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OCD TRAITS, PERCEIVED STRESS AND QUALITY OF LIFE AMONG PAKISTANI YOUNG ADULTS

Original Article

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ABSTRACT

Background: Obsessive-compulsive traits are increasingly prevalent among young adults and have been associated with impaired psychological well-being and reduced quality of life (QoL). Perceived stress is a potential mediator in this relationship, yet limited research exists exploring this pathway in the South Asian context. In Pakistan, where mental health stigma and lack of awareness prevail, understanding the psychological dynamics influencing QoL among youth is essential for developing culturally relevant interventions.

Objective: The present study aimed to examine the mediating role of perceived stress in the relationship between obsessive-compulsive traits and quality of life among young Pakistani adults.

Methods: A cross-sectional correlational design was employed, with purposive sampling used to recruit 195 participants aged 18–30 years from colleges and universities in Pakistan. Participants included men and women from diverse religious and employment backgrounds. Data were collected online via Google Forms using standardized instruments: the Obsessive-Compulsive Inventory-Revised (OCI-R), Perceived Stress Scale (PSS-10), and the WHO Quality of Life-BREF (WHOQOL-BREF). Statistical analysis was conducted using SPSS v27, and mediation was tested through Hayes' PROCESS macro (Model 4).

Results: A significant positive correlation was found between OCD traits and perceived stress ($r = .76$, $p < .01$), while a significant negative correlation emerged between OCD traits and quality of life ($r = –.28$, $p < .01$). Mediation analysis confirmed that perceived stress significantly mediated the relationship between OCD traits and QoL ($\beta = .32$, 95% CI [.16, .47]). The model accounted for 57% variance in perceived stress and 8% in QoL.

Conclusion: Findings indicate that perceived stress significantly mediates the negative impact of OCD traits on quality of life in young adults. These results underscore the importance of stress-targeted interventions in improving well-being among individuals with obsessive-compulsive tendencies in culturally relevant settings.

Keywords: Mental Health, Obsessive-Compulsive Disorder, Pakistan, Perceived Stress, Quality of Life, Stress Psychology, Young Adults.

INTRODUCTION

Obsessive-Compulsive Disorder (OCD) is a chronic and debilitating mental health condition marked by intrusive, unwanted thoughts (obsessions) and repetitive behaviors (compulsions) that individuals feel compelled to perform. These symptoms often interfere with daily life, causing significant emotional distress and functional impairment. Common manifestations include fears of contamination, an overwhelming need for order or symmetry, intrusive thoughts about harm or taboo topics, and compulsive rituals such as excessive cleaning, checking, or reassurance-seeking (1,2). These behaviors are typically attempts to neutralize the distress or perceived threat caused by obsessions, forming a cycle that is both psychologically exhausting and self-reinforcing. Cognitive-behavioral theories suggest that individuals with OCD misinterpret intrusive thoughts as personally significant or dangerous, often resulting in a heightened sense of responsibility and the urge to perform compulsions to prevent imagined catastrophes (3,4). This dynamic is known to contribute to comorbid conditions such as anxiety and depression, further exacerbating the individual's psychological burden. From a neurobiological perspective, evidence points to dysfunction in the serotonergic system and deficits in executive functioning, which are believed to play a role in the onset and maintenance of OCD symptoms (5). These neurochemical and cognitive vulnerabilities can be particularly detrimental during young adulthood, a critical developmental stage marked by increasing independence and social demands. For young adults, OCD traits have been associated with substantial reductions in quality of life (QoL), affecting emotional, occupational, and social domains. Symptoms like compulsive cleaning, hoarding, and checking not only consume time and energy but also hinder academic performance, social relationships, and emotional well-being (6). Studies consistently show that individuals with OCD report lower QoL compared to healthy controls, with obsessions contributing predominantly to emotional distress and compulsions affecting broader aspects of daily functioning (7,8).

An important but often underexplored variable in this context is perceived stress—the subjective appraisal of life stressors and one's ability to cope with them. Young adults with OCD traits frequently experience elevated levels of perceived stress due to the relentless struggle with intrusive thoughts and rituals. This heightened stress can further impair QoL, creating a reinforcing cycle of distress and dysfunction. The COVID-19 pandemic served as a catalyst for these difficulties, particularly among youth. Increased focus on hygiene, uncertainty, and social isolation contributed to a surge in OCD symptoms and stress levels, underscoring the importance of addressing perceived stress in the management of OCD-related difficulties (9,10). While international literature has begun to explore the interaction between OCD, stress, and QoL, there remains a significant gap in context-specific research, particularly in South Asian populations. Pakistan, with its large and youthful demographic, has seen limited empirical work in this area. The cultural, educational, and social stressors uniquely faced by Pakistani university students may influence how OCD traits and perceived stress manifest and impact overall well-being (11). However, these dynamics remain poorly understood in current literature. This study seeks to address this gap by examining the relationship between OCD traits, perceived stress, and QoL among young adults in Pakistan. Specifically, it aims to investigate whether perceived stress acts as a mediator in the association between OCD traits and QoL. The objective is to provide evidence-based insight that can inform targeted mental health interventions for young adults struggling with OCD-related difficulties in this context.

METHODS

The present study adopted a cross-sectional correlational research design to explore the mediating role of perceived stress in the relationship between obsessive-compulsive traits and quality of life among young adults in Pakistan. A purposive sampling technique was employed to recruit participants, comprising a total sample of 195 college and university students aged between 18 and 30 years. Both male and female participants were included, as well as individuals from varying employment statuses. There were no exclusion criteria based on religion, ethnicity, or other socio-demographic characteristics, ensuring an inclusive and diverse sample reflective of the broader student population in Pakistan (11,12). Data were collected through an online survey administered via Google Forms due to restrictions and safety concerns during the COVID-19 pandemic. Before participation, all individuals were provided with an informed consent form that clearly outlined the purpose of the study, voluntary participation, confidentiality of responses, and the right to withdraw at any point. The study adhered to the ethical principles set by the American Psychological Association (APA), and approval was obtained from the relevant Institutional Review Board (IRB) of the psychology department.

To assess obsessive-compulsive traits, the study utilized the Obsessive-Compulsive Inventory-Revised (OCI-R), an 18-item self-report instrument. The scale uses a 5-point Likert response format ranging from 0 (not at all) to 4 (very), and has demonstrated robust internal consistency, with reported Cronbach's alpha values ranging between .87 and .91. Quality of life was measured using the World Health Organization Quality of Life-BREF (WHOQOL-BREF), a 26-item instrument designed to evaluate four major domains: physical health,

psychological health, social relationships, and environment (12,13). The scale showed acceptable internal consistency with a reported reliability coefficient of .74. Perceived stress was assessed using the Perceived Stress Scale (PSS-10), which consists of 10 items rated on a 5-point Likert scale from 0 (never) to 4 (very often). The PSS has demonstrated strong internal reliability, with Cronbach's alpha values between .84 and .91 across diverse populations. he data collection process required approximately 20 to 30 minutes per participant. Upon completion of data collection, responses were analyzed using SPSS version 27. Descriptive statistics and correlation analyses were conducted to examine the relationships among the study variables. To test the hypothesized mediation model, Hayes' PROCESS macro (Model 4) was applied. This approach allowed for the assessment of perceived stress as a mediator in the association between obsessive-compulsive traits and quality of life, offering insights into the psychological mechanisms that may influence how OCD traits affect overall well-being.

RESULTS

The sample comprised 195 participants aged between 18 and 30 years, with a mean age of 21.42 years (SD = 2.66). In terms of gender distribution, 63% were men (n = 122) and 37% were women (n = 73). Regarding religious affiliation, the majority identified as Muslim (71%), followed by Sikhism (18%), Christianity (6%), and Hinduism (5%). Educational attainment revealed that 80% of the participants were enrolled in or had completed a Bachelor's degree, 13% had Intermediate-level education, and 7% were at the Master's level. Employment status indicated that 25% of the participants were employed, while the remaining 75% were unemployed. Descriptive analysis was followed by Pearson correlation to explore associations among study variables. Obsessive-compulsive traits were found to have a significant positive correlation with perceived stress ($r = .76$, $p < .01$) and a significant negative correlation with quality of life ($r = –.28$, $p < .01$). However, perceived stress showed a weak and non-significant correlation with quality of life ($r = –.03$, $p > .05$).

To test the mediating role of perceived stress in the relationship between obsessive-compulsive traits and quality of life, mediation analysis was conducted using Hayes' PROCESS macro (Model 4). The analysis revealed a significant direct effect of OCD traits on perceived stress ($\beta = .37$, $SE = .02$, $p < .001$), indicating that higher levels of obsessive-compulsive traits were associated with increased perceived stress. Moreover, OCD traits demonstrated a significant negative direct effect on quality of life ($\beta = –.88$, $SE = .14$, $p < .001$), showing that elevated OCD traits reduced overall quality of life. Interestingly, perceived stress had a significant positive effect on quality of life ($\beta = 1.26$, $SE = .20$, $p < .001$). The model accounted for 57% of the variance in perceived stress ($R^2 = .57$, $F(1,193) = 264.26$, $p < .001$) and 8% of the variance in quality of life ($R^2 = .08$, $F(2,192) = 17.01$, $p < .001$). Additionally, the indirect path analysis indicated a significant mediation effect of perceived stress on the relationship between OCD traits and quality of life ($B = .46$, $\beta = .32$), with a 95% confidence interval ranging from .16 to .47, not crossing zero, thus confirming the presence of a statistically significant indirect effect.

Table 1: Characteristics of Participants (N=195)

Characteristics	f	%	M	SD
Age			21.42	2.66
Gender				
Men	122	63		
Women	73	37		
Religion				
Islam	138	71		
Christianity	12	6		
Hinduism	10	5		
Sikhism	35	18		
Education				
Intermediate	26	13		
Bachelor	155	80		
Master	14	7		
Employment Status				
Employed	49	25		
Unemployed	146	75		

Note. f=Frequency, %= Percentage, M= Mean, SD= Standard Deviation.

Table 2: Relationship of Study Variables (N= 195).

Variables	1	2	3
1.OCD Traits	-	.76**	-.28**
2.Percieved Stress		-	-.03
3.Quality of Life			-

Note. **p<.01

Table 3: Mediation Analysis (N=195).

	Consequences							
	Perceived Stress (M)				Quality of Life (Y)			
Antecedents		β	SE	P		β	SE	P
OCD Traits (X)	A	.37	.02	.000	c'	-.88	.14	.000
Perceived Stress (M)	-				B	1.26	.20	.001
Constant	I	10.25	1.27	.000	I	96.99	6.25	.000
	R^2=.57 F (1, 193) =264.26 ***P<.001				R^2=.08 F (2, 192) =17.01 ***P<.001			

Note. ***p<.001,

Table 4: Indirect Effect (N=195)

Indirect Path	B	β	LLCI	ULCI
Perceived Stress	.46	.32	.16	.47

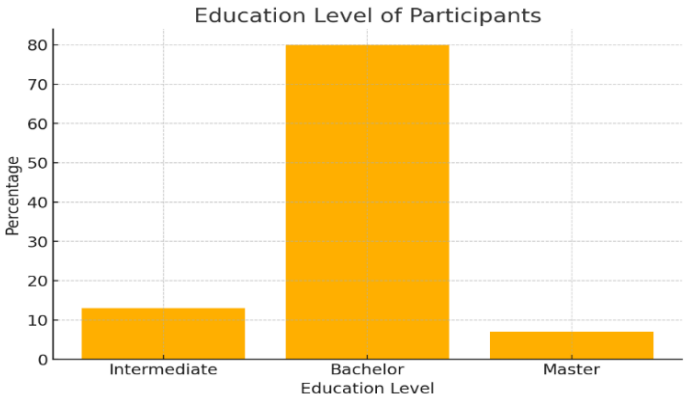

Figure 1 Education Level of Participants

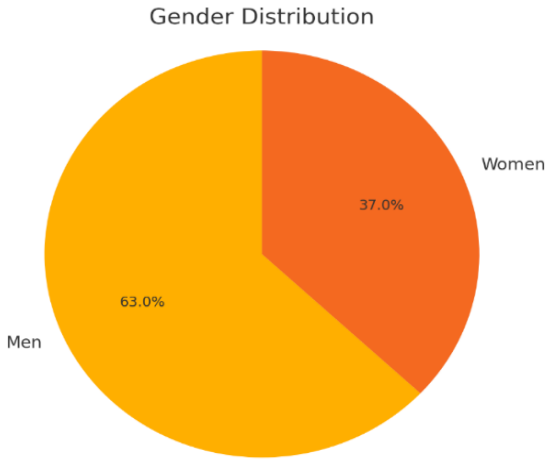

Figure 2 Gender Distribution

DISCUSSION

The present study aimed to investigate the mediating role of perceived stress in the relationship between obsessive-compulsive traits and quality of life among young adults in Pakistan. The findings confirmed both hypotheses, revealing that obsessive-compulsive traits were positively associated with perceived stress and negatively associated with quality of life. These associations align with previous empirical evidence which has consistently reported that intrusive obsessive thoughts and compulsive behaviors contribute to heightened psychological distress and reduced overall functioning. Increased stress resulting from these traits significantly compromises mental, emotional, and social well-being, thereby diminishing perceived quality of life (14). In line with earlier research, the current study reinforced the notion that individuals experiencing higher levels of OCD traits tend to perceive greater stress, which in turn adversely impacts their psychological well-being (15). The observed mediating role of perceived stress strengthens the argument that stress acts as a key psychological mechanism linking OCD symptoms to lower quality of life. Similar findings have been reported in multiple contexts, suggesting that elevated stress levels not only stem from the distressing nature of obsessive-compulsive symptoms but also

amplify the burden on an individual's daily functioning and mental health (16,17). The chronic nature of obsessions and compulsions can erode coping resources over time, particularly in settings where mental health support is limited or stigmatized, as is often the case in developing countries like Pakistan.

One of the distinctive contributions of this study lies in its contextual relevance. In the Pakistani sociocultural environment, the combination of limited awareness, under-resourced mental health systems, and societal stigma surrounding psychological disorders can intensify the experiences of individuals with OCD traits. Social expectations, academic stress, and limited access to evidence-based interventions may further exacerbate perceived stress, thereby leading to deteriorating quality of life in this demographic (18). These contextual factors provide a crucial backdrop to understanding the heightened vulnerability of young Pakistani adults to the cumulative effects of OCD traits and perceived stress. The study also presented strengths in its methodological execution, particularly in the use of standardized and validated instruments for measuring obsessive-compulsive traits, perceived stress, and quality of life. The use of a well-established mediation analysis model contributed to the robustness of statistical interpretation. Despite these strengths, the study acknowledged certain limitations that merit consideration. The sample was restricted to 195 participants, all of whom were college and university students aged 18 to 30 (19). As such, the findings may not generalize to broader age groups, school-aged populations, or those outside formal education. Furthermore, demographic imbalances in religion, gender, education level, and employment status may have influenced the variability in the findings, and future research should address these discrepancies through stratified sampling techniques. Another limitation includes the self-report nature of the instruments, which may introduce response biases such as social desirability or inaccurate self-assessment of symptoms. Additionally, the cross-sectional design of the study limits causal inference; longitudinal studies would be better positioned to determine directionality and stability of the observed relationships over time. The findings of this study hold several practical implications. Mental health interventions targeting stress reduction may play a crucial role in mitigating the impact of obsessive-compulsive traits on psychological well-being. Schools, universities, and mental health professionals should incorporate stress-management strategies into counseling frameworks and cognitive-behavioral interventions for individuals exhibiting OCD traits (20). Policy-level changes are also essential, such as integrating mental health education into academic curricula, promoting awareness campaigns to reduce stigma, and increasing access to affordable treatment options. In light of the findings, future research should broaden the sample size, include non-student populations, and explore domain-specific quality of life impacts such as academic functioning, social integration, and emotional regulation. Examination of additional mediators such as social support, coping mechanisms, and emotional regulation skills may also yield richer insights into the multifaceted nature of OCD's impact on psychological well-being. A greater emphasis on culturally-sensitive interventions and targeted policy development will further support young adults in managing stress and maintaining a better quality of life amid obsessive-compulsive challenges.

CONCLUSION

In conclusion, the study established that, obsessive-compulsive traits are linked to increased perceived stress and reduced quality of life among young adults, with perceived stress significantly mediating this relationship. These findings emphasize the crucial role of stress in the psychological burden associated with OCD traits, particularly within the context of young individuals navigating academic, social, and cultural pressures. By highlighting perceived stress as a key mechanism influencing well-being, the study contributes valuable insight for developing targeted mental health interventions. The results underscore the importance of incorporating stress management strategies within therapeutic and institutional frameworks to enhance the psychological welfare and overall quality of life of young adults experiencing obsessive-compulsive tendencies.

Author Contribution

Author	Contribution
Rabia Manzoor*	Substantial Contribution to study design, analysis, acquisition of Data Manuscript Writing Has given Final Approval of the version to be published
Sehrish Naeem	Substantial Contribution to study design, acquisition and interpretation of Data Critical Review and Manuscript Writing Has given Final Approval of the version to be published
Kiran Akram	Substantial Contribution to acquisition and interpretation of Data Has given Final Approval of the version to be published
Urusa Kanwal	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published

REFERENCES

1. Wang Y, Hong A, Yang W, Wang Z. The impact of childhood trauma on perceived stress and personality in patients with obsessive-compulsive disorder: A cross-sectional network analysis. J Psychosom Res. 2023;172:111432.
2. Li P, Cheng J, Gu Q, Wang P, Lin Z, Fan Q, et al. Intermediation of perceived stress between early trauma and plasma M/P ratio levels in obsessive-compulsive disorder patients. J Affect Disord. 2021;285:105-11.
3. Homayuni A. Investigating the correlation between perceived stress and health anxiety with obsessive-compulsive disorder and quality of life during COVID-19 pandemic. BMC Psychol. 2023;11(1):54.
4. Hoge EA, Bui E, Mete M, Dutton MA, Baker AW, Simon NM. Mindfulness-Based Stress Reduction vs Escitalopram for the Treatment of Adults With Anxiety Disorders: A Randomized Clinical Trial. JAMA Psychiatry. 2023;80(1):13-21.
5. Özsoy T, Balaban Ö. Obsessive-compulsive disorder and its association with work addiction and job stress. Work. 2025;80(1):461-70.
6. Raposo-Lima C, Morgado P. The Role of Stress in Obsessive-Compulsive Disorder: A Narrative Review. Harv Rev Psychiatry. 2020;28(6):356-70.
7. Kuzu Durmaz A, Çiçekoğlu Öztürk P, Çevik Durmaz Y. Work stress and obsessive-compulsive symptoms in nurses and office workers: a comparative study. Int J Occup Saf Ergon. 2024;30(3):711-6.
8. Acoba, E. F. (2024). Social support and mental health: the mediating role of perceived stress. *Frontiers in Psychology*, *15*, 1330720.
9. Cunning, C., & Hodes, M. (2022). The COVID-19 pandemic and obsessive–compulsive disorder in young people: Systematic review. *Clinical child psychology and psychiatry*, *27*(1), 18-34.
10. Fortes, P. P., dos Santos-Ribeiro, S., de Salles-Andrade, J. B., Moreira-de-Oliveira, M. E., de Abreu-Cervone, F., de Faro, L. F., ... & Fontenelle, L. F. (2025). Mindfulness interventions and quality of life in anxiety-related disorders: A systematic review and meta-analysis. *Journal of Affective Disorders*, *373*, 383-393.
11. Goodman, W. K., Storch, E. A., & Sheth, S. A. (2021). Harmonizing the neurobiology and treatment of obsessive-compulsive disorder. *American Journal of Psychiatry*, *178*(1), 17-29.
12. Guo, F., Chen, X., Howland, S., Danza, P., Niu, Z., Gauderman, W. J., ... & Farzan, S. F. (2024). Perceived stress from childhood to adulthood and Cardiometabolic end points in Young adulthood: an 18-year prospective study. *Journal of the American Heart Association*, *13*(3), e030741.
13. Heydarikhayat, S., Kazeminia, M., Heydarikhayat, N., Rezaei, M., Heydarikhayat, N., & Ziapour, A. (2024). Prevalence of obsessive-compulsive disorder in the older person: a systematic review and meta-analysis. *BMC geriatrics*, *24*(1), 874.

14. Homayuni, A. (2023). Investigating the correlation between perceived stress and health anxiety with obsessive–compulsive disorder and quality of life during COVID-19 pandemic. *BMC psychology*, *11*(1), 54.
15. Kalanthroff, E., & Wheaton, M. G. (2022). An integrative model for understanding obsessive-compulsive disorder: merging cognitive behavioral theory with insights from clinical neuroscience. *Journal of Clinical Medicine*, *11*(24), 7379.
16. Maatoug, R. (2023). *Brain mechanisms underlying obsessive-compulsive disorder: evidences from a multimodal approach* (Doctoral dissertation, Sorbonne Université).
17. Rahme, C., Akel, M., Obeid, S., & Hallit, S. (2021). Cyberchondria severity and quality of life among Lebanese adults: the mediating role of fear of COVID-19, depression, anxiety, stress and obsessive–compulsive behavior—a structural equation model approach. *BMC psychology*, *9*, 1-12.
18. Remmerswaal, K. C., Batelaan, N. M., Hoogendoorn, A. W., van der Wee, N. J., van Oppen, P., & van Balkom, A. J. (2020). Four-year course of quality of life and obsessive–compulsive disorder. *Social Psychiatry and Psychiatric Epidemiology*, *55*, 989-1000.
19. Spencer, S. D., Stiede, J. T., Wiese, A. D., Goodman, W. K., Guzick, A. G., & Storch, E. A. (2022). Cognitive-behavioral therapy for obsessive-compulsive disorder. *The Psychiatric clinics of North America*, *46*(1), 167.
20. Veenhoven, R. (2024). Quality of life (QOL), an overview. *Encyclopedia of quality of life and well-being research*, 5668-5671.

