort leading towards unsettling worries and preoccupation with prevailing uncertainties. The apprehensions regarding future of the others are observed and assimilated to the extent of increasing the

exhibition of participants' emotional response towards it as if they themselves are experiencing the anguish. They reflected the distress experienced and communicated in their environments emotionally.

Mrs. A., a 53 years old housewife expressed her concerns with eyebrows squeezed and taking pauses to slowly confirm her statements from the interviewer. She conveyed her concerns regarding the existing uncertainties with the expectation of some reassurance which can provide relief to the discomfort experienced by her. Mrs. K., a 45 years old employed woman revealed her worries regarding the struggles of individuals in her vicinity. The feeling that the environment before lockdown was comfortable and 'normal' resonated in her expressions.

The desire to return to the previous (before COVID-19) 'normal' daily functioning could be inferred from their verbatim.

*"...Because of this, life has become messy, not able to understand anything what to say...earlier everyone was engaged in their own jobs..., don't know what they will do now, what they will eat. Don't know when everything will be fine." (Mrs. A.)*

*"Everyone is suffering at their levels and everyone has their own different sufferings. Don't know when everything will be alright, uncertainty is intact." (Mrs. K.)*

Similar, emotional reflection on distress was also expressed by the old aged participants but with the expression of helplessness. Mr. S. is 68 years old male and Mrs. L. is a 62 years old female. Financially, former is dependent on his children and latter is on her husband.

*"A feeling of sadness is there....no doubt there is sadness for the children who have lost their loved ones due to pandemic.... now government can also not do much in this situation." (Mr. S.)*

*"People who went outside for jobs are coming back to hills (native place) .... all their jobs have been snatched away...there are no jobs here that was the reason they went outside." (Mrs. L.)*

## 2) Fear and Apprehensions

The information spread about the contagious nature of the corona virus and its consequences led to the experience of an unsettling fear and apprehensions. Middle aged participants had their fears and apprehensions primarily regarding the spread of virus through them in their families. All the middle-aged participants had their children and spouses with them. That may be reason of their expressions regarding their fears of becoming infected and following elaborative precautionary rituals. Their inevitable social interactions and attending to the job demands increased their concerns.

Mrs. K. is a 45 years old working female, who had expressed her fears and apprehensions. Similar, concerns were expressed by Mr. R, Mrs. V & Mrs. A.

*“Since COVID-19 spread there is a peculiar type of fear that has settled into my mind. Its still there...something like phobia...I am always worried about.... has COVID-19 stuck to my clothes. Though we have water shortage but I keep stacking my clothes outside and don't bring them inside until they have been washed..... Today, I feel job and all are fine...protecting our lives is more important.” (Mrs. K.)*

Most of the geriatric participants (4cases=67%) were either having their children outside the city for jobs or were not having them. Among them 75% cases acknowledged their vulnerability to the disease, fears and taking precautions took the center stage of their expressions.

*“We are taking precaution because of our age, if we were young, we wouldn't be that much conscious.” (Mr. M.)*

*“Now I am getting old, that's why I feel fear.” (Mrs. C.)*

*“I feel scared...when I sleep in the night, I think...don't know what I will hear the next morning after waking up” (Mrs. L.)*

Mr. D. had his business of dry cleaning but it was closed during lockdown so, though his children were outside the city but sent him monthly expenses. He reported being relaxed during the lockdown.

*“Sat in the house, watched television, had tea and snacks (pakoras)... I didn't even work (laughed). I spent the whole lockdown like that.” (Mr. D.)*

The geriatric participants who were living with their children (33%) expressed a more relaxed approach towards precautions taken and changes perceived after spread of COVID-19 in their lifestyle.

*“There are not many changes in the lifestyle.... only a little bit of cleanliness, sanitization and wearing of masks.... not much.” (Mr. S.)*

## 3) Stress due to psychosocial changes

Everyone was busy with their daily routines but when government announced complete lockdown for which they were not prepared led to the hindrance in the usual flow of everybody's routine. Social distancing, intensive household cleaning schedules, complete dependence of online mode for education and working operations and changed relational dynamics were major adjustments.

Mrs. K., Mr. R and Mrs. V. were middle aged participants who actively responded on their major stresses during the COVID-19 lockdown. Mrs. K. & Mr. R. working from home during lockdown. They reported increased workload and stress due to meeting the demands of the changed working styles. Mrs. V expressed the burden of multitasking (performing household chores with demands of her job) along with inability to maintain social relationships.

*“Social relations are not like before; I prefer less interactions and going to the market area. I started working online too much....it created a lot of stress because earlier I was not used to sitting on the computer too much, now, I had to sit Infront of the laptop till late at nights.... I had sore eyes in the mornings...I was not used to working like that.... earlier there was no idea of working like that....it used to be like a burden.” (Mrs. K)*

*“Nobody goes to anybody's place even if there is any tragedy at their place. They think that we have changed...we think that*

*they have changed...what can be done now these changes have already seeped in. A lot of cleanliness work is there. Even if we go out, then, there are so many clothes to be washed. All these things consume all the time...so I cannot go anywhere to ask them about their well being. So many tasks were to be performed at the same time. Everytime we were doing something” (Mrs. V.)*

Old aged participants expressed relatively lesser experience stress about the social restrictions than the middle-aged participants. The only concern which was reported by the geriatric participants was their inability to perform usual daily schedules. They reported interacting with their children and relatives on video calls and chatting with the neighbours on the shared verandahs of their houses. They expressed following the given guidelines and the only changes they were experiencing were that they could not go outside their homes much.

*“I don’t go to the crowded places.” (Mr. D.)*

*“He (Mr. D) feels restless whole day, as he is not able to go to visit temples. Earlier he had a habit of visiting nearby temples every morning.” (Mr. D’s wife)*

*“We don’t go anywhere outside...not much...only we chatted with the relatives and neighbors living in vicinity.... rest we didn’t go anywhere outside since past one year.” (Mrs. L)*

*“Nothing changed much. We didn’t go anywhere. Only a little bit of sanitization, cleanliness and wearing of masks. We along with our all the neighbors used to sit outside our houses in shared verandahs under the sun and chatted.” (Mr. S)*

#### **4) Striving for emotional comfort**

During lockdown, news about the gravity of the situation and information about the guidelines were throughout television and social media. The situation triggered negative emotions so desire to divert mind and seek emotional comfort was eventually inevitable. Diverting attention towards religious activities; hobbies like cooking,

knitting, etc, and spending quality time with family members were the prominent modes of seeking emotional comfort and getting out of boredom.

Middle aged participants expressed the turning to watching religious content on television, spending quality time with family and practicing hobbies as modes of dealing with the negative emotional states.

*“I saw religious epic shows on television...and spend time watching it... that gave me inner peace...my mind was occupied during watching the show. When it ended, I used to recall about COVID-19. So, I spent a lot of time with family, did knitting and cooking” (Mrs. A.)*

Old aged participants expressed getting involved in the religious activities as a modality of self assurance that everything will soon be alright.

*“Whatever is happening is wrong.... if they are able to develop a drug for this would have been good. What can we do for this? We can only pray and do religious activities... what else?” (Mrs.)*

*“I used to listen to Bhagwad Geeta in my phone.... I used to listen to it most of the time... then I was not troubled much.” (Mr. M.)*

#### **B) Modulations in Obsessive-compulsive behavior**

An increase in obsession & compulsion scores was recorded for all the cases in old age post lockdown whereas, no such trend was seen in middle aged cases. In middle age group, two cases showed a decrease in obsession compulsion scores and rest four cases showed an increase in obsession compulsion scores post lockdown (Table 3). Further analyzing the obsession compulsion scores across gender, it was seen that all the males irrespective of their age group exhibited an increase in the scores post lockdown whereas in the case of female’s variation was revealed. Two cases (Mrs. S and Mrs. L) showed a decreasing trend post lockdown and rest four females showed a rise in obsession compulsion scores post lockdown (Table 4).

**Table 3: Obsession compulsion scores pre and post lockdown among old aged (≥ 60 years) and middle aged (45-59 years) cases.**

Old aged							
Case		1	2	3	4	5	6
Obsession score	Pre lockdown	1	4	1	6	2	5
	Post lockdown	4	4	1	9	5	3
Compulsion score	Pre lockdown	0	8	1	10	1	4
	Post lockdown	10	11	4	14	8	8
Obsession Compulsion score	Pre lockdown	1	12	2	16	3	9
	Post lockdown	14	15	5	23	13	11
Middle aged							
Case		7	8	9	10	11	12
Obsession score	Pre lockdown	27	21	8	2	9	8
	Post lockdown	14	10	13	6	7	9
Compulsion score	Pre lockdown	19	29	7	5	8	8
	Post lockdown	13	12	15	8	13	10
Obsession Compulsion score	Pre lockdown	46	50	15	7	17	16
	Post lockdown	27	22	28	14	20	19

**Table 4. Obsession compulsion score pre and post lockdown among female and male cases**

Females								
Case		5	6	7	8	9	10	11
Obsession score	Pre lockdown	2	5	27	21	8	2	9
	Post lockdown	5	3	14	10	13	6	7
Compulsion score	Pre lockdown	1	4	19	29	7	5	8
	Post lockdown	8	8	13	12	15	8	13
Obsession Compulsion score	Pre lockdown	3	9	46	50	15	7	17
	Post lockdown	13	11	27	22	28	14	20
Males								
Case		1	2	3	4	12		
Obsession score	Pre lockdown	1	4	1	6	8		
	Post lockdown	4	4	1	9	9		
Compulsion score	Pre lockdown	0	8	1	10	8		
	Post lockdown	10	11	4	14	10		
Obsession Compulsion score	Pre lockdown	1	12	2	16	16		
	Post lockdown	14	15	5	23	19		

## DISCUSSION

In the last three years, COVID-19 has emerged as a huge humanitarian crisis affecting all the dimensions of human development. Mental health, a significant aspect of life has also not remained untouched from this devastating pandemic. The qualms associated with COVID -19 pandemic and the sudden unexpected quarantine conditions-imposed post lockdown influenced the normal routine of each and every individual. This abrupt change led to mental mayhem and was more so difficult for those who were already suffering from some or other mental issues. In the present study explores the experiential modulations in emotions and obsession-compulsion tendencies. The paramount stress, uncertainties and strict guidelines imposed may have led to negative effect. Emotional reflection on distress, fear & apprehensions, stress and discomfort associated with COVID-19 lockdown influenced the affective

regulation in adults. The striving for emotional comfort created a vicious cycle of further anxious expectations of respite from then prevailing situation. Both the middle and old aged individuals affectively reflected on the financial and health status of the unknown possible sufferers during COVID-19. Acclimatizing with the new normal was major reason of stress for middle-aged and social restrictions for the old-aged. However, both the age group tried to seek solace in religious activities. Investigating the trends in obsession before and post lockdown, it was revealed that all the cases except four elicited an increase in obsession score. Post lockdown period the intrusive thoughts particularly related to maintenance of cleanliness and hygiene increased. Fear of committing mistakes did not let them to come out from the sphere of doubt leading to an increase in compulsions. The SOP provided by the government and the information disseminated through social media may have aggravated the thoughts

related to hygiene practices.

Moreover, the subjects were also adversely affected with the thoughts of worsening situation around them generated due to pandemic like other people losing their lives and jobs which were further exacerbated by their helplessness to do nothing for their friends and relatives who were undergoing the distressing consequences of COVID pandemic. Also, because of the lockdown their usual daily lifestyle of meeting their friends, visiting religious places and socializing was interrupted and they were confined to their homes. Socialization would have otherwise facilitated them with sharing their personal issues and the reservations related to pandemic with friends which to some extent may have helped them in controlling intrusive thoughts.

It was interesting to note that the four cases who reported a decrease in obsession post lockdown were all females whereas, no such trend was observed in male respondents. Further analyzing, it was seen that out of four females, one was 62-year-old house wife and rest three were in their middle age of which two were housewives and one was working as teacher. The old lady (Mrs. L) showed a drop in obsession levels but not on compulsions. She reported that post lockdown her stress and anxiety levels reduced and she was neither upset nor bothered by her obsessive thoughts and furthermore she even put efforts to prevent obsessional thoughts. She, who was once neutral towards God has now engaged herself in religious activities. When she was first interviewed in March 2020, she stated that 3 months back she lost her son to cancer. Most likely the sufferings of his son and her family due to dreaded disease may have made her neutral towards God and sacred things and later in the second interview almost after a year, she might have come to terms with her son's death and started participating in social activities and religious activities. The installation of believe in God may have acted as a coping strategy and diversion from preexisting

obsessions. Although there have been contradicting views about religiosity and mental illness, particularly OCD but talking in Indian perspective, religiousness is the key to good mental health. Religious beliefs of benevolent god and not outmoded rituals but the intrinsic religious orientation have a positive effect on mental health. [16] Religiosity act as positive coping strategy in pandemic and can help in resolving problematic situations by depending on God for strength, forgiving attitude towards one's sins, enhance happiness and satisfaction. [17,18]

Mrs S and Mrs L showed a reduction in both obsession and compulsions. Probing into these cases it was revealed that a decrease in compulsions were due to decrease in their anxiety state. Post lockdown more time was spent with the family, the cases were with their loved ones which may have provided them with a sense of emotional and social security. Moreover, post lockdown, the factors which earlier used to trigger their anxiety like drinking alcohol by husband as reported by case 7 (Mrs S) was not present, as alcohol was not available during lockdown and her husband's abstinence from alcohol gave her a sense of relief which was reflected in her obsession and compulsion scores. A decline in obsession and compulsion scores in case 8 (Mrs L) was probably due to change of place, as she had moved to her permanent residence and was close to her family members and relatives. This would have given her a sense of security and belonging which may have prevented to engage her in usual compulsions because social connectedness is strong predictor of mental health and act as both curative and preventive factor for positive mental health. [19]

Mrs. K, 46-year-old and teacher by profession reported that although her nature of work responsibilities have transformed a lot post lockdown period as she was doing work from home beside household chores and had to spend more hours online due to her profession yet she had low anxiety as



she was not worried as she did not doubt about completion of her tasks and was less concerned about making mistakes, post lockdown and she was able to manage both her personal and professional life nicely. Possibly the profession related work hours were merged with home hours due to lockdown because of which she had enough time to manage both the tasks. Also, she considered lockdown as a positive step in controlling COVID pandemic and therefore was less bothered by intrusive thoughts post lockdown.

It was seen that the overall compulsions increased in all the cases except two (case 7 and 8) who were middle aged women. The rise in compulsions was basically related to their hygiene maintenance activities. The cases were already practicing hygiene regime before COVID pandemic but owing to necessity of maintaining strict hygiene rituals imposed due to pandemic the compulsions increased to a higher level. The fear of COVID and its distressing impact on health compelled the cases to follow the strict rituals and make sure again and again that all the precautionary measures were followed. Probably the uncertainties related to the nature of COVID -19 pandemic, post initial stage, created a state of confusion, unknown fear and thereby increased anxiety. The subjects were forced to ensure that all the precautionary measures and guidelines were followed to the utmost, which may have further increased their compulsions. Most of the cases compelled themselves to follow a rigid routine so that they may not commit any mistake; perhaps they were not in a position to take any risk related to COVID- 19. This was also confirmed through their daily functioning like a decrease participation in social gatherings and family functions as they thought that it would jeopardize them and their families. Post COVID pandemic, in few cases compulsions were increased to wade off negative thoughts and intentionally engaging their mind in various mental tasks. This strategy to cope with the unknown fear of COVID by neutralizing the associated

negative thoughts somewhere triggered their compulsions.

Contrarily, two cases who were females in their middle age and house wives, financially dependent reported a reduction in compulsions because of the favorable family and social environment post lockdown (as discussed earlier) which were otherwise may be the reasons for increasing their obsession and compulsion tendencies.

To sum up, it can be affirmed that the requisite lockdown brought up as a preventive measure influenced the obsession compulsion tendencies of middle aged and geriatric respondents. A rise in obsession compulsion scores may be due to stringent confirmation with the cleanliness regime and to avoid contagion. Earlier studies have also shown that the protective measures for COVID-19 worsen the OCD symptoms. An increase in frequency of contamination obsession and compulsion hand washing was observed in children and adolescents [20] and adults. [11] Besides, a decline in socialization may also have aggravated the obsession compulsion symptoms. In a recent review article, [21] it was pointed that elderly are at high risk of mental health issues post COVID -19 owing to social disconnection imposed by pandemic. In the present study the respondents reported a decrease in social connectivity, especially like meeting with friends, neighbors, relatives, visiting religious place or going for a stroll. Use of social media increased in some of the cases and it became a medium to connect with their loved ones who were far from them and also helped them to engage in the activity which gave them inner solace and disengage themselves from the fear of COVID- 19, though no conclusive inference can be drawn.

## CONCLUSION

The impact of COVID-19 has been multidimensional. The spread of COVID-19 was managed with the inevitable lockdown phase of the socio-economic activities, which in turn, resulted in multilayered consequences which require an in depth

understanding of its nature to achieve adequate management techniques. The emotional themes post first phase of lockdown predominantly consisted of emotional reflections on distress, fear and apprehensions, stress of psychosocial changes and striving for emotional comfort. The observed modulations in the obsession and compulsion scores pre and post COVID-19 phase one lockdown in majority of the cases indicate towards the impact of the anxiety generated among the individuals regarding hygiene exercises to the extent of experiences recurring thoughts about hygiene and compulsively following the washing rituals. Further, statistically sophisticated studies on exploring the age, gender and working status of individuals needs to be done for analyzing the influence of these emotional experiences on the present mental health conditions.

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