

A Qualitative Method Exploration of OCD Symptoms among Patients in China

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Abstract

This study explores the lived experiences of individuals with obsessive-compulsive disorder (OCD) in the Chinese sociocultural context. Using interpretative phenomenological analysis (IPA)—based on in-depth interviews with twelve participants—the research identifies how cultural values, stigma, and familial expectations shape patients' intrusive thoughts, coping strategies, and perceptions of self. Findings reveal that, while symptoms mirror internationally recognized OCD features, cultural dynamics—such as collectivism, Confucian moral codes, and limited mental health literacy—significantly influence help-seeking behaviors and self-understanding. The analysis underlines the importance of social support networks, and the ambivalence of online platforms in offering both empowerment and reinforcement of stigma. The study contributes theoretically—by integrating cultural identity perspectives into OCD research—and practically, by emphasizing the need for culturally sensitive interventions in clinical practice. Directions for future research include expanding sample diversity, cross-cultural comparisons, and longitudinal designs.

Keywords

Obsessive-Compulsive Disorder (OCD), China, Qualitative Research, Cultural Identity, Stigma

1. Introduction

Obsessive-compulsive disorder (OCD) is a common and long-lasting mental health condition associated with significant global disability. As the primary example of the “obsessive-compulsive and related disorders” category—now grouped in both the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the 11th Revision of the International Classification of Diseases

(ICD-11)—OCD often faces issues of underdiagnosis and undertreatment. Therefore, it remains a prevalent and debilitating condition that is frequently overlooked in clinical settings.

Building on this understanding of OCD's clinical and diagnostic significance, it is essential to examine its core symptoms—obsessions and compulsions—which define the lived experience of those affected. Obsessive-compulsive disorder (OCD) is a significant mental health condition: due to its widespread occurrence, the level of disability it can cause, and its role as a primary example within the broader group of obsessives-compulsive and related disorders. OCD involves the presence of obsessions and/or compulsions—which can typically refer to recurring, intrusive thoughts, images, urges, or impulses that are unwanted and often cause anxiety (Stein et al., 2019). Compulsions are repeated actions or mental routines that a person feels compelled to carry out—either to relieve the distress caused by an obsession or to feel a sense of completeness—often following strict rules (Stein et al., 2019).

To further clarify the clinical meaning and manifestation of these symptoms, authoritative diagnostic criteria provide detailed definitions. The core symptoms of obsessive-compulsive disorder (OCD) consist of obsessions and compulsions—which are defined and experienced differently across age groups. According to the DSM-5-TR, “Obsessions can be defined as recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted—typically associated with anxiety or distress.” In contrast, “Compulsions” are repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession—often adhering to rigid rules or achieving a sense of “completeness.” While children might find it challenging to identify or express their obsessions, most adults are capable of recognizing the presence of both obsessions and compulsions (American Psychiatric Association, 2022).

Building on these diagnostic distinctions, it is important to explore how OCD manifests in real-life contexts and the typical symptom patterns reported by patients. The symptomatic presentation of obsessive-compulsive disorder (OCD) varies widely; however, patients commonly experience distressing and intrusive thoughts accompanied by compulsive behaviors they often recognize as excessive. Patients with OCD are often keenly aware of the excessive nature of their compulsive behaviors—and usually express a desire for more control over them. Literature shows that patients with OCD tend to “frequently observe obsessions and compulsions including contamination fears coupled with washing or cleaning; fears of harm with checking behaviors; intrusive aggressive or sexual thoughts with mental rituals; and concerns about symmetry along with ordering or counting” (Stein et al., 2019). Although distinct, hoarding disorder—primarily characterized by difficulty discarding items—can exhibit similar behaviors in OCD, particularly when hoarding is driven by harm prevention (Stein et al., 2019).

Beyond its clinical symptomatology, OCD also presents a significant public health concern—due to its global prevalence and substantial economic burden.

Obsessive-compulsive disorder (OCD) is a globally prevalent and economically burdensome mental health condition: one with substantial individual and societal impact. Being a highly diverse illness (Leckman et al., 2010; van den Heuvel et al., 2009), obsessive-compulsive disorder carries significant financial costs for persons, households, and the public at large (Yang et al., 2021). OCD impacts approximately 0.8% to 3% of people worldwide (Kessler et al., 2005; Ritchie et al., 2004).

Despite the growing clinical awareness of obsessive-compulsive disorder (OCD), existing research remains predominantly quantitative and Western-centric—often neglecting the cultural and contextual dimensions of symptom interpretation and coping. In the Chinese context, limited qualitative studies have explored how individuals make sense of their OCD experiences within specific sociocultural frameworks. As a result, there is a critical gap: understanding how Chinese patients recognize, interpret, and manage their symptoms in everyday life. This gap not only hinders the development of culturally responsive interventions but also reinforces the underdiagnosis and undertreatment of OCD in China.

The purpose of this study is to explore the lived experiences of individuals with OCD in China, with particular attention to how sociocultural factors shape the perception, expression, and management of symptoms. By adopting a qualitative approach, this research aims to uncover the subjective meanings patients assign to their experiences and examine how cultural norms, stigma, and familial expectations influence disclosure, help-seeking behavior, and coping strategies.

2. Literature Review

2.1. Overview of OCD: Clinical Definitions and Symptom Types

A clear clinical distinction between obsessions and compulsions is essential to understanding the diagnostic framework of obsessive-compulsive disorder (OCD). According to the DSM-5-TR, “Obsessions can be defined as recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, typically associated with anxiety or distress.” In contrast, “Compulsions” are repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession, often adhering to rigid rules or achieving a sense of “completeness”. While children might find it challenging to identify or express their obsessions, most adults can recognize the presence of both obsessions and compulsions (American Psychiatric Association, 2022).

These clinical definitions provide a foundation for understanding the diverse ways OCD manifests in real-world settings—as patients report a wide spectrum of symptom dimensions that reflect the complexity of the disorder. OCD presents a range of symptom dimensions that patients often recognize as excessive: including contamination fears, checking rituals, and intrusive thoughts—with some overlap observed in related conditions such as hoarding disorder. Patients with OCD are often keenly aware of the excessive nature of their compulsive behav-

iors—and usually express a desire for more control over them. Literature shows that patients with OCD tend to “frequently observe obsessions and compulsions including contamination fears coupled with washing or cleaning; fears of harm with checking behaviors; intrusive aggressive or sexual thoughts with mental rituals; and concerns about symmetry along with ordering or counting” (Stein et al., 2019). Although distinct, hoarding disorder—primarily characterized by difficulty discarding items—can exhibit similar behaviors in OCD, particularly when hoarding is driven by harm prevention (Stein et al., 2019).

2.2. Barriers to OCD Treatment and Persistent Mental Health Stigma in Contemporary China

Despite official guidelines endorsing cognitive behavioral therapy (CBT) as the primary treatment for OCD, access to standardized CBT remains severely limited in China. Although cognitive behavioral therapy (CBT) was introduced in China around 30 years ago, access to it remains limited, as fewer than 1000 psychiatrists and psychologists have received standardized training aligned with established protocols—especially for treating children—leaving most OCD patients without proper CBT and facing greater impairment from inadequate treatment (Liu et al., 2017).

In addition to structural limitations in mental health service delivery, sociocultural barriers—particularly public stigma and discrimination—also hinder effective treatment and recovery for individuals with OCD in China. Recent research underscores the persistent stigma and mixed public perceptions toward individuals with mental illness in China, as revealed through large-scale survey data. A cross-sectional study that looked into the mental health stigma and mental health knowledge in Chinese population (Yin et al., 2020) used The perceived discrimination and devaluation scale (PDD) as part of their assessing tool; which was a 12-item questionnaire designed to assess expectations of devaluation and discrimination toward current or former psychiatric patients (Link et al., 1989) to inspect how “most people” or “most employers” think or act toward persons with a current or a prior psychiatric disorder. According to their results, out of the total number of 11,748 subjects, 12 percent of them were randomly assigned to these questionnaires about stigma and MHK (mental health knowledge); To statements about devaluation, a considerable number of participants (9.2% - 14.5%) responded that they were “not sure”. Of those providing a response, the majority agreed that others see persons with mental illness as just as intelligent (item 2; 47.7%) and trustworthy (item 3; 47.0%) as others and disagreed that others see entering a mental hospital as a personal failure (item 5; 69.2%) or think less of persons that enter a mental hospital (item 7; 62.4%). To statements about discrimination, a sizable percentage (11.7% - 17.0%) responded that there were “not sure”. Of the other participants, the majority disagreed with the statement that a former mental patient would be hired as a teacher (item 4; 55.1%) and agreed with the statements that most people would not hire a (former) mental patient to take care of their

kids (item 6; 68.2%), that most employers would pass over the application of a former mental patient (item 9; 54.9%), and that most women would be reluctant to date a man with a history of mental illness (item 11; 70.6%).

These structural limitations—and the enduring societal stigma—create significant barriers to accessing and benefiting from evidence-based OCD treatment in China. However, limited research has examined how individuals with OCD themselves perceive and respond to these obstacles in real-world contexts. To address this gap, the current study poses the following research question (RQ1):

RQ1: How do individuals with OCD in China perceive and navigate the structural and sociocultural barriers to accessing effective treatment—such as cognitive behavioral therapy (CBT)?

2.3. Stigma toward OCD in China

Stigma toward mental illness can be both external and internal, each exerting profound effects on individuals' behavior, self-perception, and life opportunities. People living with mental illness often encounter two main forms of stigma (Xu et al., 2017). First, they may notice or expect negative judgment and discrimination from society, which can result in social rejection. This fear or experience often causes them to adopt coping behaviors like keeping their condition secret or avoiding others (Link et al., 1991). Second, they may internalize these negative views, leading to self-stigma—where they believe and apply harmful stereotypes to themselves. As a result, they might avoid important life opportunities, such as jobs or housing.

These two forms of stigma—public and self-stigma—are further intensified in specific cultural contexts, such as contemporary Chinese society, where shifting values and traditional norms intersect. In the Chinese sociocultural context, the interplay between rising individualism and enduring collectivist norms intensifies the stigma surrounding mental illness and exacerbates its psychological and social consequences. Recent studies indicate that rising individualism in China may lead to greater social distance from those with mental illness (Corrigan et al., 2010; Rao et al., 2010). At the same time, the traditionally collectivist values in Chinese culture can make individuals more likely to internalize societal stigma (Lam et al., 2010). As a result, the effects of stigma may be particularly harmful for Chinese people with mental illness. Many report experiencing and expecting stigma in personal relationships, the workplace, and when seeking mental health care (Chien et al., 2014; Lee et al., 2005, 2006). Nearly half of individuals with mental illness in China internalize these negative beliefs, leading to self-stigma (Lien et al., 2015). About 40% of individuals with mental illness in Hong Kong avoided social contact and wanted to end their lives as a result of stigmatization (Lee et al., 2005).

Expanding on this more general knowledge of stigma in Chinese society, it is crucial to examine how these dynamics directly affect perceptions of OCD—a disorder commonly misrepresented and misinterpreted in both the media and family

settings. Stigma surrounding obsessive-compulsive disorder (OCD) is shaped by media representations as well as sociocultural norms, thereby influencing public perceptions and individual experiences across different cultural contexts. Notably, OCD is often more heavily stigmatized in the media (e.g., Fennell & Boyd, 2014; Hoffner & Cohen, 2017). This societal portrayal contributes to the broader phenomenon of stigma, which generally takes two forms: public stigma and self-stigma. Public stigma refers to the general public's acceptance of stereotypes and biases regarding individuals with that condition, while self-stigma involves people internalizing those biases about their condition (Corrigan et al., 2014; Corrigan & Watson, 2002). These forms of stigma are not universal in expression but instead vary across cultural contexts. In China, the stigma associated with mental health disorders such as OCD has influenced how parents describe these conditions (Lam et al., 2010; Yang et al., 2020). Rooted in traditional Confucian values, Chinese parents often downplay mild to moderate OCD symptoms—reflecting both the belief that family matters should be kept private and the desire to protect their children's social reputation (Su et al., 2025).

Given the pervasive influence of both public and self-stigma on individuals with OCD in China—as reinforced by cultural norms, media portrayals, and family expectations—it is essential to explore how these individuals understand and navigate such stigma in their daily lives. Accordingly, this study poses the following RQ2:

RQ2: How do individuals with OCD in China experience and interpret public and self-stigma within their sociocultural context?

3. Theoretical Framework

3.1. Interpretative Phenomenological Analysis and OCD

Prior studies on OCD have employed stigma theory (Ociskova et al., 2013; Ponzini & Steinman, 2022) and Interpretative Phenomenological Analysis (Wedge et al., 2025). The intellectual tradition of phenomenology—first established by Husserl and later extended by Heidegger—serves as the foundation for Interpretative Phenomenological Analysis (IPA). It also draws extensively on idiographic and hermeneutics, two additional theoretical pillars: ideography emphasizes a thorough, in-depth examination of each participant's distinct viewpoint within their particular setting; hermeneutics focuses on interpreting how people perceive and comprehend their own personal realities. Notably, IPA employs a two-fold hermeneutic method, in which the researcher interprets how participants make sense of their own experiences—thereby underscoring IPA's participatory character, where participants and the researcher jointly construct understanding (Srivanti et al., 2022).

3.2. Stigma Theory

Internalized stigma (IS), reflecting the degree to which a person has internalized socially endorsed stigmatizing beliefs about mental illness held by the general public, has been found to occur at the individual level when a person is diagnosed

with a mental illness. On the basis of prior empirical work and theory, “three As” of IS for individuals with mental illness has been proposed: awareness, agreement, and application. To endorse IS, one might not only be aware of the stereotype toward people with mental illness (e.g., they are weak and, therefore, are responsible for their disorder), but also agree with the stereotype. Overall, stigma towards mental illness represents an unignorable stress and burden on people with mental illness and thus becomes a major obstacle to the detection and treatment of mental disorders. There is considerable evidence indicating that sociocultural beliefs influence the severity of stigma. Although prevalent in all cultures, mental illness stigma is much more severe among Asians and Asian Americans than white Europeans or Americans. Notably, stigma toward mental illness in Chinese societies is particularly pervasive and damaging.

3.3. Cultural Models of Illness and Mental Health

Confucianism is a way of life, a social code, and a philosophy in China. It is best viewed as a moral philosophy rather than a formal religion. It has had a profound impact on Chinese political philosophy and social ideals for over a millennium. Confucianism, the governing social ethic of Chinese culture, emphasizes filial piety and encourages the development of harmony among the person, family, society, and the cosmos as well as the pursuit of moral virtue. According to Confucianism, a person’s fate is mostly determined by their moral efforts, and a bad consequence results only from a moral failure. Modern Chinese culture, including medicine and healthcare, has been greatly influenced by traditional Confucian principles (Guo, 1995; Tu, 1996). The Confucian paradigm has a fundamental focus on stable relationships in society, which translates into an ideal of social harmony and order. Harmonious interdependence is embodied in the Five Cardinal Relations (wu lun): between sovereign and subject; father and son; elder and younger brother; husband and wife; and friend and friend (King & Bond, 1985). Under this paradigm, humans do not exist alone but are conceptualized as relational beings. The above theoretical frameworks illuminate how individuals negotiate stigma and cultural expectations—offering a nuanced, culturally embedded understanding of OCD narratives in China. Therefore, the present study proposes the following RQ3:

RQ3: How do individuals with OCD in China make sense of their symptoms and identity within the interplay of internalized stigma and Confucian cultural expectations, as revealed through their lived experiences?

4. Methods

4.1. Research Design

To fully comprehend the subjective experiences and meaning-making processes of Chinese patients with reference to obsessive-compulsive disorder (OCD) symptoms, this study uses a qualitative research methodology. It investigates how patients view, understand, and manage their symptoms, as well as how sociocultural

elements affect their mental health practices and behaviors while seeking care.

4.2. Procedure

Due to time constraints and budget limitations, participants were primarily recruited through Chinese social media, particularly Xiaohongshu (rednote), as it offered the fastest recruitment channel and required only minimal advertising. Over the course of two weeks on Xiaohongshu, a total of 12 paid participants were recruited. Basic information was collected from each participant, including whether they had an official OCD diagnosis or self-identified symptoms, duration of illness, OCD subtype (e.g., contamination, arranging, counting), and the impact of the condition on their study, work, and daily life. All participation in this study was voluntary. Participants were fully informed of their rights and provided written consent before joining the study. As recognition for their time and contribution, they received a modest monetary compensation (80 - 100 RMB depending on interview length).

4.3. Research Subjects and Recruitment Methods

This study aims to recruit Chinese adults (aged 18 and above) who have been professionally diagnosed with OCD. The sample is designed to reflect diversity in gender, educational background, and urban-rural distribution in order to capture experiences across different cultural contexts. Participants will be recruited through mental health institutions, psychological counseling centers, online peer-support communities (such as Douban's "OCD Group" and Zhihu-related topics), as well as the researcher's personal network, using purposive and snowball sampling methods.

The inclusion criteria are as follows: 1) diagnosed with OCD by a professional psychologist or psychiatrist, or self-identifying as having OCD; 2) aged 18 years or older; 3) willing to share personal experiences related to OCD; 4) able to communicate effectively in Mandarin; and 5) having signed an informed consent form. The basic information table of the interviewees is in **Table 1**.

Table 1. Basic information table of the interviewees.

ID No.	Basic information		
	Gender	Interview time	Interview Date
01	Male	46 min, 22 s	July 21, 2025
02	Female	38 min, 20 s	July 22, 2025
03	Female	29 min, 04 s	July 23, 2025
04	Male	20 min, 17 s	July 23, 2025
05	Female	37 min	July 24, 2025
06	Female	36 min, 27 s	July 25, 2025
07	Female	42 min, 22 s	July 28, 2025
08	Male	26 min, 41 s	July 29, 2025

Continued

09	Female	29 min, 44 s	July 30, 2025
10	Male	38 min, 21 s	Aug 6, 2025
11	Female	12 min, 48 s	Aug 16, 2025
12	Female	11 min, 12 s	Aug 17, 2025

The study recruited twelve Chinese participants (six females and six males), all of whom completed remote interviews between July 21 and August 17, 2025. The interviews varied in length—from approximately 11 minutes to 46 minutes—with most lasting between 30 and 40 minutes. This balanced sample, in terms of gender, and the consistent use of online platforms ensured comparability across cases while capturing a range of lived experiences within the same cultural context.

The data saturation principle served as the basis for the choice to interview 12 participants (Guest et al., 2006; Hennink et al., 2017): according to their analysis, by the time they had examined twelve interviews, data saturation had largely occurred.

4.4. Data Collection Methods

Data were collected through semi-structured, in-depth interviews, with each participant interviewed one to two times, each session lasting approximately 11 to 46 minutes. The interviews addressed the following main topics: participants' understanding and description of their OCD symptoms (obsessions and compulsions); the impact of OCD on daily life, emotional well-being, and interpersonal relationships; coping strategies within family, work, and social contexts; the influence of cultural factors (e.g., concepts of "face," Confucian values, family roles) on stigma and help-seeking behaviors; awareness of and reactions to mental illness labels; and perceived barriers and facilitators in the process of seeking help. All interviews were audio-recorded with participants' consent and transcribed verbatim for subsequent analysis.

4.5. Research Ethics

The pertinent ethical review processes have been successfully completed by this investigation. An informed consent form will be signed by each participant. Participants' privacy and personal information will be rigorously protected during the study, and all data will be anonymized and used only for scholarly purposes. At any point during the study, participants are free to leave without giving a reason.

5. Findings

5.1. Facing Structural and Cultural Barriers: OCD Patients' Perceptions and Avoidance of Treatment

This section addresses the first research question: "In the Chinese social context,

how do individuals with OCD perceive and navigate the structural and sociocultural barriers to accessing formal treatments such as cognitive behavioral therapy (CBT)?” Through thematic analysis, it was found that participants commonly experienced a complex path of “awareness-resistance-concealment” when dealing with the medical system and cultural norms. The findings can be grouped into three themes: lack of formal diagnosis and access to resources, fear of the “mental illness” label, and deliberate silence accompanied by internalized coping mechanisms.

1) Theme One: Lack of Formal Diagnosis and Access to Treatment Resources.

Almost all participants had never received a systematic diagnosis or professional treatment. Their OCD symptoms were mainly self-observed or confirmed through online information. Some admitted, “I know I have a problem, but I don’t dare go to the hospital.” As Participant 10 recalled:

“I started repeatedly checking locks and switches when I was in third grade. As I grew up, these behaviors got worse. But I’ve never seen a doctor, and I’m too afraid to go. I worry that if there’s a medical record, I’ll lose any chance of becoming a civil servant or getting a job.”

This phenomenon—knowing the suffering but refusing treatment—reflects the suppressive attitudes of Chinese society toward mental illness. On one hand, professional resources are scarce; on the other, transparency is lacking, and trust in psychological services is weak. Participant 06 added:

“I thought about seeing a psychologist, but I didn’t know who to look for. Those online counseling platforms? I just don’t trust them—they could be scams.”

2) Theme Two: Fear and Distrust under the “Mental Illness” Label.

Many expressed strong rejection and fear of labels such as “mental hospital” or “hospitalizations.” This stigma created an instinctive defensiveness toward professional medical resources. Participant 10 said bluntly:

“In China, if you have obsessive habits or repetitive behaviors, people will say you’re mentally ill. If you go see a psychologist, your workplace might immediately treat you as someone with problems.”

He added:

“During graduate school, if you mentioned self-harm or psychological issues at the campus counseling center, the teachers might notify your parents right away, or even suggest withdrawing from school.”

Such experiences caused participants to distrust counseling services, viewing them as risky places, fearing they would be marked as abnormal and that it would affect their studies, jobs, or even relationships.

3) Theme Three: Concealment and Internalized Coping Mechanisms.

Without external support, most chose to bury their symptoms inside, coping

through self-limitation, self-denial, or fatalistic acceptance. Participant 10 admitted:

“I’ve never told my family or friends I have OCD. I just struggle with myself, setting impossible standards. If I fail to meet them, I feel like a failure—angry and ashamed.”

He even said he sometimes punished himself by skipping meals, displaying self-destructive responses. This pattern of self-attack appeared repeatedly in interviews, reflecting how the cultural environment lacks empathy for individual psychological struggles.

Different symptom trajectories over time were also indicated by the other testimonials. A woman in her mid-fifties, participant 11, explained how her symptoms had gotten worse over the previous ten to twenty years. She frequently felt obliged to check windows, doors, and even the gas valve several times before leaving the house. These rites increased in frequency and severity over time. She clarified that she was caught in a worrying loop of rearranging household items until they were “just right” almost every morning when she got up. Any flaw would cause her ongoing suffering and anxiety. This case demonstrates how some patients’ symptoms may worsen as they age due to a greater focus on day-to-day details.

By contrast, Participant 12 recalled experiencing compulsive behaviors since childhood—such as returning home to check whether the door was locked or correcting “misplaced” items. However, as she grew older and became more occupied with work and real-life responsibilities, her symptoms gradually subsided. In adulthood, she admitted that the compulsions still persisted, yet they no longer dominated daily life as they had in earlier years.

In China, OCD patients face layered structural and cultural barriers. After recognizing their problems, they often do not seek treatment, instead choosing to hide and endure. This path—awareness → fear → concealment—is the joint result of policies, social attitudes, and cultural traditions. The new cases also highlight that symptoms may evolve differently across the life course: some worsen with age, while others diminish as priorities shift.

5.2. Stigma and Identity Conflict in the Chinese Cultural Context

This section addresses the second research question: “In the Chinese sociocultural context, how do individuals with OCD experience public and self-stigma, and how does this process generate identity conflict?” Analysis revealed that participants faced multilayered stigma—social prejudice from the public, internalized shame, and family or workplace pressure to conceal their condition. Collectively, these dynamics produced profound and enduring conflicts in identity.

1) Theme One: External Stigma from Society and the Workplace

Most participants said society still equates mental illness with stereotypes such as being crazy, unstable, or unfit for work. Participant 01, teased by colleagues for cleaning the office too much, recalled:

“I take out the trash every day, and colleagues say, ‘Are you too obsessed with cleanliness?’ In fact, I just can’t stand the smell. But to them, I’m making a fuss.”

Participant 09 worried:

“If people at work know you have psychological issues, they won’t say it directly, but they’ve already drawn a line in their minds.”

2) Theme Two: Self-Stigma and Accumulated Shame.

Participants also internalized stigma, blaming themselves with words like useless, weak-willed, or bringing it on myself. Participant 04 admitted:

“I know my symptoms are strange. Sometimes even I dislike myself... I don’t want to admit I need psychological help.”

Participant 10 repeatedly described feelings of anger, guilt, and failure:

“If I fail to finish my checking routines in a day, I feel unworthy of even eating dinner... I feel worthless.”

Such self-attribution to weak willpower compounded the distress of OCD, adding moral and identity burdens, leading to further withdrawal.

3) Theme Three: Familial Concealment and Confucian Ethical Conflict

Many were raised in families where family shame must not be made public. Parents urged them to endure it and not embarrass the family. Participant 02 recalled:

“My mother told me, if you go to the hospital for this, who would ever want to marry you?”

Confucian values—self-restraint, filial piety, not causing trouble—reinforced these obstacles. Participant 07 confessed:

“I want to tell my family, but I already feel like a burden. I don’t want to add more. So I stay silent.”

Participant 06 added that she sometimes disguised her condition as a physical illness:

“I’d just say I had stomach problems. They might accept that. But mental issues? No way.”

Other stories demonstrate intergenerational transmission as well as generational disparities. Participant 11 acknowledged that because he kept his compulsions hidden, his family was unaware of them. “Parents didn’t recognize psychological problems at all back in our day,” he explained. His testimony demonstrates how quiet became the norm as older generations preferred to ignore such situations. However, participant 12 noted that his mother likewise exhibited compulsive behaviors. He thought that by unintentionally copying her, he acquired identical symptoms, indicating that obsessive tendencies may be passed down via families.

In China, stigma is ingrained in language, familial values, and self-narratives in addition to being external. In order to avoid being classified as odd, OCD patients frequently repress or deny their true condition. The ongoing difficulties in raising mental health awareness in Chinese society are highlighted by this conflict between internal identity and outward expectations.

5.3. The Interplay between Self-Discipline and Cultural Expectations

This section addresses the third research question: “How do individuals with OCD in China make sense of their symptoms and identity within the interplay of internalized stigma and Confucian cultural expectations, as revealed through their lived experiences?” Analysis showed that participants often followed a behavioral logic of self-discipline → emotional internalization → conformity to cultural order. In negotiating their identity and social relationships, they displayed strong cultural adaptability, while continuously adjusting between the real self and the ideal social image. Three key themes emerged: culturalized paths of emotional control, the ethic of self-restraint, and the rationalization and social packaging of symptoms.

1) Theme One: Internalization and Regulation of Emotional Expression.

Most participants viewed suppressing emotion as rational, mature, and even virtuous—an attitude rooted in Confucian ethics such as do not reveal joy or anger and be cautious in speech and conduct. Participant 05 explained:

“Since childhood I was taught not to be emotional—be steady, polite, and never show unhappiness or sadness easily.”

This suppression became not only a coping strategy but also a psychological basis for compulsive behavior. Participant 03 shared:

“Sometimes I want to lash out, but I know that’s wrong—immature. So instead, I tidy things or check repeatedly to calm myself.”

2) Theme Two: The Moral Mechanism of Self-Restraint and Propriety.

Many participants described their goal as controlling oneself or managing oneself well. This high self-discipline was often linked to responsibility to family or society. Participant 08 remarked:

“I know I have OCD, but I see it as being responsible for myself. Society can’t tolerate too many exceptions.”

Participant 02 echoed this:

“When I make everything perfectly organized, I feel I haven’t embarrassed my family... As a son, I can’t be too different.”

Such moralized self-control reinforced compulsive behaviors, presenting them as socially legitimate rather than pathological.

3) Theme Three: Rationalization and Social Functionality of Symptoms.

Some participants reframed their compulsions as positive traits—such as being responsible, clean, or detail-oriented—thereby restoring self-esteem and protecting social identity. Participant 04 admitted:

“I know checking locks and arranging my desk might be excessive, but my colleagues praise me for being careful and responsible.”

Participant 06 said similarly:

“I strive for perfection. Maybe others don’t understand, but I see it as being serious about my work. Isn’t that a good thing?”

This functional interpretation helped participants maintain social acceptance, though it also masked their inner distress and delayed genuine psychological support.

Chinese OCD patients often adopt self-restraint, emotional suppression, and image management to reconcile symptoms with cultural expectations. These strategies preserve social functioning in the short term but risk worsening internal psychological strain—an invisible mental health crisis.

6. Discussions and Conclusion

6.1. Summary of Findings

Twelve OCD patients participated in in-depth interviews, which were then subjected to Interpretative Phenomenological Analysis (IPA). The results of this study shed light on the patients’ intricate experiences managing their symptoms, identities, and cultural control. According to research, patients encounter major institutional exclusion, a lack of resources, and a profound dread of being classified as mentally ill, among other structural and cultural obstacles to treatment. They experience self-stigma as well as public stigma in social situations, which results in recurring cycles of self-denial and humiliation. They frequently use techniques of self-control, emotional restraint, and functional reinterpretation to uphold surface-level conformity under Confucian cultural and societal norms. These results demonstrate the complex cultural conflicts that are present in Chinese mental health and the pressing need for de-stigmatizing, culturally aware support networks.

6.2. Comparison with Previous Research

This study both aligns with and extends prior findings: echoing [Yang et al. \(2021\)](#), participants reported diminished quality of life, economic burden, and social difficulties due to both symptoms and stigma; similarly, the emphasis on family honor and self-restraint reflects [Li et al. \(2009\)](#), who attributed cultural norms such as frugality and harmony to the lower prevalence of hoarding or sexual/religious obsessions among Chinese patients; moreover, [Sun et al. \(2014\)](#) identified stable factor structures in OCD measurement tools across age and gender—an observation further supported here. Unlike [Ren et al. \(2021\)](#), who found no sig-

nificant cognitive differences between OCD and healthy controls in laboratory-based executive functioning tasks—such as working memory, inhibition, and set-shifting assessments—this study revealed pronounced cognitive-emotional struggles in daily life, including guilt and self-punishment. These methodological contrasts highlight how standardized quantitative tests may overlook the nuanced, affective dimensions of OCD that qualitative interviews can capture. This discrepancy likely stems from methodological differences—quantitative lab tests versus qualitative interviews—highlighting how lived experiences capture dimensions that controlled experiments cannot. Taken together, these comparisons indicate that while OCD's core features remain stable across cultures, cultural context plays a decisive role in shaping symptom expression, identity negotiation, and coping strategies.

6.3. Theoretical Contributions

This research makes multiple theoretical contributions: first, it raises doubts about the universality of Western paradigms by demonstrating how cultural context might affect OCD disease; second, it confirms the findings of [Li et al. \(2009\)](#) about cross-cultural symptom differences—highlighting the significance of harmony, weak religious traditions, and Confucian principles in influencing OCD expression in China; and third, it enhances discussions on the stability of OCD measurement across communities and life stages by contrasting the experiences of children and adults. Thus, by establishing the idea of cultural psychopathology with empirical data from China, the study advances its development. The three frameworks—Interpretative Phenomenological Analysis (IPA), Stigma Theory, and Confucian cultural models—intersect to explain the mechanisms of self-discipline and concealment observed among participants. IPA highlights how individuals construct meaning around their OCD symptoms; Stigma Theory shows how both public and self-stigma pressure participants to internalize shame; and Confucianism provides the cultural logic that frames concealment and restraint as moral virtues. The combination of these perspectives helps explain why participants often reinterpreted compulsions as socially acceptable behaviors while simultaneously suppressing emotional expression—revealing how cultural and psychological forces jointly shape OCD experiences in the Chinese context.

6.4. Practical Contributions

The findings have significant ramifications for intervention, prevention, and policy: treatment in China should move beyond the constraints of international models by addressing patients' quality of life and financial burden in addition to cognitive rehabilitation. Moreover, studies on adolescents demonstrate that early detection and intervention in families and schools are crucial to preventing chronic OCD; at the same time, the documented decline in patients' quality of life and the substantial financial burden underscore the urgency of strengthening medical support and expanding social security programs. These results provide concrete rec-

ommendations for improving clinical treatment and enhancing public health assistance for individuals with OCD in China. For instance, culturally sensitive interventions might include family-based therapies that openly address collective shame and stigma, helping relatives to recognize OCD symptoms as medical rather than moral failings. Another example could be the integration of Confucian values of harmony and responsibility into psychoeducation programs, reframing help-seeking as a way to preserve family well-being rather than threaten it. These approaches would align therapeutic practices with cultural expectations, thereby reducing resistance to treatment and encouraging earlier intervention.

6.5. Limitations and Future Research

The study has limitations, even if it provides valuable insights. It was challenging to generalize because of the sample's lack of diversity and small size (12 individuals). Online interviews reduced nonverbal observation while also lessening participant discomfort. The IPA approach does not distinguish between OCD subtypes and carries researcher subjectivity, despite its value for depth.

There are four possible avenues for future research expansion: First, bigger, more varied samples from different class, generational, and rural-urban backgrounds should be considered; second, cross-cultural comparisons—especially between China, other East Asian societies, and the West—would enrich the findings; third, longitudinal designs to monitor identities, treatment paths, and dynamic changes in symptoms are necessary; Furthermore, the study relied solely on participants' self-reports, which, while valuable for capturing subjective meaning, may not fully reflect the complexity of OCD experiences. This approach potentially overlooks the perspectives of family members, peers, or clinicians, who might provide additional insights into symptom manifestation, social impact, and treatment pathways. Future research could strengthen validity by adopting data triangulation methods—for example, integrating participant interviews with observations, family narratives, or clinical assessments—to generate a more comprehensive understanding. And finally, the use of digital anthropology techniques can investigate how OCD sufferers navigate support and identity in virtual communities. All things considered, this study provides a basis for comprehending OCD in China—yet it also urges further extensive, multidisciplinary, and comparative research to further knowledge.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

- American Psychiatric Association (2022). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). American Psychiatric Association.
- Chien, K., Wu, Z., & Huang, S. (2014). Identifying and Assessing Critical Risk Factors for BIM Projects: Empirical Study. *Automation in Construction*, *45*, 1-15. <https://doi.org/10.1016/j.autcon.2014.04.012>

- Corrigan, P. W., & Watson, A. C. (2002). Understanding the Impact of Stigma on People with Mental Illness. *World Psychiatry, 1*, 16-20.
- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. *Psychological Science in the Public Interest, 15*, 37-70. <https://doi.org/10.1177/1529100614531398>
- Corrigan, P. W., Tsang, H. W. H., Shi, K., Lam, C. S., & Larson, J. (2010). Chinese and American Employers' Perspectives Regarding Hiring People with Behaviorally Driven Health Conditions: The Role of Stigma. *Social Science & Medicine, 71*, 2162-2169. <https://doi.org/10.1016/j.socscimed.2010.08.025>
- Fennell, D., & Boyd, M. (2014). Obsessive-Compulsive Disorder in the Media. *Deviant Behavior, 35*, 669-686. <https://doi.org/10.1080/01639625.2013.872526>
- Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough? An Experiment with Data Saturation and Variability. *Field Methods, 18*, 59-82. <https://doi.org/10.1177/1525822x05279903>
- Guo, D., Jia, Q., Song, H., Warren, R. S., & Donner, D. B. (1995). Vascular Endothelial Cell Growth Factor Promotes Tyrosine Phosphorylation of Mediators of Signal Transduction That Contain SH2 Domains. *Journal of Biological Chemistry, 270*, 6729-6733. <https://doi.org/10.1074/jbc.270.12.6729>
- Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code Saturation versus Meaning Saturation: How Many Interviews Are Enough? *Qualitative Health Research, 27*, 591-608. <https://doi.org/10.1177/1049732316665344>
- Hoffner, C. A., & Cohen, E. L. (2017). A Comedic Entertainment Portrayal of Obsessive-Compulsive Disorder: Responses by Individuals with Anxiety Disorders. *Stigma and Health, 3*, 159-169. <https://doi.org/10.1037/sah0000083>
- Kessler, R. C., Demler, O., Frank, R. G., Olfson, M., Pincus, H. A., Walters, E. E. et al. (2005). Prevalence and Treatment of Mental Disorders, 1990 to 2003. *New England Journal of Medicine, 352*, 2515-2523. <https://doi.org/10.1056/nejmsa043266>
- King, A. Y., & Bond, M. H. (1985). *The Confucian Paradigm of Man: A Sociological View*. In *Chinese Culture and Mental Health* (pp. 29-45). Academic Press. <https://doi.org/10.1016/B978-0-12-701630-6.50009-5>
- Lam, C. S., Tsang, H. W. H., Corrigan, P. W., Lee, Y. T., Angell, B., Shi, K., Jin, S. H., & Larson, J. E. (2010). Chinese Lay Theory and Mental Illness Stigma: Implications for Research and Practices. *Journal of Rehabilitation, 76*, 35-40.
- Leckman, J. F., Denys, D., Simpson, H. B., Mataix-Cols, D., Hollander, E., Saxena, S., & Stein, D. J. (2010). Obsessive-Compulsive Disorder: A Review of the Diagnostic Criteria and Possible Subtypes and Dimensional Specifiers for DSM-V. *Depression and Anxiety, 27*, 507-527. <https://doi.org/10.1002/da.20669>
- Lee, S., Chiu, M. Y., Tsang, A., Chui, H., & Kleinman, A. (2006). Stigmatizing Experience and Structural Discrimination Associated with the Treatment of Schizophrenia in Hong Kong. *Social Science & Medicine, 62*, 1685-1696. <https://doi.org/10.1016/j.socscimed.2005.08.016>
- Lee, S., Lee, M. T., Chiu, M. Y., & Kleinman, A. (2005). Experience of Social Stigma by People with Schizophrenia in Hong Kong. *The British Journal of Psychiatry, 186*, 153-157. <https://doi.org/10.1192/bjp.186.2.153>
- Li, Y., Marques, L., Hinton, D. E., Wang, Y., & Xiao, Z. P. (2009). Symptom Dimensions in Chinese Patients with Obsessive-Compulsive Disorder. *CNS Neuroscience & Therapeutics, 15*, 276-282. <https://doi.org/10.1111/j.1755-5949.2009.00099.x>
- Lien, Y. J., Kao, Y. C., Liu, Y. P., Chang, H. A., Tzeng, N. S., Lu, C. W., & Loh, C. H. (2015).

- Internalized Stigma and Stigma Resistance among Patients with Mental Illness in Han Chinese Population. *The Psychiatric Quarterly*, 86, 181-197. <https://doi.org/10.1007/s11126-014-9315-5>
- Link, B. G., Cullen, F. T., Struening, E., Shrout, P. E., & Dohrenwend, B. P. (1989). A Modified Labeling Theory Approach to Mental Disorders: An Empirical Assessment. *American Sociological Review*, 54, 400-423. <https://doi.org/10.2307/2095613>
- Link, B. G., Mirotznic, J., & Cullen, F. T. (1991). The Effectiveness of Stigma Coping Orientations: Can Negative Consequences of Mental Illness Labeling Be Avoided? *Journal of Health and Social Behavior*, 32, 302-320. <https://doi.org/10.2307/2136810>
- Liu, W., Fang, F., Zhang, C., & Storch, E. A. (2017). Cognitive Behavioral Therapy Practices in the Treatment of Obsessive-Compulsive Disorder in China. *Annals of Translational Medicine*, 5, Article 8. <https://doi.org/10.21037/atm.2017.01.04>
- Ociskova, M., Prasko, J., Cerna, M., Jelenova, D., Kamaradova, D., Latalova, K., & Sedlackova, Z. (2013). Obsessive Compulsive Disorder and Stigmatization. *Activitas Nervosa Superior Rediviva*, 55, 19-26.
- Ponzini, G. T., & Steinman, S. A. (2022). A Systematic Review of Public Stigma Attributes and Obsessive-Compulsive Disorder Symptom Subtypes. *Stigma and Health*, 7, 14-26. <https://doi.org/10.1037/sah0000310>
- Rao, V., Bertrand, M., Rosenberg, P., Makley, M., Schretlen, D. J., Brandt, J. et al. (2010). Predictors of New-Onset Depression after Mild Traumatic Brain Injury. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 22, 100-104. <https://doi.org/10.1176/jnp.2010.22.1.100>
- Ren, H., Li, H., Huang, J., Zhang, N., Chen, R., Liu, W., & Zhang, C. (2021). Executive Functioning in Chinese Patients with Obsessive Compulsive Disorder. *Frontiers in Psychiatry*, 12, Article 662449. <https://doi.org/10.3389/fpsy.2021.662449>
- Ritchie, K., Artero, S., Beluche, I., Ancelin, M.-L., Mann, A., Dupuy, A.-M. et al. (2004). Prevalence of DSM-IV Psychiatric Disorder in the French Elderly Population. *British Journal of Psychiatry*, 184, 147-152. <https://doi.org/10.1192/bjp.184.2.147>
- Sravanti, L., Kommu, J. V. S., Girimaji, S. C., & Seshadri, S. (2022). Lived Experiences of Children and Adolescents with Obsessive-Compulsive Disorder: Interpretative Phenomenological Analysis. *Child and Adolescent Psychiatry and Mental Health*, 16, Article no. 44. <https://doi.org/10.1186/s13034-022-00478-7>
- Stein, D. J., Costa, D. L. C., Lochner, C., Miguel, E. C., Reddy, Y. C. J., Shavitt, R. G. et al. (2019). Obsessive-Compulsive Disorder. *Nature Reviews Disease Primers*, 5, Article No. 52. <https://doi.org/10.1038/s41572-019-0102-3>
- Su, D., Cui, Y., He, C., Yin, P., Bai, R., Zhu, J. et al. (2025). Projections for Prevalence of Parkinson's Disease and Its Driving Factors in 195 Countries and Territories to 2050: Modelling Study of Global Burden of Disease Study 2021. *BMJ*, 2025, e080952. <https://doi.org/10.1136/bmj-2024-080952>
- Sun, J., Boschen, M. J., Farrell, L. J., Buys, N., & Li, Z. J. (2014). Obsessive-Compulsive Symptoms in a Normative Chinese Sample of Youth: Prevalence, Symptom Dimensions, and Factor Structure of the Leyton Obsessional Inventory—Child Version. *Journal of Affective Disorders*, 164, 19-27. <https://doi.org/10.1016/j.jad.2014.04.004>
- Tu, J. V. (1996). Advantages and Disadvantages of Using Artificial Neural Networks versus Logistic Regression for Predicting Medical Outcomes. *Journal of Clinical Epidemiology*, 49, 1225-1231. [https://doi.org/10.1016/s0895-4356\(96\)00002-9](https://doi.org/10.1016/s0895-4356(96)00002-9)
- van den Heuvel, O. A., Remijnse, P. L., Mataix-Cols, D., Vrenken, H., Groenewegen, H. J., Uylings, H. B., & Veltman, D. J. (2009). The Major Symptom Dimensions of Obsessive-Compulsive Disorder Are Mediated by Partially Distinct Neural Systems. *Brain: A Jour-*

nal of Neurology, 132, 853-868. <https://doi.org/10.1093/brain/awn267>

- Wedge, H. E., Waddington, L., & Thompson, A. R. (2025). Experiences of Imagery in Obsessive-Compulsive Disorder: An Interpretative Phenomenological Analysis. *British Journal of Clinical Psychology*, 64, 491-512.
- Xu, Z., Huang, F., Kösters, M., & Rüsçh, N. (2017). Challenging Mental Health Related Stigma in China: Systematic Review and Meta-Analysis. II. Interventions among People with Mental Illness. *Psychiatry Research*, 255, 457-464. <https://doi.org/10.1016/j.psychres.2017.05.002>
- Yang, F., Yang, B. X., Stone, T. E., Wang, X. Q., Zhou, Y., Zhang, J., & Jiao, S. F. (2020). Stigma towards Depression in a Community-Based Sample in China. *Comprehensive Psychiatry*, 97, Article 152152.
- Yang, W., Tang, Z., Wang, X., Ma, X., Cheng, Y., Wang, B., & Wang, Z. (2021). The Cost of Obsessive-Compulsive Disorder (OCD) in China: A Multi-Center Cross-Sectional Survey Based on Hospitals. *General Psychiatry*, 34, e100632.
- Yin, H., Wardenaar, K. J., Xu, G., Tian, H., & Schoevers, R. A. (2020). Mental Health Stigma and Mental Health Knowledge in Chinese Population: A Cross-Sectional Study. *BMC Psychiatry*, 20, Article No. 323. <https://doi.org/10.1186/s12888-020-02705-x>