CASE REPORT

Contamination Obsessions and Washing Rituals: A Case Report on Severe OCD and its Psycho-therapeutic Management

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ABSTRACT

Obsessive-Compulsive Disorder (OCD) is a chronic psychiatric condition characterized by intrusive, unwanted thoughts and repetitive behaviors aimed at reducing distress (APA, 2013). This aims to discuss the presentation, evaluation, and treatment of a 30-year-old female patient with OCD, specifically focusing on contamination fear and washing compulsions. The patient, sent to the Punjab Institute of Mental Health, showed contamination obsessions, repetitive washing habits, irritability, sleep disturbances, and interpersonal conflicts within the family. Detailed examination, involving the Mental Status Examination, and Dysfunctional Thought Records (DTR) and Yale-Brown Obsessive Compulsive Scale (Y-BOCS), established a diagnosis of severe OCD. For pre-assessment: Clinical Observation, Mental Status Examination, DTR and the Y-BOCS, and post-assessment: Clinical Observation, Mental Status Examination, DTR and the Y-BOCS were systematically used to evaluate symptom severity and therapeutic progress. Interventions comprised CBT with ERP, supported by psychoeducation, relaxation training (taught as structured coping skills rather than simple tips), cognitive restructuring, and self-esteem enhancement to reduce symptoms and improve functioning. Y-BOCS reflecting a 52% reduction in symptom severity, average frequency of compulsions shows 76% reduction, and anxiety intensity shows 67% reduction. This case highlights the importance of early intervention, extensive assessment, and individualized cognitive-behavioral treatments in managing OCD. It also emphasizes the need to consider environmental stressors, family functioning, and individual vulnerabilities when planning long-term interventions, as these factors may contribute to the onset and maintenance of obsessive-compulsive symptoms.

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Background

Adolescence is an important period of rapid physical and mental growth, as well as a period of high incidence of mental health problems (depression, anxiety, and stress; Kelly et al., 2015). In particular, during COVID-19, mandatory family isolation, social distancing, and reduced interpersonal connections have greatly impacted adolescents' mental health (Lakhan et al., 2020). Globally, the incidence rates of adolescent depression and anxiety disorders have reached 25.2% and 20.5%, respectively (Racine et al., 2021). These mental health problems not only affect academic performance (Fletcher, 2010) and peer relationships (Long et al., 2020), but can lead to increased rates of suicide (Bitsko et al., 2022). Therefore, identifying positive factors and mechanisms that influence adolescent mental health is essential for prevention and intervention.

In recent years, mindfulness, defined as intentionally and non-judgmentally paying attention to present moment experiences (Kabat-Zinn, 1994), has gained increasing attention due to its accessibility, demonstrated effectiveness in managing mental health.

Case Presentation

Ms. S.I., a 30-year-old married female from a middle-class joint family, was brought to psychiatric outpatient department of the Punjab Institute of Mental Health (PIMH) with the presenting complaints of obsessions about contamination and washing rituals, irritability, disturbed sleep patterns, interpersonal issues with family due to this behavior and frequent anger out bursts. She had no previous history of mental illness and hospitalization.

The presenting complaints of the patient dates back to 3 years ago. In 2020, they moved into an old house where she discovered countless lizards all around. This experience was deeply disturbing for the client, both mentally and physically. The patient reported that the frequent presence of lizards in her new home triggered repetitive and distressing thoughts of contamination, particularly related to clothes, furniture, and household surfaces. Despite attempts to suppress these intrusive thoughts, she was unable to do so, which resulted in significant distress. To relieve this anxiety, she engaged in repeated washing of clothes, hands, and floors until she felt reassured that the area was clean. Although these rituals provided temporary relief, they reinforced her obsessive concerns and compulsive behaviors.

In 2021, following the birth of her son, the patient became increasingly preoccupied with contamination and excessively concerned about her child's health. She developed recurrent intrusive thoughts and engaged in compulsive hand washing for more than two hours daily, which was observed by family members as unusual and distressing behavior. Over time, her symptoms intensified, accompanied by heightened feelings of disgust and avoidance of social interactions. Despite the progressive impairment, she did not seek treatment until October 2022, when her husband brought her to the Punjab Institute of Mental Health, where she was referred to a trainee clinical psychologist for assessment and management.

Her family history showed that she had a strained relationship with her authoritarian father and a mother with high cleanliness standards. Symptoms intensified postpartum, significantly affecting her functionality, leading to interpersonal conflicts and sleep disturbances. Furthermore, 4Ps were identified from the history of the patient that are as followings.

Table 1: Identification of 4Ps' from History of Patient.

Sr. No	Factor	Explanation
1.	Predisposing Factors	Family history (uncle having symptoms of OCD), mother's strict nature regarding cleanliness
2.	Precipitating Factors	Changing of house, finding a lot of lizards at house, conflicts with in laws
3.	Perpetuating Factors	Act of washing hands for more than 1 hour a day, re-assurance seeking
4.	Protective Factors	Insight about illness, supportive husband

In addition to these factors, the patient also reported experiencing traumatic life events that acted as significant stressors. One such event was the relocation to a new house where frequent encounters with lizards triggered her contamination fears and obsessive thoughts. This event was perceived by her as highly distressing and uncontrollable, initiating the cycle of obsessions and compulsions. Furthermore, the postpartum period, following the birth of her child, acted as another major stressor, compounding her anxiety and worsening the severity of her condition.

Beyond the observable symptoms of contamination obsessions and repetitive washing, the disorder led to marked dysfunction across multiple domains of her life. Emotionally, she reported heightened irritability, persistent feelings of helplessness, guilt, and fear that she might contaminate her child, which often escalated into

frequent anger outbursts. Physically, her condition resulted in significant fatigue, disrupted sleep cycles, and dermatological problems due to excessive handwashing. Socially, she withdrew from family gatherings and avoided visiting relatives and friends due to her preoccupation with contamination, which further strained her interpersonal relationships. These impairments underline the pervasive impact of severe OCD, highlighting that the disorder not only manifests in repetitive behaviors but also substantially disrupts emotional well-being, physical health, and social functioning.

Assessment

The client was assessed through both informal and formal assessment.

Clinical Observation

In addition to formal tools, clinical observations were made during therapy sessions and the intake interview. The patient presented with visible restlessness, repeated hand movements suggestive of compulsive behavior, and heightened vigilance when discussing contamination. She frequently sought reassurance from the therapist, avoided touching objects in the room, and displayed discomfort when asked to imagine contaminated situations. These clinical observations supported the severity of her obsessive-compulsive symptoms and complemented the findings from structured assessments.

Mental Status Examination

The Mental Status Examination (MSE) is a structured assessment of a patient's behavioral and cognitive functioning during the clinical interview (Martin, 2005). The patient was a 30-year-old woman of average height and weight, appropriately dressed in a gown. Her facial expressions appeared tense and reflected a persistently low mood. She maintained a forward-leaning posture but established adequate eye contact with the examiner. Speech was slow in rate and reduced in quantity, though coherent and goal-directed. The predominant content of thought revolved around contamination-related obsessions, with no evidence of flight of ideas, incoherence, delusions, or perceptual disturbances. Judgment and insight were intact, as she demonstrated awareness of her illness. Memory functioning-immediate, recent, and remote-was preserved, as evidenced by her ability to recall and provide her history in sequence. She was fully oriented to time, place, and person.

Dysfunctional Thought Record (DTR)

DTR was employed to identify cognitive distortions, triggers, and faulty appraisals underlying the patient's obsessive thoughts. This tool helped highlight the connection between her intrusive cognitions and the compulsive responses she used for temporary relief (Mathew, 2008; Beck et al., 1993).

Table 2 (a): Test's Total Raw Score, Cut off, and Corresponding Remarks from Y-BOCS.

Test	Total Score Range	Total Raw Score for Pre-Assessment	Cut-off	Interpretation
Y-BOCS	0-40	25	24-31	Severe Symptoms

Note: Y-BOCS (Yale-Brown Obsessive Compulsive Scale)

Table 2 (b): Test's Total Raw Score, Cut off, and Corresponding Remarks from Y-BOCS

Test	Total Score Range	Total Raw Score for Post-Assessment	Cut -off	Interpretation
Y-BOCS	0-40	12	8-15	Mild Symptoms

Note: Y-BOCS (Yale-Brown Obsessive Compulsive Scale)

Table 3 (a): Pre-Assessment Dysfunctional Thought Record (DTR) Showing Average Frequency of Compulsions, Intensity of Anxiety, and their Negative Thoughts.

Areas of DTR	Average frequency	Average Intensity	Negative Thoughts	Distortions
Compulsions	35 per event	8.5	If I don't wash again, germs will remain and harm me or my child.	Jumping to Conclusion
Anxiety	30 per event	9	If I don't wash properly, something bad will happen.	Catastrophizing

Table 3(b): Post-Assessment Dysfunctional Thought Record (DTR) Showing Average Frequency of Compulsions, Duration, Intensity of Anxiety, and their Associated Thoughts.

Areas of DTR	Average frequency	Average Intensity	Negative Thoughts	Distortions
Compulsions	7 per event	6	If I don't wash again, germs will remain and harm me or my child.	Jumping to Conclusion
Anxiety	10 per event	5	If I don't wash properly, something bad will happen.	Catastrophizing

Graphical Representation

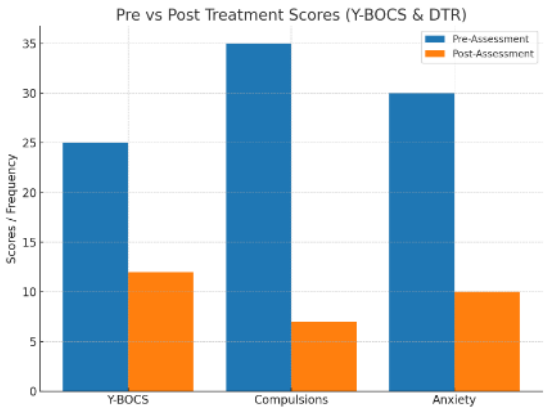

Fig 1: Bar graph showing Pre vs. Post treatment scores for Y-BOCS and DTR (compulsions, duration, and anxiety)

Diagnosis

The diagnosis of obsessive compulsive disorder (OCD) was considered based on the clinical findings and according to the DSM-5-TR diagnostic criteria of Obsessive and Compulsive disorders (American Psychiatric Association, 2022).

Therapeutic Intervention

The management plan for Ms. S.I. was structured according to evidence-based cognitive-behavioral therapy (CBT) principles, specifically targeting her severe obsessive-compulsive symptoms related to contamination fears and washing compulsions. The interventions were systematically designed to enhance her insight, reduce compulsive behaviors, improve emotional regulation, and restore functional daily living (Reddy et al., 2020).

Supportive Work and Therapeutic Alliance

At the outset, establishing a strong therapeutic alliance was prioritized. Given the patient's fair insight and readiness to engage, supportive therapy was used to validate her experiences, reduce stigma, and build trust. Motivational interviewing techniques were employed to enhance her commitment to change and treatment adherence (Strappini et al., 2022).

Psycho-education

The patient was given extensive psycho education regarding OCD, the characteristics of obsessions and compulsions, and how avoidance and safety behaviors perpetuate the disorder. This information served to normalize her experiences and promote a nonjudgmental approach toward her symptoms (Akıncı & Sevi, 2020)

Relaxation Training

In order to control increased anxiety that was brought about by intrusive thoughts, deep breathing relaxation exercises were incorporated at

the initial stages of therapy. These exercises helped in lessening bodily arousal and gave the patient immediate coping mechanisms at times of distress. To objectively monitor progress, the Subjective Units of Distress Scale was used before and after relaxation practice in each session. Initially, the patient rated her distress level at 8/10 prior to relaxation. Following guided breathing and relaxation, her distress consistently reduced to 4–5/10. By the end of the sixth session, her pre-relaxation ratings had decreased to 5/10, with post-relaxation ratings averaging 2/10. This demonstrated not only subjective relief but also measurable reduction in anxiety through relaxation training.

Readiness for Change and Cognitive Work

Interventions were aimed at conditioning the patient for behavior modification. Cognitive restructuring activities were started to confront her dysfunctional cognitions about contamination, responsibility, and threat exaggeration. Identifying cognitive distortions, Socratic questioning, and the utilization of Dysfunctional Thought Records (DTR) were used to challenge irrational perceptions (Foa, 2010).

Exposure and Response Prevention (ERP)

The main element of therapy was ERP. Hierarchies of feared cues were developed jointly, starting from low-anxiety cues (e.g., contact with a presumably contaminated object) and progressing towards higher-anxiety exposures. The patient was sequentially exposed to feared stimuli without washing compulsions, so habituation and cognitive reappraisal were possible (Patel et al., 2021).

Vertical Descent Technique

Vertical descent techniques were applied to investigate and dismantle catastrophic thought patterns behind obsessional fears. Through increasingly questioning "what would happen next" scenarios, the patient was prompted to appreciate the unrealistic nature of her feared consequences (Tahir & Fatima, 2019).

Coping Statements and Self-Esteem Enhancement

The patient learned to create and employ coping sentences (e.g., "I can stand this discomfort," "This feeling will go away") to challenge intrusive cues. In addition, activities and exercises were implemented to restore her self-esteem, which had been lowered by chronic symptoms and interfamily conflict. The focus was on taking control over daily activities she avoided before, including cleaning and cooking (Son, 2024).

Outcomes

Throughout therapy, the patient reflected significant changes. Quantitative outcomes further demonstrated these improvements: The Y-BOCS total score decreased from 25 to 12, reflecting a 52% reduction in symptom severity; the average frequency of compulsions dropped from 25 to 6 times per event (76% reduction); the duration of compulsive rituals reduced from 2.5 hours to 0.5 hours per day (80% reduction); and anxiety intensity declined from 9/10 to 3/10 (67% reduction). Interpersonal relationships, especially at the family level, also improved. Sleep habits and mood control revealed significant improvements. The patient showed better insight into her illness and gained confidence in coping with her symptoms on her own.

Discussion

According to researches, the role of genetic contribution or family history of OCD is moderate ranging from 30-50% (Taylor et al., 2010). Lambert & Kinsley (2005) also stated that there is linkage of biological factors with obsessive compulsive disorder. These studies were consistent with the patient’s family history as his maternal grandmother also had OCD. In addition to biological factor, other variables also play a major

role in the development of OCD. In South Asian contexts, contamination fears may be heightened by cultural values emphasizing cleanliness, purity, and family honor, which may partly explain the patient's heightened concerns (Shams et al., 2017).

From a psychodynamic standpoint, obsessive-compulsive disorder (OCD) is conceptualized as a defense mechanism to manage unconscious conflicts, particularly those rooted in early psychosexual development (Freud, 1926). In Ms. S.I.'s case, her rigid behaviors related to contamination and cleanliness may be understood as a symbolic attempt to manage overwhelming anxiety and feelings of responsibility, shaped by her authoritarian father's critical parenting style and her mother's high standards of cleanliness. These relational experiences appear to have contributed to an internalized sense of pressure and self-monitoring, which later intensified during the postpartum period (Summers & Barber, 2010).

From a behavioral perspective, Ms. S.I.'s symptoms can be explained through the mechanisms of classical and operant conditioning. Initially, a neutral stimulus (the sight of lizards or associated spaces) became associated with feelings of disgust and anxiety, establishing a conditioned fear response (Rachman, 1971). Over time, compulsive behaviors like washing hands and avoiding furniture were negatively reinforced because they provided immediate relief from anxiety. According to Mowrer's two-factor theory (1947), this avoidance cycle perpetuates the disorder by preventing extinction of the conditioned fear. Her escalation of washing rituals after the birth of her child further reflects stimulus generalization, wherein concerns about contamination spread to a broader range of environmental cues. Evidence supports the use of Exposure and Response Prevention (ERP) as the most effective behavioral intervention for OCD, as it interrupts this reinforcement cycle (Foa et al., 2005).

Cognitively, OCD is understood as arising from maladaptive beliefs and misinterpretations of intrusive thoughts (Salkovskis, 1985). Ms. S.I. demonstrated exaggerated responsibility for preventing contamination and catastrophic misinterpretations of minor risks (e.g., believing contamination could severely harm her child). Her dysfunctional appraisals, such as intolerance of uncertainty and overestimation of threat, maintained the obsessive-compulsive cycle. Cognitive models posit that intrusive thoughts are universal, but in OCD, they are misinterpreted as significant and dangerous, leading to compulsions aimed at neutralizing perceived threats (Clark, 2004). Cognitive restructuring techniques, including Socratic questioning and Dysfunctional Thought Records (DTR), have been shown to effectively reduce these dysfunctional appraisals in OCD populations (Beck, 2011; Wilhelm & Steketee, 2006).

Recommendations

This case highlights the importance of comprehensive, multimodal treatment for OCD. Future interventions should:

a) Incorporate family-based psychoeducation to reduce interpersonal stressors

b) Emphasize relapse prevention strategies to maintain treatment gains, and

c) Address cultural beliefs that may shape illness perceptions and help-seeking behaviors. It is also recommended that clinicians integrate both behavioral and cognitive interventions with supportive strategies such as relaxation and self-esteem enhancement for holistic management.

Conclusion

This case highlights the multidimensional nature of OCD, rooted in both environmental and personal vulnerabilities. It underscores the effectiveness of cognitive-behavioral interventions, especially ERP, in treating severe OCD symptoms. Early identification and a structured, personalized treatment approach are crucial for favorable outcomes. Future interventions should focus on

family involvement and relapse prevention strategies.

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