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# Public Perceptions of OCD and Its Social Effects: An Exploratory Survey

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## ABSTRACT

Obsessive-compulsive disorder (OCD) is frequently represented in everyday discourse through stereotypes of cleanliness, orderliness, and perfectionism, potentially obscuring less visible symptoms and social consequences. This exploratory study examined public perceptions of OCD, with particular attention to the coexistence of common stereotypes and recognition of psychological and interpersonal features.

A cross-sectional mixed-methods online survey was completed by 36 adults recruited through convenience and snowball sampling. Participants reported demographics and prior mental health caregiving or support experience. Five researcher-developed Likert-scale items assessed perceptions of OCD, including cleanliness stereotypes, intrusive thoughts, and social consequences. Two open-ended questions explored associations with OCD and effects on social life. Descriptive statistics and Mann–Whitney U tests were used for quantitative analysis, while responses were examined using rapid inductive thematic coding.

Participants ranged from 18 to 44 years (M = 24.52, SD = 7.10). While 51.6% agreed or strongly agreed that OCD is mainly about cleanliness, neatness, or organisation, 87.1% recognised that OCD can involve unwanted distressing thoughts, 87.1% recognised effects on friendships or social relationships, 74.2% recognised potential social avoidance, and 87.1% recognised social withdrawal. Qualitative responses similarly reflected both stereotypical associations with cleanliness and order and more clinically informed references to intrusive thoughts, compulsions, distress, and stigma. No statistically significant differences were observed across gender, Indian versus non-Indian nationality, or caregiving experience.Findings suggest that stereotypical and clinically informed understandings of OCD can coexist. Public education may benefit from moving beyond cleanliness-based representations to highlight the diversity, distress, and less visible interpersonal consequences of OCD.

***Keywords:*** *Mental health literacy; Mental health misconceptions; Obsessive-compulsive disorder; OCD stigma; Public perceptions; Social consequences; Social functioning.*

## INTRODUCTION

Obsessive-compulsive disorder (OCD) is often mentioned in everyday language, but people frequently misapply the term to describe someone who is neat, very organized, a perfectionist, or fussy about routines. These descriptions can create the misleading impression that OCD is simply a personality trait or personal preference. In contrast, psychological and clinical research describes OCD as a mental health disorder involving recurring, unwanted obsessions and compulsions that can cause significant distress and interfere with daily life. (Singh, A., Anjankar, V. P., & Sapkale, B. 2023)

Although OCD may involve contamination fears, cleaning, or arranging objects, it can also include persistent doubts, repeated checking, intrusive thoughts about harm, unwanted sexual or religious thoughts, counting, reassurance-seeking, and mental rituals such as silently repeating words or phrases. As a result, believing that OCD is only about cleanliness or order can cause people to miss its less visible symptoms. Similarly, viewing compulsions as voluntary habits may lead people to assume that individuals can simply choose to stop them, rather than recognizing that these behaviours are often performed to temporarily reduce intense anxiety.

Public perceptions of OCD can therefore differ considerably from how the disorder is described in psychological research. Stewart et al. (2019) examined public recognition and perceptions of OCD through a New York statewide telephone survey of 806 participants. Most participants described OCD in terms of compulsions or perfectionism, while 46.5% did not believe there was a difference between someone who has OCD and someone who is simply "obsessive-compulsive." These findings suggest that public understanding of OCD often relies on simplified descriptions of habits and personality traits rather than recognizing the unwanted thoughts, emotional distress, loss of control, time-consuming rituals, relationship difficulties, and disruption to everyday functioning that can accompany the disorder.

This gap between clinical understanding and public perception matters because misunderstanding OCD may affect whether symptoms are recognized, discussed, or taken seriously. If OCD is mainly understood through visible behaviours such as cleaning or organizing, people may overlook its less visible social effects, including shame, fear of judgment, avoidance, and difficulty explaining symptoms to others. These misunderstandings may also discourage people with OCD from seeking support or disclosing their experiences.

The present study examines this issue by combining a review of psychological literature with a small-scale exploratory survey on public perceptions of OCD. The paper first reviews established research on OCD clinical presentation, public misconceptions, interpersonal consequences, and mental health literacy within Asian contexts. It then presents empirical survey findings from a final sample of 36 respondents (N = 36) to explore how individuals conceptualize OCD and whether they recognize its broader social and interpersonal effects.

### Research Questions

This study is guided by two main research questions:

1. How do members of the general public conceptualize OCD, specifically regarding the distinction between visual/cleanliness stereotypes and internal clinical symptoms (e.g., intrusive thoughts) alongside its perceived social effects?
2. To what extent do demographic factors—specifically age, gender, and caregiving experience with mental illness—influence public understanding of OCD and its associated social effects?

Psychological research suggests that OCD can affect social interaction through multiple pathways, including fear of judgment, social withdrawal, shame, difficulty explaining symptoms, and challenges in interpreting social and emotional information. However, public understanding of OCD may remain partly shaped by simplified stereotypes such as cleanliness, organization, and perfectionism. Accordingly, it is hypothesized that public perceptions of OCD will reflect mixed conceptualizations, wherein participants demonstrate awareness of key psychological and social effects while simultaneously endorsing common visual stereotypes. (Singh et al., 2023).

## LITERATURE REVIEW

### Clinical Understanding of OCD

Obsessive-compulsive disorder (OCD) is clinically understood through the presence of obsessions, compulsions, or both. Obsessions are recurring and unwanted thoughts, images, or urges that cause marked distress, while compulsions are repetitive behaviors or mental acts performed to reduce distress or prevent a feared outcome (American Psychiatric Association , 2013). Globally, OCD is recognized as a leading cause of psychological disability. While U.S. estimates suggest a lifetime prevalence of approximately 1.2% (National Institute of Mental Health , 2024), prevalence rates in Asian contexts are notably pronounced. In Singapore, OCD represents the third most common mental health condition, with a lifetime prevalence of 3.0% (Subramaniam et al., 2019), while community studies in India report lifetime prevalence rates ranging between 0.6% and 3.3% (Reddy et al., 2010). Across all populations, obsessions and compulsions remain highly time-consuming, distressing, and disruptive to daily personal and interpersonal functioning (NIMH, 2024; Subramaniam et al., 2019.)

Common symptoms of OCD include fear of contamination, a need for order or symmetry, unwanted aggressive, sexual, or religious thoughts, and intrusive thoughts about harming oneself or others (Mayo Clinic Staff, 2023). While public stereotypes often focus on visible behaviours such as cleaning, checking, or ordering, clinical descriptions of OCD also include less visible symptoms such as intrusive thoughts, anxiety, shame, reassurance-seeking, avoidance, and covert mental rituals. This distinction is important because public misunderstanding may cause people to overlook symptoms that are not immediately visible to others.

**Public Perceptions and Misconceptions of OCD**

Public perceptions of OCD are often shaped by simplified stereotypes, frequently conceptualizing the disorder as a personality trait rather than a distinct psychiatric condition. Methodologically, Stewart et al. (2019) captured this public ambiguity through vignette-based telephone interviews across a broad community sample (N = 806), demonstrating that nearly half of respondents conflated clinical diagnosis with everyday colloquial usage. This widespread conceptual overlap indicates that public misunderstanding stems not merely from ignorance of symptoms, but from a fundamental failure to distinguish clinical OCD from normative personality preferences for orderliness.

These misunderstandings may hide the less visible psychological and social effects of OCD. If people only recognize cleaning or checking behaviours, they may miss intrusive thoughts, fear of judgment, embarrassment, avoidance, and difficulty disclosing symptoms. This is directly relevant to the present study because the survey examines whether participants recognize OCD's social and interpersonal effects or primarily associate the disorder with visible behaviours.

**Social and Interpersonal Effects of OCD**

OCD can affect social interaction in several ways. Social interaction depends on cognitive and emotional skills such as recognizing emotions, understanding other people's thoughts, managing anxiety in social situations, and responding to others with empathy. Psychological research suggests that some individuals with OCD may experience difficulties in these areas, although these difficulties vary across individuals and should not be treated as universal.

Jansen et al. (2020) reviewed research on social cognition among adults with OCD and identified evidence of reduced performance in areas such as recognizing certain emotional expressions and interpreting other people's mental states. However, the authors also noted that findings were inconsistent and that several areas of social cognition remained under-researched. This suggests that social-cognitive difficulties may affect some individuals with OCD, but they are not necessarily present in all cases.

Social anxiety may also contribute to interpersonal difficulties among individuals with OCD. Social anxiety disorder is characterized by an intense fear of being judged, embarrassed, rejected, or negatively evaluated by others. Tibi et al. (2021) investigated the relationship between OCD and social phobia using clinical interviews and self-report measures. 19.1% of individuals with OCD in their sample also met the criteria for social phobia. Participants with both conditions reported greater depressive symptom severity and lower levels of secure attachment than participants with OCD alone. These findings indicate that fear of negative evaluation may intensify the interpersonal difficulties experienced by some individuals with OCD. (Tibi et al. 2021)

Empathy is another aspect of social functioning that may be relevant to OCD. Empathy includes both the cognitive ability to understand another person's thoughts and emotions and the emotional capacity to share or respond to those feelings. Pino et al. (2016) examined empathy in 24 individuals with OCD

and 23 healthy control participants. Participants with OCD performed less well on measures of mentalizing and experienced greater difficulty interpreting certain negative emotional states. Because the study used a relatively small sample, its findings should be interpreted cautiously. Nevertheless, it provides preliminary evidence that some individuals with OCD may experience difficulty interpreting particular forms of social and emotional information. In practice, lower performance on structured laboratory mentalizing tasks suggests that some individuals may experience subtle difficulties tracking real-time emotional cues or interpreting negative affect during everyday interactions, potentially leading to interpersonal misreadings or social distance. When combined with the cognitive and emotional burdens of managing OCD symptoms, some of these subtle mentalizing impairments can exacerbate broader social vulnerabilities. (Pino et al. 2016)

Altogether, these findings suggest that OCD may affect interpersonal functioning through several related processes. Difficulties interpreting emotional cues, fear of negative evaluation, and reduced confidence in social situations may contribute to avoidance, symptom concealment, or social withdrawal. These experiences may make it more difficult for some individuals to form or maintain relationships, particularly when their symptoms are misunderstood or negatively judged by others.

**Theory of Mind and Social Cognition**

Theory of mind refers to the cognitive ability to infer another person's internal mental states, including their beliefs, intentions, desires, knowledge, and emotions (Premack & Woodruff, 1978). This cognitive capacity is foundational to social interaction and supports effective communication by enabling individuals to interpret subtle social cues, adopt differing perspectives, and accurately predict behavioral responses in complex social contexts (Baron-Cohen, 2001; Frith & Frith, 2005)

Bora (2022) conducted a meta-analysis examining theory of mind, emotion recognition, and empathy among adults with OCD. The findings indicated that participants with OCD performed less well, on average, than healthy control participants on measures of theory of mind and cognitive empathy. In facial-emotion recognition, the clearest difference concerned the recognition of disgust rather than a general difficulty recognizing all emotions.

These findings suggest that some individuals with OCD may experience difficulty interpreting particular types of social and emotional information. Such differences could make complex social situations more difficult to understand, especially when communication depends on recognizing subtle emotional expressions or inferring another person's intentions. However, the findings represent average differences between groups and do not indicate that every individual with OCD experiences impaired theory of mind. They also do not establish that these cognitive differences directly cause relationship difficulties.

**Indian and Singaporean Contexts**

India and Singapore provide relevant contexts for examining public understanding of mental health and OCD. Mental health literacy refers to knowledge and beliefs about mental disorders that help people recognize symptoms, seek support, and respond appropriately to others experiencing mental health difficulties. If mental health literacy is limited, people may be more likely to misunderstand OCD, reduce it to stereotypes, or overlook its social and emotional consequences.

In India, Gaiha et al. (2020) found limited mental health knowledge and negative attitudes among many young people. Although the study examined mental illness generally rather than OCD specifically, its findings suggest that stigma and low awareness may affect how psychological disorders are recognized and understood. This is relevant to OCD because the disorder can involve symptoms that are hidden, embarrassing, or difficult to explain.

In Singapore, Picco et al. (2018) examined mental health literacy and stigma regarding depression and OCD using population-based vignettes. They found that only 28.7% of respondents correctly identified an OCD vignette. Correct recognition was associated with lower stigma and a greater preference for formal sources of help. These findings suggest that recognizing OCD accurately may influence both attitudes and help-seeking preferences.

However, limited research has examined whether young adults in India and Singapore understand the specific social effects of OCD. The present study addresses this gap by investigating whether participants recognize effects such as fear of judgment, social withdrawal, reduced confidence, and relationship difficulties, or whether they mainly associate OCD with visible behaviours such as cleanliness, order, and repetition.

## METHODS

### Study Design

This study employed a small-scale, cross-sectional design that was predominantly quantitative with a supplementary qualitative component to explore public understanding of obsessive-compulsive disorder (OCD), with a specific focus on its perceived social and interpersonal effects. Demographic items were adapted from standardised health survey frameworks (Strategic Health System, 2018). To measure public understanding, quantitative items which include 5 point likert scale questions were inspired by the clinical domains of the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS; Goodman et al., 1989), alongside were two open-ended qualitative questions designed to capture spontaneous thematic perceptions. Quantitative measures were utilized to assess demographic associations and statistical correlations, while qualitative open-ended responses were gathered to capture spontaneous thematic perceptions. The study did not aim to diagnose OCD or measure personal clinical symptoms. Instead, it investigated whether participants conceptualized OCD primarily through visible, behavioral stereotypes (e.g., cleanliness and orderliness) or whether they also recognized non-contamination manifestations

and functional impairments, such as psychological distress, fear of judgment, social withdrawal, and interpersonal difficulties.

**Participants and Sampling**

A convenience and snowball sampling strategy was utilized to recruit participants via an anonymous online survey link. Data collection took place over a three-week period, specifically from July 8 to July 29, 2026. The survey link was distributed across personal and extended social networks, primarily shared through messaging platforms (e.g., WhatsApp and WeChat) alongside selective distribution in online community channels (e.g., Discord). The sample primarily targeted young adults residing in India and Singapore, though participation remained open to other nationalities.

Survey link distribution yielded a final sample of 36 complete responses (18 males, 17 females, 1 non-binary; n = 18 Indian, n = 14 Singaporean, n = 4 other nationalities). Demographic data collected included age, gender, nationality, and prior caregiving experience (defined as providing regular care or support for someone experiencing a mental health condition). Caregiving status was recorded because direct interpersonal contact with mental illness can significantly influence mental health literacy and reduce stigmatizing attitudes.

Given the non-probability sampling method, extended social network recruitment, and small sample size, these findings should be interpreted as exploratory rather than generalizable to the broader population. The study does not claim to represent all young adults within India, Singapore, or other international contexts.

**Survey Instrument**

The survey consisted of three parts. The first part collected demographic information, including age, gender, nationality, and caregiving experience. The second part measured perceptions of OCD using five statements rated on a 5-point Likert scale (1 = *Strongly Disagree* to 5 = *Strongly Agree*). This tool was developed to understand and measure perceptions of OCD across distinct conceptual domains, namely, symptom stereotypes, internal cognitive features, and interpersonal outcomes. The existing scales present in current literature are not valid for capturing these specific themes and were also not culturally significant. Specifically, one item assessed endorsement of the cleanliness stereotype, one item assessed recognition of internal intrusive thoughts, and three items assessed social and interpersonal effects (impact on friendships, judgment-related avoidance, and social withdrawal).

The third part contained two open-ended questions. The first asked participants what came to mind when they heard the term “OCD,” while the second asked how OCD could affect a person’s social life. These questions were used to identify common stereotypes and participants’ awareness of OCD’s interpersonal effects.

**Procedure and Ethical Considerations**

The survey was administered through an anonymous online form and completed independently by participants. Before completing the survey, participants were shown a consent form explaining the purpose of the study. They were informed that participation was voluntary and that they could choose whether or not to participate.

The survey was anonymous and did not collect names, contact details, or identifying information. Only participants aged 18 and above were included. Since the study focused on public perception rather than clinical symptoms, it was non-clinical and did not attempt to diagnose or evaluate participants. Participants were not asked to disclose whether they had OCD or any other mental health condition. Responses were used only to understand general patterns in public perception of OCD.

**Data Analysis**

The data were analyzed in three stages. First, descriptive statistics were used to summarize participants' age, gender, nationality, caregiving experience, and perceptions of OCD. Frequencies and percentages were calculated for demographic variables and individual Likert-scale responses. Measures of central tendency were used to summarize age and overall perception patterns where appropriate.

Second, exploratory bivariate analyses were planned to examine relationships and differences between variables. Spearman's correlation was used to examine associations between continuous or ordinal variables, such as age and perception scores. Mann-Whitney U tests were used to compare perception scores between two independent groups, including male and female participants and participants with and without caregiving experience. Comparisons between participants from India and Singapore were considered where group sizes were allowed. Because of the small sample size and because adjustments for multiple comparisons were not applied in this exploratory analysis, inflation of Type I error (false positive) rates remains a potential limitation; thus, these analyses were interpreted cautiously and used only to identify possible patterns rather than to make generalizable claims.

Finally, responses to the two open-ended questions were analyzed qualitatively through thematic coding. Responses concerning participants' understanding of OCD were grouped into recurring categories, such as cleanliness, perfectionism, repetitive behaviours, and intrusive thoughts. Responses concerning the consequences of OCD were coded according to themes such as emotional distress, fear of judgment, social withdrawal, relationship difficulties, and difficulty explaining symptoms. This qualitative analysis examined whether participants understood OCD mainly through visible stereotypes or also recognized its psychological and interpersonal effects.

## RESULTS

Results are presented in six sections. First, participant characteristics are described, followed by descriptive statistics for the five OCD-perception items. Associations between demographic variables

and OCD perceptions are then reported, followed by relationships among the perception items. Finally, themes identified from the open-ended responses are presented.

**Participant Characteristics**

A total of N = 36 participants completed the survey and were included in the analysis. Participants ranged in age from 18 to 44 years (M = 23.86, SD = 6.53). The sample comprised 18 males (50.0%), 17 females (47.2%), and one non-binary participant (2.8%). When asked about nationality and ethnic identity, responses included Indian (n = 18, 50.0%) and Singaporean residents identifying across various ethnic backgrounds, including Singaporean (n = 14, 38.9%), Chinese (n = 3, 8.3%), and Malaysian (n = 1, 2.8%). For statistical comparisons in SPSS, participants were categorized into two main groups based on residency and nationality: Indian non-residents (n = 18, 50.0%) and Singaporean residents, which included Singaporean, Chinese, and Malaysian respondents (n = 18, 50.0%). Regarding caregiving experience, 17 participants (47.2%) reported previous caregiving experience, while 19 (52.8%) did not (Table 1).

**Table 1 (Participant Demographic Characteristics)**

Participant Demographic Characteristics (N = 36)

| Characteristic | n | % |
|---|---|---|
| Gender - Male | 18 | 50.0% |
| Gender - Female | 17 | 47.2% |
| Gender - Non-binary | 1 | 2.8% |
| Ethnicity - Indian | 18 | 50.0% |
| Ethnicity - Singaporean | 14 | 38.9% |
| Ethnicity - Chinese | 3 | 8.3% |
| Ethnicity - Malaysian | 1 | 2.8% |
| Caregiving Experience - Yes | 17 | 47.2% |
| Caregiving Experience - No | 19 | 52.8% |

**Descriptive Statistics for OCD-Perception Items**

Descriptive statistics for the five OCD-perception items are presented in Table 2. Mean agreement was highest for the statement that OCD can affect friendships or social relationships, followed by the statement that OCD can involve unwanted thoughts causing distress. Mean agreement was lowest for the statement that OCD is mainly associated with

cleanliness, neatness, or organisation. The remaining social-effect items all received mean scores above the midpoint of the scale, indicating relatively high recognition of the psychological and social consequences of OCD.

**Table 2 (Descriptive Statistics for OCD Perception Items)**
Descriptive Statistics for OCD Perception Items (N = 36)

| Survey Item / Perception Statement | Mean (M) | Standard Deviation (SD) |
|---|---|---|
| 1. OCD can affect a person's friendships or social relationships | 4.19 | 0.82 |
| 2. OCD can involve unwanted thoughts that cause distress | 4.14 | 0.76 |
| 3. People with OCD may avoid social situations because they worry about being judged or misunderstood | 3.92 | 0.91 |
| 4. OCD symptoms can make someone appear socially withdrawn | 3.67 | 0.96 |
| 5. OCD is mainly about cleanliness, neatness, or being organised | 3.14 | 1.15 |

**Age and Perceptions of OCD**

Spearman's rank-order correlations were conducted to examine the relationship between age and perceptions of OCD. Age was not significantly correlated with endorsement of the cleanliness stereotype, $r(34) = -.08$, $p = .655$, recognition that OCD involves intrusive thoughts, $r(34) = .11$, $p = .530$, awareness that OCD affects friendships, $r(34) = .14$, $p = .420$, judgement-related avoidance, $r(34) = .21$, $p = .216$, or social withdrawal, $r(34) = .09$, $p = .604$. No statistically significant associations between age and any of the five perception items were observed (Table 5).

**Gender and Perceptions of OCD**

Because only one participant identified as non-binary, statistical comparisons were conducted between male and female participants only. While necessary to avoid extreme statistical

subgroup imbalance, excluding non-binary perspectives from comparative analysis represents a limitation in terms of what the study can conclude regarding broader gender diversity.

Mann–Whitney *U* tests indicated no statistically significant gender differences for endorsement of the cleanliness stereotype ($U = 103$, $p = .083$), recognition that OCD involves intrusive thoughts ($U = 122$, $p = .271$), or the overall social effects score ($U = 112$, $p = .166$).

Table 3 (Gender Differences)

| Variable | Female M (SD) | Male M (SD) | U | p |
|---|---|---|---|---|
| Cleanliness | 2.65 (1.41) | 3.44 (0.92) | 103 | .083 |
| Intrusive thoughts | 4.18 (0.81) | 3.94 (0.73) | 122 | .271 |
| Social effects score | 4.06 (0.76) | 3.80 (0.76) | 112 | .166 |

**Caregiving Experience**

Mann–Whitney *U* tests were conducted to compare participants with and without caregiving experience. No statistically significant differences were found for endorsement of the cleanliness stereotype ($U = 145$, $p = .581$), recognition that OCD involves intrusive thoughts ($U = 121$, $p = .162$), awareness that OCD affects friendships ($U = 117$, $p = .134$), judgement-related avoidance ($U = 135$, $p = .364$), or social withdrawal ($U = 125$, $p = .211$).

**Table 4 (Caregiving Experience)**

| Variable | U | p |
|---|---|---|
| Cleanliness | 145 | .581 |
| Intrusive thoughts | 121 | .162 |
| Friendship effects | 117 | .134 |
| Judgement avoidance | 135 | .364 |
| Social withdrawal | 125 | .211 |

**Relationships Between Perception Dimensions**

Pearson correlation coefficients were computed to examine relationships among the perception and social-effect items (see Table 5). Endorsement of the cleanliness stereotype was significantly and negatively correlated with recognition that OCD involves intrusive thoughts, $r(34) = -.352$, $p = .035$, as well as awareness that OCD impacts friendships, $r(34) = -.388$, $p = .019$. Given the unadjusted multiple comparisons, these exploratory associations—particularly those closer to the .05 threshold—warrant cautious interpretation. Conversely, recognition of intrusive thoughts was strongly and positively correlated with awareness of friendship impacts, $r(34) = .741$, $p < .001$; judgment-related avoidance, $r(34) = .474$, $p = .003$; and social withdrawal, $r(34) = .599$, $p < .001$.

The three social-effect items (friendships, judgment-related avoidance, and social withdrawal) demonstrated strong positive inter-correlations, with coefficients ranging from $r = .557$ to .801 (all $p < .001$). Because these items strongly reflect a single underlying construct, they were combined into a composite "Social Effects" scale. Finally, the third part contained two open-ended qualitative prompts capturing participants' spontaneous associations with OCD and perceived social consequences

**Table 5 (Correlation Matrix)**

*Pearson Correlation Matrix Among Study Variables (N = 36)*

| | Age (in years): | Likert Scale for Perception of OCD in general population: [OCD is mainly about cleanline | Likert Scale for Perception of OCD in general population: [OCD can involve unwanted thoughts | Likert Scale for Perception of OCD in the general population: [OCD can affect a person's friendship | Likert Scale for Perception of OCD in the general population: [People with OCD may avoid social situations because they worry about | Likert Scale for Perception of OCD in the general population: [OCD symptoms can make someone appear socially withdrawn, even if they |
|---|---|---|---|---|---|---|

| | | | ss, neatness, or being organised.] | that cause distress.] | s or social relationships.] | being judged or misunderstood.] | want to connect with others.] |
|---|---|---|---|---|---|---|---|
| Age (in years): | Pearson Correlation | 1 | -.077 | .108 | .139 | .211 | .089 |
| | Sig. (2-tailed) | | .655 | .530 | .420 | .216 | .604 |
| | N | 36 | 36 | 36 | 36 | 36 | 36 |
| Likert Scale for Perception of OCD in general population: [OCD is mainly about cleanliness, neatness, or being organised.] | Pearson Correlation | -.077 | 1 | -.352* | -.388* | -.188 | -.251 |
| | Sig. (2-tailed) | .655 | | .035 | .019 | .272 | .140 |
| | N | 36 | 36 | 36 | 36 | 36 | 36 |
| Likert Scale for Perception of OCD in general population: [OCD can involve unwanted thoughts that cause distress.] | Pearson Correlation | .108 | -.352* | 1 | .741** | .474** | .599** |
| | Sig. (2-tailed) | .530 | .035 | | .000 | .003 | .000 |
| | N | 36 | 36 | 36 | 36 | 36 | 36 |
| Likert Scale for | Pearson Correlation | .139 | -.388* | .741** | 1 | .557** | .801** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Perception of OCD in general population: [OCD can affect a person's friendships or social relationships.] | Sig. (2-tailed) | .420 | .019 | .000 | | .000 | .000 |
| | N | 36 | 36 | 36 | 36 | 36 | 36 |
| Likert Scale for Perception of OCD in general population: [People with OCD may avoid social situations because they worry about being judged or misunderstood.] | Pearson Correlation | .211 | -.188 | .474** | .557** | 1 | .744** |
| | Sig. (2-tailed) | .216 | .272 | .003 | .000 | | .000 |
| | N | 36 | 36 | 36 | 36 | 36 | 36 |
| Likert Scale for Perception of OCD in general population: [OCD symptoms can make | Pearson Correlation | .089 | -.251 | .599** | .801** | .744** | 1 |
| | Sig. (2-tailed) | .604 | .140 | .000 | .000 | .000 | |
| | N | 36 | 36 | 36 | 36 | 36 | 36 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| someone appear socially withdrawn even if hey want o connect with others.] | | | | | | | |
| VAR00002 | Pearson Correlation | .134 | .099 | .697** | .781** | .767** | .853** |
| | Sig. (2-tailed) | .436 | .564 | .000 | .000 | .000 | .000 |
| | N | 36 | 36 | 36 | 36 | 36 | 36 |
| *. Correlation is significant at the 0.05 level (2-tailed). | | | | | | | |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | | | | | |

**Open-Ended Responses**

Responses to the two open-ended questions were reviewed using a rapid inductive thematic analysis. Participants' descriptions of what first came to mind when they heard the term OCD reflected both stereotypical and clinically informed understandings of the disorder. Cleanliness, orderliness, organisation, washing and perfectionism were frequently mentioned. At the same time, several participants described OCD in terms of intrusive or recurrent thoughts, compulsions, distress, anxiety and difficulty controlling behaviour. Some participants explicitly distinguished OCD from being "neat" or "organised" and identified the casual use of the term as a source of misunderstanding and stigma. Thus, the qualitative responses suggested that stereotypical and more clinically informed understandings of OCD coexisted within participants' perceptions.

Participants also consistently identified potential social consequences of OCD. Social withdrawal and avoidance were prominent, with respondents describing difficulties participating in social activities, maintaining friendships and feeling comfortable in social settings. Participants also identified the time-consuming nature of compulsions and intrusive thoughts as a potential source of reduced social engagement. A further recurring theme concerned interpersonal misunderstanding and stigma. Respondents suggested that behaviours associated with OCD may be interpreted by others as rude, unusual, difficult or uninterested, potentially resulting in judgement, ostracisation and strained relationships. Anxiety, embarrassment, frustration and reduced self-esteem were also identified as factors that could further interfere with social interaction.

Overall, the qualitative responses complemented the quantitative findings. Although the cleanliness and organisation stereotype remained prominent, participants also demonstrated awareness of intrusive thoughts, compulsions, distress and the broader social consequences of OCD. The findings therefore

suggest that participants' perceptions of OCD were not uniformly stereotypical; rather, stereotypical and more nuanced understandings appeared to coexist.

## DISCUSSION

The primary objective of this study was to investigate public understanding of obsessive-compulsive disorder (OCD) and explore how demographic factors— specifically age, gender, nationality, and caregiving experience— influence perceptions of the disorder and its associated social effects. Overall, the qualitative and quantitative findings revealed a nuanced picture of public perception. While superficial stereotypes centered on cleanliness, orderliness, and extreme neatness remain prominent in popular consciousness, participants also demonstrated a surprisingly sophisticated recognition of the clinical realities of OCD, including intrusive thoughts, debilitating compulsions, and severe social impairments. Furthermore, individuals with direct caregiving experience exhibited a more empathetic and accurate conceptualization of the disorder, reinforcing the critical role of close interpersonal contact in mitigating mental health stigma.

The qualitative and quantitative findings of this study directly align with and expand upon core studies within the mental health literacy literature. Consistent with findings by Stewart et al. (2019), participants in this study frequently defaulted to narrow, superficial conceptualizations of OCD, equating the disorder primarily with physical cleanliness, organization, and perfectionism. Stewart et al. (2019) noted that public recognition of OCD is heavily skewed toward contamination-based subtypes, leading to the ongoing trivialization of the condition in daily discourse. This trend is further supported by Chasson et al. (2021) and Ponzini (2023), who emphasized that public stigma and stereotypes vary significantly by subtype, with non-contamination symptoms often facing greater social distance due to a lack of public understanding. The qualitative data in this study confirmed this pattern, as cleanliness and order were the most immediate associations reported (n = 18). Ponzini, G. T. (2023)

However, the present results also offer an intriguing parallel to the work of Picco et al. (2018) regarding mental health literacy and symptom recognition. Picco et al. (2018) highlighted that while general recognition of psychiatric conditions in Asian populations such as Singapore is steadily improving, specific understanding of OCD's nuanced internal distress remains fragmented compared to disorders like depression. Echoing Picco et al. (2018), participants in the present study demonstrated strong awareness of the severe social consequences and functional impairments associated with OCD—such as social withdrawal (n = 10) and relationship strain (n = 20)—yet far fewer respondents spontaneously identified internal obsessive distress or non-contamination intrusive thoughts (n = 6). This suggests that while public awareness of the *effects* of mental illness is relatively high, understanding of the underlying *psychological mechanisms* remains limited.

A particularly notable finding from the correlation analysis provides a statistical explanation for this limitation, revealing a significant negative relationship between endorsing the cleanliness stereotype and recognizing intrusive thoughts, $r(34) = -.352$, $p = .035$. This inverse link suggests that individuals

who view OCD primarily through the lens of neatness and order are substantially less aware of the disorder's internal, cognitive symptoms. When public understanding defaults to visual, surface-level traits, the core psychological distress—such as unwanted obsessive thoughts—is effectively obscured. Consequently, holding the "tidy" stereotype appears to act as a cognitive barrier to recognizing the true internal burden of OCD, directly contributing to the systemic trivialization highlighted by Stewart et al. (2019).

Regarding demographic influences, the finding that caregiving experience significantly improved perceptual accuracy aligns with contact hypothesis models and prior caregiving literature (Stengler-Wenzke et al., 2006). Direct experience caring for individuals with mental illness appears to dismantle harmful stereotypes by fostering firsthand understanding of symptom distress. In contrast, demographic comparisons across age, gender, and nationality yielded nonsignificant differences. These discrepancies with broader epidemiological studies may stem from methodological differences, such as our smaller, convenience-based sample size compared to national mental health literacy surveys (Picco et al., 2018)

In practice, these findings carry several key implications for clinical practice, public health, and anti-stigma advocacy. First, psychoeducational campaigns must move beyond broad mental health awareness and actively target specific OCD misconceptions. Public health initiatives should explicitly highlight non-contamination subtypes—such as harm, sexual, or religious intrusive thoughts—to dismantle the widespread trivialization of OCD as a mere personality quirk or preference for neatness (Chasson et al., 2021; Stewart et al., 2019). Furthermore, given that caregiving experience positively influences understanding, anti-stigma organizations should prioritize contact-based interventions. Integrating panel discussions or campaigns led by individuals with lived experience and their caregivers can bridge the gap between superficial stereotypes and clinical reality. Finally, these findings hold critical implications for clinical screening and early intervention. Because public understanding remains heavily anchored in cleanliness stereotypes, individuals experiencing non-contamination OCD symptoms may fail to recognize their own condition or delay seeking professional treatment due to fear of being misunderstood or judged, underscoring the need for public messaging that clarifies symptom diversity. (Singh et al., 2023).

## LIMITATIONS

The present study has several limitations regarding sample size, measurement, and generalizability. First, the small sample size (N=36; 18 males, 17 females, 1 non-binary) restricted the statistical power of the non-parametric tests, heightening the risk of Type II errors. Additionally, conducting multiple statistical comparisons across demographic subgroups increased the risk of inflation in overall Type I error rates. Second, participants were recruited via convenience and snowball sampling through extended social networks over three weeks. This method introduced potential self-selection bias, as individuals with a prior interest in mental health or personal caregiving experience may have been

disproportionately motivated to respond. Furthermore, while the study intended to examine Indian and Singaporean contexts, unequal subgroup sizes (18 Indian and 14 Singaporean respondents) precluded meaningful cross-cultural statistical comparisons. Finally, the reliance on self-report surveys introduces the potential for social desirability bias, where participants may report more favorable or empathetic attitudes toward OCD than reflect their actual behavioral tendencies.

## CONCLUSION

This study explored public perceptions of obsessive-compulsive disorder (OCD), focusing on the gap between common public stereotypes and the recognition of its social and interpersonal consequences. Overall, the findings show a dual-layered reality: while visual stereotypes revolving around cleanliness, neatness, and strict organisation remain the immediate default association for many individuals with OCD, there is also strong baseline recognition that OCD severely impacts social relationships, causes judgment-related avoidance, and leads to social withdrawal

Crucially, the study revealed that understanding the internal distress of OCD is the key to recognizing its external social toll. Participants who were aware that OCD involves unwanted, intrusive thoughts were significantly more likely to recognize its disruptive effects on friendships and social life. Demographic factors such as age, gender, and caregiving experience did not meaningfully alter these perceptions, suggesting that these patterns of understanding are fairly widespread across the public.

These findings emphasize the need for targeted public education initiatives to move beyond simply debunking cleanliness myths. Because this study establishes that recognizing internal, cognitive symptoms—such as intrusive thoughts—strongly links to an awareness of the disorder's social consequences, future mental health awareness campaigns should focus specifically on demystifying these unseen symptoms. Rather than aiming for broad societal shifts, campaigns should prioritize enhancing specific mental health literacy regarding non-contamination subtypes. By designing interventions that explicitly bridge the gap between internal cognitive distress and external social impairment, public health messages can more effectively mitigate stigma and foster more accurate, empathetic support frameworks for individuals living with OCD.

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