Original Article

Exploration of Symptoms of OCD and Anxiety in Association with Fear of Covid-19

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Abstract

The COVID-19 pandemic has generated psychosocial distress which show far reaching and unprecedented effects on the population all around the world. The distress caused by the pandemic situation appears to have profound psychological consequences on all the individuals. One of the aspects of these effects is personal fear about the virus. Given the context of the pandemic as well as the nation's responses, the present study is undertaken to assess fear and predict the psychopathology of the coronavirus as well as show the association between fear of coronavirus with levels of anxiety and obsessive-compulsive disorder. The results observed that Asian Indian ethnicities across the world were most affected psychologically and expressed elevated levels of anxiety and OCD symptoms. Although the research lacks a positive link between fear of COVID-19, anxiety, and OCD, indicating this may stand for a general psychological pattern as opposed to being particular to COVID-19, it examines a substantial correlation between OCD and anxiety symptoms ($r = .598$, $p < .01$). These data illustrate the interaction of anxiety and OCD during the pandemic, emphasising the importance of focused mental health therapies.

Keywords: COVID-19, Pandemic, fear, psychological distress, anxiety, OCD (obsessive compulsive disorder)

Introduction

The novel Coronavirus (COVID-19) originated on the 31st of December 2019 in the city of Wuhan, China and was announced to the World Health Organization[46] becoming the "public health emergency of International Concern"[17] leading to a surge of public anxieties as well as fear of COVID-19[27] recorded in many countries. As of today 16th July 2021, this novel virus has infected 188,332,972 individuals with 4,063,453 deaths globally. The two distinguishing features observed of this virus are high transmissibility and high pathogenicity[23] leading to the increasing high rates of both mortality and morbidity. This has called for behavioural changes at the individual as well as country/state level. From the rules such as social distancing wearing masks and regular hand hygiene, various public policies such as isolation and self-quarantine were issued by the government[2]. Although substantial attention

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has been provided to the people infected with coronavirus, identifying the mental health effected by the pandemic has been relatively neglected [47]. It has been researched that severe psychological as well as physical consequences can be generated by excessive worry which could be triggered by macrolevel stressors such as natural disasters dramatic situations and pandemics[17].

Massive disruption to the behaviour and psychological well-being of individuals in the population could be triggered by the waves of heightened anxiety and fear, a severe result of mass tragedies[6]. Links between pandemic-related anxiety and symptoms of suicidality and post-traumatic stress have been observed [13]. However, there is a significant research gap in identifying how COVID-19 fear causes anxiety and obsessive-compulsive disorder (OCD) symptoms, particularly across diverse groups. The present investigation fills the void by looking into these connections and emphasising the importance of specific mental health studies during pandemics[18].

Obsessive-Compulsive Disorder

Considering the current distribution of coronavirus, the fear of unknown, irrational behaviours and paranoia brings different kinds of obsessions resulting in compulsive behaviours in individuals. The psychological distress that the COVID-19 pandemic has introduced the world to invokes people of all age groups. In response to the sense of fear of contracting the virus, Obsessions lead to pain or emotion as well as Compulsions, which describe the behaviours necessary to heighten or suppress their pain or feelings. Consistently unpleasant thoughts and behaviours relate to anxiety disorder, commonly known as obsessive compulsive disorder or (OCD) [45]. As mentioned by the American Psychiatric Association and WHO, Obsessions and compulsions are time consuming, the pre-occupations and behaviours in this disorder not only take more than one hour per day but also cause the psychologically and clinically significant distress and adversely impact other areas of functioning [45].In the case of COVID-19, the shift from fear to anxiety frequently takes the form of "COVID anxiety syndrome," which is characterised by maladaptive habits like compulsive cleaning and avoiding public places[20].

The World Health Organization [45] and the Centers for Disease Control and Prevention (CDC) have been recommending social distancing, hand and respiratory cleanliness as primary containment preventing tactics as global health authorities battle to find a solution in this pandemic. OCD symptoms such as repeated handwashing/antibacterial gel usage, avoiding possible pollutants, or social isolation might be replicated by strict adherence to UK government rules for reducing the risk of spreading COVID-19 to other observers. Obsessive-compulsive disorder (OCD) sufferers have been observed to wash their hands until they meet an "internally referenced criterion" such as "feeling comfortable" or "just right." This results in protracted and repetitive behaviour that which is likely to last longer than 20 seconds. In comparison, the individuals without obsessive compulsive disorder (OCD) are observed to be more prone to follow the government guidelines (i.e., thorough hand washing for 20 seconds). Rather than washing their hands at a time when it is essential, like as going home from a crowded place, they may wash their hands more regularly because of an obsession which includes intrusive thought, doubt or feeling, an idiosyncratic trigger (e.g., after a shower), or the anticipatory anxiety and fear of contracting COVID-19. Alternatively, they may have devised techniques for sterilizing things with anti-bacterial gel, using sanitiser spray bottles on the goods before getting them in the house. Sanitizers, soaps, and gloves are in high demand all over the world since hand washing is deemed one of the best safeguards against infection. Hygiene precautions, washing, and contamination avoidance are stressed by every media outlet. Individuals with obsessive-compulsive disorder (OCD) may find it difficult to adhere to this rule, even though it appears to be the easiest to follow. Other symptoms include heightened moral responsibility for the spread of COVID-19, as well as excessive checking of information on COVID-19 and a need for reassurance to settle their levels of anxiety. OCD symptoms have been overlooked amongst the COVID-19 pandemic's numerous psycho-social effects including panic, health anxiety, mass hysteria and loneliness of isolation. Worldwide, there have been reports of an upsurge in symptoms of anxiety,

and concern regarding this. There is still not much research done on the effect of COVID-19 Pandemic on specific mental health disorder such as obsessive-compulsive disorder (OCD). Henceforth, this study observes the prevalence of OCD symptoms in individuals in a non-clinical sample in association with fear of COVID-19.

Methodology

Participants

A cross-sectional, observational study carried out around the globe. As survey questionnaire was designed using Qualtrics with a consent form appended to it. The mode of recruitment of participants was done through social networking sites (LinkedIn, WhatsApp, Instagram, etc.) The participants were encouraged to share the word. A debrief followed by the consent form appeared on accessing the link to the survey. Data was collected from the participants of 18 years and above. The Nottingham Trent University School of Social Sciences Research Ethics Committee (SREC) authorised the data collecting process on April 27, 2021 (August 20,2022; commencement of the project May 20, 2021), under the reference number NTU-SREC-2021-045. This follows the British Psychological Society (BPS) rule of ethical practice, assuring voluntary participation, informed consent, and data withdrawal options until July 10, 2021.

Materials

This online self-reported questionnaire contained 3 sections related to the Overall anxiety and impairment, Obsessions and Compulsions, and Fear of COVID-19 following the Likert scale format. Descriptive statistics have been used in the research to analyse the findings. Mean, Standard deviation, Correlations, Regression, and ANOVA has been used to estimate the results of the data collected. A quantitative research design is used along with 3 scales.

Overall Anxiety Severity and Impairment Scale (OASIS): - a 5 item self-report questionnaire assessing the impairments and anxiety severity (frequency and intensity of anxiety along with level of social avoidance and interference associated with the anxiety), The scoring is done based on 5-point Likert scale, where Item 1 (frequency of anxiety) and 3 (avoidance behaviour) are rated from “None” to “All the time”; Items 2 (intensity of anxiety), 4 (impairment in daily life), and 5 (impairment in interpersonal relationships) are rated from “None” to “Extreme.” [29]

Yale-Brown Obsessive-Compulsive scale (Y-BOCS): Yale Brown Obsessive Compulsive Scale) is a 10 item severity scale divided into obsession and compulsion subscales with five parallel items that assess frequency, interference, distress, resistance, and control over the symptoms in the past seven days on a 5-point Likert scale (no symptom to sever symptom) and evaluate the severity of the OCD symptoms [18].

The Fear of Coronavirus-19 Scale (FCV-19S; [1] A s even items scale which assesses fear of COVID-19. (e.g., “It makes me uncomfortable to think about coronavirus-19”). Respondents were asked to rate their agreement with each item on a 5-point scale from “1—Strongly Disagree” to “5—Strongly Agree.” Higher scores are therefore indicative of a greater level of fear of COVID-19.

Procedure

The data was collected from all over the world, predominantly India, between June 8th and August 9th, 2021, employing Qualtrics, an internet-based self-report survey and commercial survey sample and administration provider. The data collection procedure was approved by the Nottingham Trent University ethics committee(SREC) approved the data collection procedure on April 27, 2021 (August 20,2022 ; project start May 20, 2021), with reference number NTU-SREC-2021-045, and all respondents provided their consent prior to the polling procedure commenced. and all respondents expressed their agreement before the survey commenced. Web panels were randomized for age, gender, ethnicity, employment, and marital status in order to achieve a representative sample of the general population by Qualtrics. Respondents with incomplete responses were extracted from the data applying filters. Demographic details followed by other relevant questions for the study were requested post consent of the participant. Yale Brown Obsessive Compulsive Scale) is a 10-item severity scale divided into obsession and compulsion subscales. Participants were asked

to identify their major symptoms (obsessions and compulsions) and submit to a series of questions after performing a standard checklist concerning their obsessions and compulsions. Obsessions and compulsions are independently measured on the scale, which is divided into two main subscales: A scale from 0 (no symptoms) to 4 (severe symptoms) is used to assess five elements of obsessive-compulsive pathology: frequency, interference, distress, resistance (more resistance is assigned lower scores), and perceived control over the condition. Scores on each subscale are added together to get a Y-BOCS score [18].

SPSS software was used for the analysis of the data. Descriptive statistics were calculated along with the mean score as well as the overall mean score for responses and were compared and correlated based on the demographic information using Bivariate Correlations and Multiple Regression. Based on the main scores are calculated as low and elevated levels of fear. Scores less than or equal to the mean considered indicated elevated fear of the pandemic and in when kept continuous, the scores were correlated with anxiety and OCD. Multiple regression analysis was carried out for comparison of low and higher levels of fear. Observed scores with the value $p > 0.05$ were rated to be statistically significant.

Results & Discussions

Descriptive Statistics and Correlations Between Variables

As indicated in the **Table 1: Descriptive Statistics and Standard Deviations**,, means cause standard deviation for all measures are reported. The total sample consisted of 144 participants, ages ranging from 18 to 88 years of age (59 men, 79 women, **with 5 missing gender values**), participants in the sample originated from a diverse range of cultural backgrounds, with the majority being 97 Asian Indian, (67.4%), 19 Americans (13.2%), with a balance of 6 African origin (4.2%), and 15 British (10.4 %) while a score of 7 participants decided not to respond to the question. A significant proportion of participants (59.0 %) employed (6.3 %) were unemployed, (1.4 %) were retired, and (28.5 %) were students.

Table 1: Descriptive Statistics

	N Statistic	Minimum Statistic	Maximum Statistic	Mean statistic	Mean Std. Error	Std. Deviation	Variance
Age	139	18	88	33.14	1.106	13.045	170.18
Employment Status	137	1	4	1.85	0.064	0.746	0.557
Ethnicity	137	1	5	1.85	0.121	1.414	1.998
Marital Status	137	1	4	2.05	0.078	0.91	0.828
OVERALL_ANXIETY	130	6	21	13.308	0.2858	3.25611	10.602
OVERALL_fear	93	7	28	15.484	0.5516	5.31939	28.296
Overall_OCD	96	10	37	20.167	0.61939	6.31001	39.93
Gender	139	1	3	1.58	0.043	0.509	0.259
Valid N (listwise)	91	-	-	-	-	-	-

Pearson's correlation analysis was used to further analyze the characteristics of participant and the relationship between the predictor and the outcome variable of the regression model. The correlation between the two independent variables of survey Y-BOCS and OASIS (Overall OCD score, and overall Anxiety score) and FCV-19S (grouped into Overall Fear) score was performed. Significant differences of Y-BOCS score, anxiety and fear were found among the groups ($P = < 0.1$). The criterion of $P = < 0.1$ was selected to discover patterns in a small sample size, despite conventional significance ($P < 0.05$) is recommended. This exploratory approach gives with the research's preliminary nature[36].There was no statistical significance found between the measures of fear of COVID-19 and anxiety along

with fear of COVID-19 and OCD. However according to Pearson's correlation, the overall anxiety had a strong correlation with the overall score of obsessive-compulsive disorder (r=.598) as shown in Table 2.

Table 2: Correlations

		Overall_ OCD	Overall_fear	Overall_ Anxiety
Overall_ OCD	Pearson Correlation	1	176	598
	sig. (2-tailed)		0.092	<.001
	N	96	93	96
Overall_fear	Pearson Correlation	0.176	1	202
	sig. (2-tailed)	0.092		0.053
	N	93	93	93
Overall_Anxiety	Pearson Correlation	.598**	0.202	1
	sig. (2-tailed)	<.001	0.053	
	N	96	93	130

** Correlation is significant at the 0.01 level (2-tailed)

Despite the fact that there is one significant correlation in the study, they are not so strong as to interfere with the regression because they were all below 0.8 As a result, the multicollinearity assumption was met. The linear regression analysis was used in order to explore the relationship between the two predictors (overall OCD and overall anxiety) with the outcome variable (overall fear of COVID-19).

Table 3: Model Summary

							Change Statistics		
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**	**R Square Change**	**F Change**	**df1**	**df2**	**Sig. F Change**
1	.202a	0.041	0.03	5.23878	0.041	3.85	1	91	0.053
2	.214b	0.046	0.024	5.25412	0.005	0.47	1	90	0.495

a: Predictors: (Constant), OVERALL_ANXIETY

b: Predictors: (Constant), OVERALL_ANXIETY, Overall_OCD

c: Dependent Variable: OVERALL_fear

The regression indicated that the model was not significant, and the predictors do not significantly explain the fear of COVID-19. (F (2,90) =2.150, $p < 0.1$) with (R^2 = 0.46). The correlation coefficient between the overall fear, OCD and anxiety was .214 with (P=.122) as depicted in Table 3.

The regression model in the Table 4 shows the two significant predictors. Overall Anxiety (B=.202, p=.053) and Overall OCD (B=.087, p=.495). The unstandardized coefficient does not show any correlation with the overall scores for fear of COVID-19. Since both the predictors were neither significantly correlated now significant in the regression the research does not show any association of fear of COVID-19 with symptoms of obsessive-compulsive disorder and anxiety.

Table 4: Coefficients[a]

							95.0% CI for B		Correlations			Collin-earity Statistics	
Model		Unstan-dardized B	Coef-ficients Std. Error	Standardized Coefficients beta	t	Sig	Lower Bound	Upper Bound	0-Order	Partial	Part	Tolerance	VIF
1	(Constant)	11.300	2.199		5.138	<.001	6.931	15.669					
	OVERALL_ ANXIETY	0.315	0.160	0.202	1.963	0.053	-0.004	0.633	0.202	0.202	0.202	1.000	1.000
2	(Constant)	10.867	2.295		4.736	<.001	6.309	15.426					
	OVERALL_ ANXIETY	0.235	0.199	0.150	1.179	0.242	-0.161	0.630	0.202	0.123	0.121	0.653	1.531
	OVERALL_ OCD	0.074	0.109	0.087	0.685	0.495	-0.141	0.290	0.176	0.072	0.071	0.653	1.531

a: Dependent Variable :OVERALL_fear

Discussion

The purpose of this study was to examine the relationship between COVID-19 fear and anxiety and obsessive-compulsive disorder (OCD) symptoms in an Indian sample beginning in 2021. Despite analysing OCD subscales (obsessions and compulsions), no significant link was found between fear of COVID-19 and anxiety or OCD symptoms[28]. However, a strong association between anxiety and OCD symptoms ($r=.598$, $p<.01$) supports a general psychological pattern that is not specific to COVID-19 [29]. Rising instances, restricted supplies, and sensationalised media in 2020 increased panic, especially in India [5,7]. In contrast to the study done by Satici , which connected fear to anxiety in 2020[6], our 2021 data suggests reduced fear, possibly due to immunisations and improved knowledge [44]. By October 2025, with the pandemic managed and mortality rates dropped, anxiety and fear gradually declined, but OCD symptoms persist, indicating long-term psychological consequences [28].

Individuals with pre-existing psychological issues experienced elevated unpleasant emotions, with maladaptive anxiety leading to reduced functioning and strained community resources [17]. Gender disparities in crises are consistent with women reporting higher levels of fear, anxiety, and OCD than men[6]. Subjective assessments revealed no statistical differences despite disproportionate effects on communities of colour, which may be an outcome of cultural reporting characteristics or urban bias[5]. The aversion of uncertainty, which grew worse by the fear of the unknown, which was aggravated by asymptomatic cases and unclear fatality rates [15,12]. However, our data imply the developing situation in 2021 decreased fear's role.

The severe cleaning and stockpiling that resulted from negative emotional reactions exacerbated OCD symptoms including loneliness and trouble sleeping[11, 31]. High levels of anxiety hinder rational reactions, according to the Fear of COVID-19 Scale (FCV-19S)[1], but no association with DSM-based measures was discovered, confirming the significance of the anxiety-OCD linkage [9] . The fear of contamination, which affects around 50% of OCD patients, could persist beyond the pandemic and increase the likelihood of germaphobia [10, 37] .

Limitations

While the findings of this research contribute to an expanding collection of evidence on the association between fear of COVID-19, anxiety and obsessive-compulsive disorder (OCD) outcomes on the global population, a few significant limitations have been found specifically in the Indian population

Firstly, A cross-sectional design prevents this research from examining how variations in the level of anxiety and OCD translate into the COVID-19 induced fear translate over time through causal modelling applying longitudinal data. There would have been a bidirectional link between the samples if the data included of individuals who are fearful of

the pandemic, which would make their symptoms of OCD and anxiety worse. Future research might focus on those who already suffer from anxiety and OCD to further illustrate the fear of the pandemic.

Secondly, it is important to emphasise that the data used in this study was collected during a pivotal time in 2021 with a sharp increase of COVID-19 cases worldwide, especially in India, and extensive media coverage and social media activity that stoked widespread concern and panic for more than three months. This stands in stark contrast to the current situation, where the worldwide pandemic has mostly abated as of October 2025 as a result of extensive vaccination efforts and better public health measures, lowering death rates from their 2020 high[44]. With more social resilience and normalised living situations, the extreme anxiety and fear that prevailed in 2021 have subsided, but the recurrence of OCD symptoms points to a long-lasting psychological impact. This tendency is following forecasts that anxiety and fear would decrease as case numbers decreased and restrictions relaxed—trends that are now fully realised by 2025—while OCD levels might persist because of ingrained behavioural patterns [28.]

Indeed, self-reporting bias would exist, which might distort participants' subjective interpretations or underreporting of their levels of anxiety, OCD, and fear. Third, one of the study's major limitations is the ethnic behaviour pattern of Asian Indian males, which further contributes to gender bias. The prevailing belief among Asian males is that showing fear is a sign of weakness in the gender that is thought to be emotionally stronger. This view is heavily impacted by male-dominant social behaviour. To further exacerbate the bias in self-reported data, this cultural norm caused Indian male respondents to have abnormally low levels of fear of COVID-19 [28].

Lastly, this research admit that online polls are biased in their selection and systematically exclude respondents with restricted availability to advanced technologies or a competent Internet access. Consequently, the data overrepresents urban internet users while underrepresenting low-income rural population.

Conclusions

Despite serious limitations, the findings of this study are crucial for several reasons. The physical and mental symptoms of the condition have increased for over a year following the coronavirus outbreak. There were noticeable signs of worry, panic, and obsessive-compulsive behaviours. Some Asian ethnic groups, particularly India, showed more anxiety and fear related to the COVID-19 epidemic, perhaps because of insufficient medical facilities. Mental health is negatively impacted by psychological symptoms associated with coronaviruses in people of all ethnic backgrounds worldwide. These COVID-19-related variables prompted To address the immediate long-term potential risks of mental and public health catastrophe in the future correlated with the COVID-19 pandemic, a psychologically informed strategy solution must be designed that takes into account the fear associated with symptoms of anxiety and OCD (obsessive compulsive disorder).

Declaration

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APPENDICES

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DSM -IV TR diagnostic criteria for OCD

ICD-10 diagnostic criteria for Anxiety

ICD-10 diagnostic criteria for OCD

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Fear of Coronavirus-19 Scale

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