

The Psychological Factors Underlying the Emergence of Obsessive-Compulsive Demonstrations Among Individuals Who Interact Directly with COVID-19 Infection

Received date:31/03/2026 Accepted date:31/05/2026 Published date:12/06/2026

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Abstract:

This study looks at how COVID-19 affected a nurse who got sick with the virus while taking care of patients who had it in July 2020. It looks at how the nurse felt and after she got COVID-19 especially how she started having obsessive thoughts and doing compulsive things. The nurse was chosen for this study because people noticed changes in the way she acted like being too clean being on edge all the time being tense and not wanting to be, around people. The study wants to figure out what was going on in the nurses mind that made her start acting this way and what made her have these compulsive thoughts and behaviors these obsessive-compulsive symptoms and how COVID-19 affected the nurse.

Keywords:

Obsessive-Compulsive Disorder (OCD), COVID-19, Psychological Factors, Obsessive Thoughts, Cleanliness Obsession.

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1. Introduction:

Mental illness represents a significant challenge for individuals, disrupting their overall well-being and affecting their interactions and engagement within society. These disorders manifest in behaviors and actions that deviate from the norm, thereby impacting one's psychological health, which is the cornerstone of maintaining a balanced personality. This balance is crucial for adapting to the various facets of life in a normal and healthy way. According to HamedZahran, mental illness is a functional disturbance in personality, originating from psychological factors, which appears in the form of various psychological and physical symptoms. This affects the individual's behavior, hindering their psychological adjustment and preventing them from leading a normal life in society (Zahran, 2005, p. 09).

There are numerous types of mental disorders, one of which is Obsessive-Compulsive Disorder (OCD), which negatively impacts one's personality and causes deep disturbances.

Abdel Khaleq defines obsessions as persistent, intrusive thoughts that aggressively enter the mind, making it impossible for the individual to control or dismiss them. These thoughts are often recognized by the patient as illogical or absurd, but they cannot be stopped. These intrusive thoughts typically revolve around topics such as contamination, dirt, fantasies, aggression, orderliness, and sexual thoughts. Compulsions, on the other hand, involve observable actions or behaviors, such as rituals.

There is a pathological need to perform certain irrational, trivial, or purposeless actions, such as hand washing, checking things repeatedly, or changing clothes (Al-Anzi, 2007).

Several studies have addressed OCD from various perspectives, and one notable study that aligns with the objectives of our research is the work of Al-Subaie and colleagues on OCD in Saudi society. Their sample included 45 individuals of different ages who visited psychiatric clinics. The researchers utilized case study reviews and diagnostic tools in line with the American Psychiatric Association's third edition of the Diagnostic and Statistical Manual (DSM-III). Their findings revealed that the onset of OCD occurred before the age of 30, with no significant gender differences. The study also showed that many of the obsessions and compulsions were related to religious behaviors, with a 46.7% prevalence, while sexual obsessions were less common due to societal conservatism in Saudi Arabia. No physical symptoms resulting from OCD were observed. The study found that the most common compulsive behaviors involved repetition, particularly related to prayers and ablution (Al-Anzi, 2007).

The occurrence of OCD may intensify when individuals are unable to rid themselves of obsessive thoughts and compulsive behaviors, leading to heightened anxiety and constant tension. While this is the case for those diagnosed with the disorder, the COVID-19 pandemic brought about new challenges, including the necessity of adhering to health protocols such as social distancing, sanitization, wearing masks,

and continuous handwashing to avoid contracting the virus. In some cases, these safety measures might trigger or exacerbate obsessive-compulsive behaviors if they go beyond the necessary precautions. This study aims to explore the psychological factors behind the emergence of obsessive-compulsive phenomena among individuals who are directly involved with COVID-19 infections.

1.1 - Main Research Question:

What are the psychological factors underlying the emergence of obsessive-compulsive phenomena among individuals who interact directly with COVID-19 infection?

2. Importance of the Study:

- The significance of this study lies in its focus on a psychological condition, namely obsessive-compulsive disorder (OCD), and the presence of this disorder in individuals during the COVID-19 pandemic, particularly due to the stringent and escalating implementation of preventive safety measures.
- It contributes to enriching the body of knowledge by offering insights into this new area of study.
- This research may benefit specialists in the psychological field by helping them address mental health disorders arising from the outbreak and spread of the COVID-19 pandemic.
- Additionally, the study could offer a comprehensive conceptual framework for understanding the factors that



contribute to the emergence of obsessive-compulsive behaviors and thoughts among individuals raised in families or environments characterized by criticism and high expectations. It is well-known among psychologists that excessive doubt and criticism, which are prominent traits of OCD and obsessive personalities, can lead to an overwhelming fixation on orderliness and cleanliness, taken to an extreme.

3. Study Objectives:

This study aims to achieve the following key objectives:

- To identify the obsessive-compulsive behaviors the subject is experiencing.
- To understand the psychological and social factors that trigger these behaviors in the subject.
- To propose suggestions that may help psychologists better comprehend the underlying aspects of this psychological condition, thereby enabling them to offer appropriate support when necessary.

4. Theoretical Framework of the Study:

4.1 - Obsessive-Compulsive Disorder (OCD):

4.1.1 - Definition of Obsessive-Compulsive Disorder:

Obsessive-compulsive disorder is defined as the presence of obsessions (persistent, intrusive thoughts) and compulsions

(repetitive, ritualistic behaviors). These thoughts and behaviors become dominant and overwhelming for the patient, who finds them difficult or impossible to resist. Even though the patient is aware of the absurdity and irrationality of these thoughts and behaviors, they are compelled to carry them out. The individual experiences intense anxiety and distress when resisting these thoughts, feeling an overwhelming internal drive to perform the compulsive actions (Zahran, 2005, p. 509).

Abdel Khaleq defines obsessions as continuous, intrusive thoughts that invade the individual's mind persistently and forcefully, making it impossible for the individual to control or dismiss them. The patient is often aware of the ridiculousness, triviality, or implausibility of these thoughts, but cannot stop or eliminate them. These obsessions typically center around topics such as contamination, dirt, violence, orderliness, and sexual thoughts. Compulsions, in turn, involve observable actions and behaviors, such as rituals. There is a pathological need to perform certain irrational, trivial, or purposeless acts, such as washing hands repeatedly, checking things, or changing clothes (Al-Anzi, 2007).

4.1.2 - Causes of Obsessive-Compulsive Disorder:

The causes of obsessive-compulsive disorder can be summarized as follows:

1. Severe or chronic infectious diseases.
2. Traumatic incidents and experiences.



3. Internal conflicts between the elements of good and evil within the individual, and the struggle between fulfilling aggressive impulses and the fear of punishment or guilt, as well as the conflict between rebellion against adult demands and submission to them.
4. Continuous frustration within society, constant threats of deprivation, and a loss of security, making the patient seek safety and avoid danger.
5. Fear, lack of self-confidence, and repression.
6. Faulty socialization and strict, authoritarian upbringing characterized by oppressive rules, harsh punishment, and rigid training.
7. Feelings of guilt, self-blame, and the desire for self-punishment. For example, compulsive handwashing may symbolize an unconscious desire to cleanse oneself of guilt or past mistakes.
8. Imitation of obsessive-compulsive behaviors by parents or significant adults who exhibit such traits (Jathir, 2010-2011).

4.1.3 - Obsessive-Compulsive Manifestations:

Obsessive-compulsive manifestations can be summarized as follows:

1. **Dominant Thoughts:** These are typically doubtful, philosophical, or aggressive in nature (such as questioning creation, thinking about death and resurrection, or beliefs regarding marital infidelity).

2. **Repetitive Thoughts and Ruminations:** For example, constantly repeating song lyrics or music in an abnormal way.
3. **Superstitious and Primitive Thinking:** This includes beliefs in magic, sorcery, puzzles, delusional thoughts, pessimism, and the expectation of harm.
4. **Introversion and Depression:** This may involve isolation, sadness, and self-denial, leading to the deprivation of various pleasures and satisfactions.
5. **Excessive Conscience and Guilt:** A heightened sense of guilt, intolerance, stubbornness, and excessive argumentative behavior.
6. **Excessive Introspection:** This includes preoccupation with physical, mental, emotional, and social activities, as well as excessive daydreaming.
7. **Compulsive Behavior and Ritualistic Acts:** For example, walking along white lines on the street, walking in a specific way, touching metal fences, counting objects that others do not count (such as floors, windows, stairs, and power poles), or signing a paper a certain number of times.
8. **Excessive Orderliness, Cleanliness, and Attention to Detail:** An obsessive fixation on neatness and perfection.
9. **Fear of Germs, Microbes, Dirt, Contamination, and Infection:** This can lead individuals to avoid handshakes, or refuse food and drinks offered to them at social gatherings (Hibber, 2013).



4.2 - COVID-19 Virus (Corona virus)

4.2.1 - Definition of COVID-19 Virus:

Coronaviruses are a broad family of viruses that can cause illness in both animals and humans. Some coronaviruses are known to cause respiratory illnesses in humans, ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The recently discovered coronavirus causes COVID-19, an infectious disease caused by the latest strain of coronavirus. Prior to its outbreak in Wuhan, China in December 2019, there was no knowledge of this new virus and its associated disease. COVID-19 has now evolved into a global pandemic, impacting many countries worldwide. [Source: WHO](#)

4.2.2 - Symptoms:

COVID-19 primarily targets the lungs, and its incubation period within the body is about 14 days, with symptoms typically appearing after an average of 5 days. The main symptoms include a body temperature of 38°C or higher, dry coughing, and general fatigue. In some cases, the symptoms can worsen, leading to difficulty in breathing. [Source: MOHAP](#)

4.2.3 - Risks:

The risks associated with COVID-19 depend on your location and recent travel history. The risk of infection is higher in areas where many cases have been diagnosed. Currently, 95%

of COVID-19 cases are concentrated in China, particularly in Hubei Province. For individuals in other parts of the world, the likelihood of contracting COVID-19 remains relatively low. However, it is important for people to stay informed about the situation in their area and the preparedness measures being taken.[Source: UNRWA](#)

5- Previous Studies

Al-Qudib et al. (2024) demonstrated that the sudden and radical changes in daily habits experienced by individuals during the COVID-19 pandemic were associated with acute psychological and social disturbances, including symptoms of Obsessive-Compulsive Disorder (OCD), particularly those related to the fear of contamination and cleanliness. The researchers emphasized that elevated stress levels may serve as the primary catalyst for the onset or exacerbation of these OCD symptoms (Al-Qudib et al., 2024).

Oktuglu (2022) highlighted the high degree of overlap between Obsessive-Compulsive Disorder (OCD) symptoms (such as excessive handwashing) and COVID-19-related health safety practices (like frequent handwashing and mask-wearing). The author pointed out that the pathological fear of contracting an infection can also lead to the exacerbation of symptoms even in individuals who had not been previously diagnosed with OCD (Oktuglu, 2022).

In a cross-sectional study, Yagi et al. (2022) compared frontline healthcare workers with other health sector employees



and found that frontline workers exhibited more severe Obsessive-Compulsive Disorder (OCD) symptoms. Symptoms related to control, doubt, indecision, and repetitive thoughts were more strongly associated with the fear of infection and preventive measures. Furthermore, the psychological burden resulting from the continuous implementation of personal and environmental precautionary measures led to an exacerbation of these symptoms (Yagi et al., 2022).

In a longitudinal study, Taner et al. (2020) found that two-thirds of participants reported a deterioration of Obsessive-Compulsive Disorder (OCD) symptoms related to contamination during the pandemic outbreak. It was revealed that health anxiety was significantly associated with pandemic-related fears and an increased severity of OCD symptoms (Taner et al., 2020).

A study conducted by Sözer and Ulaş (2020) revealed that the fear of COVID-19 was positively associated with an increase in emotional distress, which subsequently led to experiential avoidance behaviors. This dynamic, in turn, contributed to a rise in symptoms of depression, anxiety, and Obsessive-Compulsive Disorder (OCD). Collectively, these psychological factors resulted in a notable surge in the manifestation of OCD symptoms throughout the pandemic (Sözer&Ulaş, 2020).

These studies collectively underscore the role of psychological factors—specifically, the fear of infection, the acute changes in daily routines, and the chronic stress resulting from health prevention measures—in the onset or exacerbation

of Obsessive-Compulsive Symptoms (OCS) during the COVID-19 pandemic, particularly obsessions related to contamination and compulsions related to cleanliness. While the samples in these studies included both the general population and frontline workers, there is an urgent need for more longitudinal field research to deconstruct the precise roles played by internal psychological mechanisms such as anxiety, fear, and avoidance. Furthermore, there is a pressing need to develop integrated treatments that simultaneously target both the pathological fear of illness (nosophobia) and the symptoms of OCD.

6. Research Methodology:

This study will adopt a clinical approach using the case study technique to investigate the existence of obsessive-compulsive disorder (OCD) in individuals during the COVID-19 pandemic and to explore the underlying factors contributing to the emergence of obsessive-compulsive phenomena among those directly involved with COVID-19 infection. The study will involve examining the case history to identify any factors related to family and social upbringing, as well as inherited patterns of thinking shaped by socialization.

7. Tools of the Study:

7.1 - Semi-Structured Clinical Interview:

The interview is a fundamental tool for psychologists in almost all of their professional work, especially when adopting a clinical methodology, as is the case in this study. It is typically a



face-to-face interaction in a psychologically safe, trusting, and comfortable environment, allowing the interviewee to speak freely, express stress or conflicting experiences, and interact honestly with the psychologist's inquiries. This method provides the psychologist with valuable information, allowing them to obtain a comprehensive protocol of the individual's emotional state, which helps in addressing the research questions.

In this study, the semi-structured interview was employed, combining both closed and open-ended questions that guide the interviewee toward specific psychological areas of concern. This format provides the psychologist with a fertile ground for exploring the subject's psychological experience, while also granting the interviewee the freedom to respond openly, thus facilitating an effective professional communication relationship.

8. Presentation and Discussion of Study Results:

After outlining the theoretical framework of the study and completing the fieldwork for data collection, the research now proceeds to present and discuss the results in light of psychological concepts.

8.1 - Case Presentation:

The case (W.G.) is a general nurse who graduated from the Medical Training Institute in Biskra in 2011. She is 34 years old, married, and a mother to a 3-year-old child. She grew up in a well-off family, which she describes as conservative, strict, and

disciplined. According to her, she inherited this mentality from her family. She currently suffers from what she describes as constant anxiety, which she feels in every situation, to the extent that she says: "I feel suffocated and wish this were a dream I could wake up from at any moment, or like a piece of clothing I could take off and throw away to feel relieved if only I could." She claims that this feeling has been with her since her early years, but it improved as she reached adulthood, especially after marriage. However, it resurfaced with the emergence of the COVID-19 pandemic. She now suffers from multiple issues due to the pandemic, to the point that her relationships, especially with her husband, have deteriorated.

8.2 - Summary of the Interview with Case (W.G.):

The fieldwork for this study began by searching for target cases through personal acquaintances who had previously contracted the virus, especially those working in the healthcare sector. These individuals were selected because they could contribute valuable information for the case study and provide insight into the obsessive-compulsive phenomena observed. One particular case was randomly selected. The fieldwork took place in one of the nurses' offices at Hakim Saadan Hospital in Biskra, where the following information was obtained through the semi-structured clinical interview:

Initially, it was observed that the subject was sitting more than two meters away from the researcher, fully covered in protective gear, including a suit, mask, and gloves. At first glance, she appeared anxious, uneasy, and eager to end the



interview. However, as the session progressed, she began to engage more positively, especially upon realizing that her high level of health and safety awareness was the reason for her selection. Despite some conflicts with those around her who did not fully understand the severity of pandemics, her focus on preventive health measures was acknowledged by all. This realization triggered a more open response from her, and she sighed deeply, saying, "Who understands you...".

Through the interview, it became clear that she suffers from obsessive-compulsive behaviors, which she attributes to her upbringing. She explains: "We were raised this way, everything had to be on time, everything had to be precise... military-like discipline. My mother constantly monitored our hand cleanliness whenever we entered or left the house, touched anything, or before and after meals. If she heard that we had been with a sick child, she would scold us severely. My father was highly critical of everything—what we wore, what we ate, forbidding us from eating outside the house. Honestly, we grew up under strict discipline." She also notes that she suffers from what could be described as chronic or near-chronic anxiety, accompanied by intrusive thoughts that cause her significant distress. She wishes she could overcome them, as seen in her words: "Sometimes, I feel like we're being punished. I see all my peers happy with their lives, but I cannot find peace. I don't know if this is a result of my upbringing or if it's hereditary. I'm always anxious, always thinking negatively... I try so hard not to make mistakes, as if I'm not allowed to err."

She explains that this anxiety and compulsive behavior are also affecting her child: "I'm raising my son with such strictness. If he makes a mistake or gets dirty, or leaves the house without telling me, I automatically punish him. I think he needs to be disciplined from an early age, but sometimes I wonder if he'll turn out like me. I even fear that if he's like me, it could be a problem. I live in a state of obsession with my thoughts."

Regarding her condition's deterioration with the pandemic, she states: "For a while, I felt some relief as I grew older and became more aware of my actions, adjusting my behavior. However, with the spread of COVID-19, I felt a significant regression. My obsessive-compulsive behaviors became worse, especially when it came to cleanliness. Even after performing the simplest hygiene tasks, I find myself mentally exhausted from the endless thinking. I never feel at ease, no matter what I do."

Her obsessive focus on cleanliness and orderliness has strained her relationships with her husband, family members, and even colleagues. She expresses, "I no longer have the tolerance for mistakes, even if I try to ignore them. I find myself ruining relationships with others. I've started avoiding any form of interaction with people—shaking hands, sitting with them—everything." Concerning her relationship with her husband, she shares: "I'm in a difficult situation. My husband needs me, but when I try to explain the need for strict hygiene due to his constant contact with others, he doesn't take it seriously. He only follows the rules when I force him, and even then, he doesn't maintain them. He tells me COVID-19 is not a big deal, that only

people with chronic illnesses or the elderly need to worry about it. Now, I feel like I'm alone in this—living as if I were by myself at home. He doesn't respect the safety precautions, and our relationship is no longer as it was."

9 - Discussion of Interview Results with Case (W.G.):

Analysis of the results and data extracted from the interview indicates that the case (WG) is suffering from what is known as Repetitive Obsessive-Compulsive Disorder (OCD) which is manifested in a set of clear symptoms such as doubt, fear, internal psychological conflict, and weak social relationships, all stemming from her excessive or exaggerated preoccupation with order and cleanliness to a degree that is nearing frenzy. WG is fully aware that she is suffering from a type of disorder, and she feels scared that her reactions to certain matters concerning cleanliness are exaggerated. Therefore, she is looking to restore a state of psychological peace as she has had before, and seeks to eliminate everything that burdens her mind. It can be said that this is the primary aim of working with her. WG sometimes realizes that she is attempting to rationally justify her actions and thoughts.

This reveals a significant degree of ego-dystonic insight, a trait not uncommon in individuals with Obsessive-Compulsive Disorder (OCD). WG recognizes that her rituals are so excessive and seeks to restore a degree of reassurance, which points to a continuous internal conflict between her rational self and the compulsive drives urging her to perform certain actions. Her

attempts for justification might be understood as a means to reduce internal dissonance, which reflects a psychological disturbance and an effort to employ mental defense through rationalization mechanisms.

The case WG uses a number of psychological defense mechanisms typically observed in individuals with obsessive traits, such as rationalization, affective splitting (or emotional ambivalence), idealization, and other defense mechanisms. These responses—such as rationalization, emotional ambivalence, and excessive idealization—are considered part of the obsessive psychic structure, serving as psychological barriers that protect the individual from deeper internal fears. It's also observed that depressed individuals are capable of experiencing feelings of ambivalence and guilt, which are often linked to their earliest relationships with influential figures in childhood and the childhood desire to simultaneously satisfy both the "good" and the "bad" parent. As for idealization, it may be a reflection of an exaggerated glorification of the values of order, purity, and authority—values deeply embedded in the obsessive psychic structure.

In this context, the researcher Pollak indicated in his study that the roots of the obsessive personality can be traced back to the anal stage of psychosexual development. Meanwhile, obsessive-compulsive neurosis (OCN), according to the dynamic concept, arises as a result of a state of regression to this stage as a defense mechanism against severe anxiety stemming from Oedipal conflicts. (Al-Enezi, 2007)



Based on Freud's classical psychoanalytic framework, unresolved issues in the anal stage (which involves the development of self-control and regulation) later manifest in life as obsessional components. This regression is not coincidental; it's rather a defense against anxiety-provoking Oedipal conflicts. From this perspective, WG's compulsive drives can be considered as symbolic attempts to re-enact prior psychological developmental imbalances, especially those related to control and rigidity, or the fear of punishment and feelings of shame.

Moreover, this disorder may arise from an inherent internal predisposition that is solidified throughout various life stages. In fact, this type of disorder is considered among the psychological illnesses that begin to develop in family environments dominated by perfectionism, where children are raised with rigid rules aimed at maintaining order and cleanliness. Psychoanalysts suggest that children living in such environments suffer from unrestrained internal self-scrutiny because they are unable to sever their infantile attachment to their parents. Instead, they attempt to project this attachment by adopting the behavioral pattern their parents employed toward them. This pattern later transforms into a part of their psychological structure. (Al-Enezi, 2007)

The family background of the case WG seems consistent with these findings; she was raised in a family environment characterized by perfectionism and authoritarianism, an environment that often precipitates the development of early obsessional tendencies. In such families, love and acceptance are

typically conditional upon performance and adherence to order. This fosters the development of a strict Superego and leads to issues of self-blame and excessive control in adulthood. Children raised in these environments develop an inner fear that they are unsafe if everything isn't clean, perfect, or under control—which is the very core structure of obsessional thinking.

In addition, families belonging to a balanced, healthy culture raise their children to adhere to systems of cleanliness and discipline. Over time, these behaviors become deeply ingrained in the individual's consciousness and daily conduct. The individual then feels that something is missing, or experiences a sense of deficiency and psychological distress, if they are unable to perform these rituals associated with order and purity. Furthermore, the individual begins to attempt to project these rituals onto various life situations. This pattern is particularly noticeable in those whose professional status reinforces this type of behavior—such as working or studying in the health sector, as is the case with WG.

In this case, the professional setting reinforces this obsessional pattern, as it legitimizes her compulsive behaviors, framing them as part of a culture of health precaution and safety. This makes it difficult to distinguish between legitimate caution and pathological obsessive behavior. Furthermore, the symbolic rewards she receives for these behaviors in the work environment contribute to the entrenchment of these rituals, making the disorder a lifestyle rather than a transient symptom.



It is also not unlikely that ordinary life events, including news about epidemics and diseases, could be a cause of this condition's aggravation, especially when amplified by the media, as occurred during the COVID-19 pandemic. During that time, religious edicts and discourse filled with dread of death, disease, and contagion spread, alongside rising global infection and mortality rates. This created a state of panic and psychological collapse among broad segments of the population, particularly in countries with moderate economic, living, and health indicators, such as Algeria. All of this can be considered a re-formulation of WG's problem.

In this context, modern psychological literature offers strong support for these findings. For example, Al-Qudib et al. (2024) reported that the sudden and strict changes in lifestyle resulting from the pandemic caused severe psychological and social disturbances, particularly in the form of contamination-related Obsessive-Compulsive Disorder (OCD). It was found that increased stress levels were a key factor in the onset or exacerbation of obsessional symptoms.

As confirmed by Oktuglu (2022), there is a fine line between public health preventative measures, such as hand washing and mask-wearing, and obsessional symptoms. Fears of illness can heighten compulsive drives, even in individuals who were not previously affected.

In the same context, Yagi et al. (2022) found that healthcare workers, particularly those on the front lines, showed

a significant increase in Obsessive-Compulsive Disorder (OCD) symptoms, specifically symptoms related to control, doubt, and repetitive thinking—traits that are present in WG's clinical profile. The findings indicate that occupational stress linked to the fear of infection leads to the exacerbation of these symptoms.

In a longitudinal study, Taner et al. (2020) found that more than half of the participants reported an exacerbation of Obsessive-Compulsive Disorder (OCD) symptoms during the pandemic, particularly those related to contamination and washing. This data supports the hypothesis that health anxiety can be a direct driver for the worsening of OCD symptoms, as is the case with WG.

The study by Sözer and Ulaş (2020) demonstrated that the fear of COVID-19 was associated with an increase in emotional reactions, which led to avoidance behaviors. This, in turn, contributed to a rise in symptoms of depression, anxiety, and Obsessive-Compulsive Disorder (OCD). Collectively, these psychological factors resulted in a notable surge in the manifestation of OCD symptoms during the pandemic.

10- Conclusion and Study Recommendations:

It can be concluded that several factors related to the emergence of the novel coronavirus highlighted patterns of psychological disorders, perhaps most notably Obsessive-Compulsive Disorder (OCD). Therefore, it is essential for mental health workers and researchers to develop a sound psychological protocol that contributes to epidemic prevention in a way that

ensures mental safety. It's well-known that mental health exists between two extremes: excess (over-control) and neglect (under-control), either in behaviors or in conditions of health and psychological security. Falling into OCD means the individual tends toward excess and exaggeration to a degree that hinders many aspects of their life, especially their need for psychological comfort and normal social relationships. Based on the findings of this study, we propose the following recommendations: Work towards developing an integrated psychological protocol alongside the existing health protocol. This should aim to raise awareness and educate the public that sudden and emergency events, such as epidemics, can leave psychological effects no less significant than physical ones. These events contribute to weakening both psychological and physical immunity, as the two systems mutually support each other, thereby impacting overall public health security. Develop comprehensive plans for psychological assistance to reassure those affected psychologically. Observations by healthcare workers suggest that the mental state of individuals experiencing panic and fear is believed to affect the strength of their immune system, particularly in those who do not suffer from chronic diseases, as affirmed by their families. I propose the following treatments: - Cognitive Behavioral Therapy (CBT) is one of the most prominent treatments currently used to manage Anxiety and Obsessive-Compulsive Disorders (OCD). CBT enables patients to recognize distorted thought patterns and modify their attitudes toward them, helping them develop healthy coping strategies. Digital Therapy, Technology has seen significant development,

and digital mental health techniques (such as mobile applications and online interventions) have become widespread for offering psychological support, especially during public health emergencies. These methods have proven effective in treating anxiety and depression.- Exposure and Response Prevention (ERP) is a specific form of Cognitive Behavioral Therapy (CBT) developed particularly for treating OCD. It involves gradually exposing the patient to anxiety-provoking situations without allowing them to perform the compulsive behavior, which reduces the power of the obsessive thoughts over time.- Mindfulness practices—specifically, engaging in conscious meditation for even just 15 minutes daily—are suggested by the latest studies to enhance individuals' sensory responsiveness and encourage more compassionate and balanced behaviors. These principles have been widely integrated into modern clinical practices. Enabling families and communities is a powerful component of therapeutic intervention. This is achieved through psychological support groups and specialized workshops designed for families facing challenges in dealing with members who have psychological disorders (as supported by the *International Journal of Inclusive Education*, 16(4), 437–449). - Early detection of psychological conditions in their initial stages is often sufficient for both prevention and treatment. Therefore, the role of psychological specialists should not be limited to implementing policies only during health crises. Rather, a psychologist must have an active role in primary care through psychological checking and carrying out necessary preventive interventions. In brief, health crises like the COVID-19 pandemic require a multi-dimensional response that



encompasses physical, psychological, and social aspects. Addressing mental health as an essential component of overall public health security is what ensures true prevention and comprehensive recovery.

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