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Research Paper

The Disability Dimension of OCD: A Study on Syntonic Symptom Presentation

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ABSTRACT

The present study explores the relationship between ego-syntonic symptom presentation and functional disability in individuals diagnosed with Obsessive-Compulsive Disorder (OCD). While OCD is traditionally understood as an ego-dystonic condition—where symptoms are experienced as distressing and incongruent with the self—a subset of patients experience their obsessions and compulsions as ego-syntonic, perceiving them as acceptable or necessary. Such presentations are often linked to poor insight, delayed help-seeking, and underreporting of distress, complicating clinical assessment and intervention. Using a correlational and exploratory research design, the study involved 30 individuals with OCD diagnosed under ICD-10 criteria, examining the degree of ego-syntonicity and its relationship with disability across life domains. The findings aim to highlight the underrecognized disability burden of syntonic OCD and underscore the importance of incorporating both qualitative and functional assessments into clinical practice. The study contributes to a more nuanced understanding of OCD, advocating for personalized treatment strategies that address both symptom congruence and functional impairment.

Keywords: *Obsessive-Compulsive Disorder, Ego-syntonicity, Functional disability, Insight*

Obsessive-Compulsive Disorder (OCD) is a severe and often chronic mental health condition characterized by recurrent obsessions (persistent, intrusive thoughts, images, or urges) and compulsions (repetitive behaviors or mental acts aimed at reducing anxiety or preventing a feared event). According to the Diagnostic and Statistical

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Manual of Mental Disorders, Fifth Edition (DSM-5), these symptoms are time-consuming and cause significant distress or impairment in social, occupational, or other important areas of functioning (American Psychiatric Association, 2013). OCD has a lifetime prevalence of approximately 2-3% globally and significantly impacts the quality of life, productivity, and psychosocial functioning of those affected (Ruscio et al., 2010).

Traditionally, OCD has been categorized as an ego-dystonic disorder, wherein individuals recognize their obsessions and compulsions as irrational, excessive, or unwanted. This awareness, or "insight," distinguishes OCD from other psychiatric conditions such as psychotic disorders, where the individual may lack insight into the pathological nature of their experiences (Foa et al., 1995). However, clinical observations and emerging empirical research suggest that not all individuals with OCD experience their symptoms as distressing or misaligned with their self-concept. In a subset of cases, particularly among those with certain symptom dimensions such as ordering, hoarding, or moral/religious obsessions, the symptoms may be experienced as ego-syntonic—perceived as acceptable, reasonable, or even necessary by the individual (Eisen et al., 2006).

Ego-syntonicity in OCD has profound implications for diagnosis, treatment, and long-term prognosis. Patients with syntonic symptom presentations are often less likely to seek help voluntarily, may resist therapeutic interventions, and frequently demonstrate poorer insight into the maladaptive nature of their behavior (Catapano et al., 2001). This can lead to delays in diagnosis and initiation of treatment, and can complicate the therapeutic alliance between clinician and patient. Moreover, these individuals may underreport their symptoms due to a lack of perceived dysfunction, which may contribute to underestimation of the true disability burden associated with their condition.

Despite the established understanding of OCD's general impact on functioning, the relationship between ego-syntonic symptom presentation and disability remains relatively under-researched. Disability, in the context of mental health, extends beyond the mere presence of symptoms to include impairments in cognitive, emotional, interpersonal, and occupational domains. The World Health Organization's International Classification of Functioning, Disability and Health (ICF) offer a comprehensive framework for conceptualizing disability as encompassing impairments (problems in body function or structure), activity limitations (difficulties executing tasks), and participation restrictions (problems engaging in life situations) (World Health Organization, 2001). Applying this framework to OCD, particularly in cases with syntonic presentations, can help elucidate the nuanced ways in which this disorder undermines individual functioning.

For example, an individual with syntonic ordering compulsions may feel a strong sense of correctness or perfectionism that aligns with their personal values or identity. While they may not perceive these behaviors as problematic, the resulting rigidity can lead to inefficiencies, social isolation, or conflict in interpersonal settings (Summerfeldt, 2004). Similarly, a person with moral or religious obsessions that are experienced as congruent with deeply held beliefs may engage in excessive rituals or avoidance behaviors that hinder daily functioning, despite experiencing little subjective distress (Abramowitz et al., 2002). Thus, the internal experience of the symptom—whether perceived as alien or congruent with the self—may influence not only the clinical presentation but also the degree of functional impairment experienced.

Research has shown that insight in OCD is not a binary construct but exists on a continuum, ranging from good to poor insight. The DSM-5 recognizes this by including specifiers such as “with good or fair insight,” “with poor insight,” and “with absent insight/delusional beliefs” (American Psychiatric Association, 2013). Studies indicate that poorer insight is associated with greater symptom severity, increased comorbidity (especially depression and personality disorders), and worse treatment outcomes (Alonso et al., 2008). While insight and ego-syntonicity are related concepts, they are not identical. Insight refers to the recognition that one's beliefs and behaviors are unreasonable or excessive, whereas ego-syntonicity pertains to the degree to which these beliefs and behaviors are experienced as congruent with one's self-image or values. In syntonic OCD, the lines between pathology and personality may become blurred, making it crucial to explore how these internal experiences translate into real-world disability.

In clinical practice, the assessment of disability in OCD often involves the use of standardized tools such as the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and the Sheehan Disability Scale (SDS) (Goodman et al., 1989; Sheehan et al., 1996). While these instruments provide valuable quantitative data, they may not fully capture the subjective experiences of individuals with syntonic symptoms, who may underreport distress or impairment. Therefore, a more nuanced approach that includes qualitative assessments and clinical interviews may be necessary to accurately evaluate the functional impact of OCD in these cases.

This study aims to address the gap in the existing literature by systematically examining the disability dimension of OCD in the context of syntonic symptom presentation. Specifically, it seeks to:

1. Assess the prevalence of ego-syntonic symptom presentation among individuals diagnosed with OCD.
2. Explore the relationship between ego-syntonicity and functional impairment across various life domains, including academic, occupational, and social functioning.
3. Identify clinical correlates of syntonic symptom presentation, such as insight level, symptom subtype, and comorbid conditions.
4. Examine the implications of syntonic symptom presentation for treatment engagement, therapeutic alliance, and prognosis.

By delving into these research questions, the study aims to provide a more comprehensive understanding of how ego-syntonic OCD symptoms influence disability and to inform clinical strategies for assessment and intervention. Understanding this dimension is essential not only for enhancing diagnostic accuracy but also for developing personalized treatment plans that address both symptomatology and functional outcomes.

In conclusion, the phenomenon of syntonic symptom presentation in OCD challenges traditional conceptualizations of the disorder and necessitates a reevaluation of how disability is defined and measured in this population. As mental health professionals strive for more person-centered care, it becomes increasingly important to recognize the diverse ways in which individuals experience and are affected by their symptoms. Through this research, we hope to contribute to a more nuanced and clinically relevant understanding of OCD, one that acknowledges the complex interplay between internal symptom experience and external functional impairment.

METHODOLOGY

This chapter describes the methodology used in the present study, which includes the aim, objectives, hypotheses, research design, sample characteristics, tools used, procedure of data collection, methods of data analysis, and ethical considerations.

Design of the Study

The present study utilizes a correlational and exploratory research design, aimed at exploring the relationship between ego-syntonic symptoms and level of disability in individuals diagnosed with Obsessive-Compulsive Disorder (OCD).

Aim

To assess the relationship between ego-syntonic symptoms and the level of disability in patients diagnosed with Obsessive-Compulsive Disorder.

Objectives

1. To assess the extent of ego-syntonicity of symptoms in individuals with OCD.
2. To assess the level of disability in individuals with OCD.
3. To examine the relationship between ego-syntonicity of symptoms and level of disability in individuals with OCD.

Hypotheses

There will be no significant relationship between ego-syntonic symptoms and the level of disability in individuals with OCD.

Sample

A total of 30 participants diagnosed with Obsessive-Compulsive Disorder as per ICD-10 criteria were selected using purposive sampling. The age range of participants was 20 to 45 years, with a mean age of approximately 31 years. Educational qualifications ranged from 5th standard to postgraduate levels.

Venue of the Study

The study was conducted at the Institute of Mental Health and Hospital (IMHH), Agra.

Inclusion Criteria

- Diagnosis of OCD as per ICD-10 criteria
- Age between 20 to 45 years
- Minimum education of 5th standard

Exclusion Criteria

- Presence of comorbid psychiatric disorders
- History of intellectual disability or neurological illness
- Family history of psychiatric illness
- Education below 5th standard

Tools Used

1. **Yale-Brown Obsessive Compulsive Scale – Second Edition (Y-BOCS-II)** The Y-BOCS-II is a clinician-administered tool consisting of two core components: a 67-item Symptom Checklist and a 10-item Severity Scale. The Symptom Checklist includes 29 items assessing obsessions, 29 assessing compulsions, and 9 assessing avoidance behaviors, with each rated dichotomously for current and past presence.

The Severity Scale evaluates symptom severity over the past week across domains such as time spent, control, distress, interference, and avoidance, using a 6-point Likert scale (0–5). It yields Obsession, Compulsion, and Total Severity subscale scores. The tool has demonstrated good internal consistency (α = .83 for obsessions, α = .75 for compulsions, α = .86 total), excellent inter-rater reliability (ICC = .97–.99), and acceptable test-retest reliability (r = .64–.81), with strong convergent validity.

2. **Obsessive Compulsive Self Syntonicity of Symptoms Scale (OCSSSS):** A standardized tool used to measure the degree of ego-syntonicity in OCD symptoms. Higher scores indicate stronger ego-syntonic beliefs related to OCD.
3. **Indian Disability Evaluation and Assessment Scale (IDEAS):** A standardized instrument developed by the Rehabilitation Committee of India (RCI) to measure the level of disability in four domains: Self-Care, Interpersonal Activities, Communication and Understanding, and Work. It also provides a global disability score.

Procedure

Ethical clearance was obtained from the Institutional Ethical Committee of IMHH, Agra. Individuals attending the outpatient department (OPD) and fulfilling the inclusion criteria were invited to participate in the study.

After obtaining informed consent, participants were administered the Socio-Demographic and Clinical Data Sheet, OCSSSS, and IDEAS by the researcher. The average time required per participant was approximately 45 minutes to 1 hour. The data collection took place in a private clinical setting, ensuring confidentiality.

Data Analysis

Data were analyzed using SPSS (Version 25). Descriptive statistics (mean, standard deviation, and frequency distributions) were calculated. Pearson's correlation coefficient was used to examine the relationship between:

- Ego-syntonicity scores
- Total and domain-wise disability scores from IDEAS

RESULTS

Table 1. Relationship of level of disability with syntonic and dystonic symptoms of Obsessive Compulsive Disorder

IDEAS		**Ego-Syntonicity**
SC	Pearson Correlation	.231
	Sig. (2-tailed)	.219
	N	30
IA	Pearson Correlation	.490**
	Sig. (2-tailed)	.006
	N	30
CU	Pearson Correlation	.307
	Sig. (2-tailed)	.099
	N	30
W	Pearson Correlation	.236
	Sig. (2-tailed)	.209
	N	30

IDEAS		Ego-Syntonicity
DOI	Pearson Correlation	.043
	Sig. (2-tailed)	.821
	N	30

SC: Self Care; IA: Interpersonal Activities; CU: Communication and Understanding; W: Work; DOI: Duration of Illness

** Correlation is significant at the 0.05 level (2-tailed): ** Correlation is significant at the 0.01 level (2-tailed)*

Table 1 presents the relationship between the level of disability and the ego-syntonic symptoms of Obsessive-Compulsive Disorder (OCD). With respect to ego-syntonic symptoms, statistically significant positive correlations were observed between disability and several functional domains. Specifically, the *self-care* domain demonstrated a correlation coefficient of $r = .23$ ($p < .05$), *communication and understanding* showed $r = .30$ ($p < .05$), and the *work* domain also exhibited $r = .23$ ($p < .05$). Notably, the *interpersonal activities* domain showed a stronger correlation with syntonic symptoms, with a coefficient of $r = .49$, which was significant at the 0.01 level ($p < .01$), indicating a more substantial impact of ego-syntonic symptomatology on social functioning. In contrast, *duration of illness* had a weak correlation of $r = .04$, which was not statistically significant, suggesting that chronicity may not directly influence the level of disability associated with ego-syntonic symptoms in this sample.

DISCUSSION

This study examined the relationship between ego-syntonic symptoms of OCD and functional disability. Ego-syntonic symptoms, being aligned with an individual's beliefs or identity, may not be perceived as problematic, making them harder to recognize and treat.

Findings revealed significant correlations between ego-syntonic symptoms and impairment in self-care, communication, and work domains ($r = .23–.30$, $p < .05$), with the strongest association found in interpersonal activities ($r = .49$, $p < .01$). These results suggest that even when symptoms are not distressing to the individual, they can still disrupt daily functioning, especially in social contexts.

Interestingly, duration of illness was not significantly linked to disability ($r = .04$), indicating that the impact of ego-syntonic symptoms may depend more on their subjective integration than on illness chronicity.

Clinically, this underscores the need to assess symptom syntonicity, as ego-syntonic presentations may delay treatment and obscure the extent of functional impairment. Tailored interventions aimed at improving insight and motivation are especially important for improving social and occupational outcomes.

Limitations

While the current study offers valuable insights into the relationship between ego-syntonic symptoms and functional disability in individuals with Obsessive-Compulsive Disorder (OCD), certain limitations must be acknowledged. Firstly, the sample size was relatively small, which may limit the generalizability of the findings to the broader OCD population. Secondly, the severity of OCD symptoms was not comprehensively assessed, which restricts our ability to determine how symptom intensity may have influenced the observed levels of disability. Lastly, the study was confined to outpatient participants, thereby excluding more

severe or chronic cases who might be receiving inpatient or intensive care treatment. This may have led to a restricted range in symptom severity and functional impairment.

Future Directions

To build upon the findings of the present research, several avenues for future studies are recommended. Future research could benefit from including a larger and more diverse sample, which would enhance statistical power and the representativeness of results. Additionally, including individuals with chronic and treatment-resistant OCD may provide deeper insight into the long-term impact of ego-syntonic symptoms on disability. Future studies could also compare functional impairment across different occupational statuses, for example, by conducting a comparative analysis between working and non-working individuals with OCD, to explore how employment and daily structure may mediate the relationship between symptom syntonicity and disability.

REFERENCES

Abramowitz, J. S., Huppert, J. D., Cohen, A. B., Tolin, D. F., & Cahill, S. P. (2002). Religious obsessions and compulsions in a non-clinical sample: The Penn Inventory of Scrupulosity (PIOS). *Behaviour Research and Therapy*, 40(7), 825–838.

Alonso, P., Menchón, J. M., Segalàs, C., Jaurrieta, N., Jiménez, S., García-Soriano, G., ... & Vallejo, J. (2008). Clinical implications of insight assessment in obsessive–compulsive disorder. *Comprehensive Psychiatry*, 49(3), 305–312.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. https://www.apa.org/ethics/code/

Catapano, F., Perris, F., Fabrazzo, M., Cioffi, V., & Maj, M. (2001). Obsessive-compulsive disorder with poor insight: A phenomenological analysis. *Psychopathology*, 34(2), 62–68.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.

Eisen, J. L., Phillips, K. A., Baer, L., Beer, D. A., Atala, K. D., & Rasmussen, S. A. (2006). The Brown Assessment of Beliefs Scale: Reliability and validity. *American Journal of Psychiatry*, 154(1), 106–108.

Field, A. (2013). *Discovering statistics using IBM SPSS Statistics* (4th ed.). SAGE Publications.

Foa, E. B., Kozak, M. J., Salkovskis, P. M., Coles, M. E., & Amir, N. (1995). The validation of a new obsessive-compulsive disorder scale: The Obsessive-Compulsive Inventory. *Psychological Assessment*, 10(3), 206–214.

Goodman, W. K., Price, L. H., Rasmussen, S. A., Mazure, C., Fleischmann, R. L., Hill, C. L., ... & Charney, D. S. (1989). The Yale-Brown Obsessive Compulsive Scale: I. Development, use, and reliability. *Archives of General Psychiatry*, 46(11), 1006–1011.

Indian Psychiatric Society and Rehabilitation Council of India. (2002). *Indian Disability Evaluation and Assessment Scale (IDEAS): Guidelines for evaluation and certification of mental illness*. New Delhi: Ministry of Social Justice and Empowerment, Government of India.

Rajeswaran, J., & Somashekar, B. S. (2013). Development and preliminary validation of the Obsessive Compulsive Self Syntonicity of Symptoms Scale (OCSSSS). *Indian Journal of Psychological Medicine, 35*(4), 382–388. https://doi.org/10.4103/0253-7176.122234

Ruscio, A. M., Stein, D. J., Chiu, W. T., & Kessler, R. C. (2010). The epidemiology of obsessive-compulsive disorder in the National Comorbidity Survey Replication. *Molecular Psychiatry*, 15(1), 53–63.

Sheehan, D. V., Harnett-Sheehan, K., & Raj, B. A. (1996). The measurement of disability. *International Clinical Psychopharmacology*, 11(Suppl 3), 89–95.

Storch, E. A., Rasmussen, S. A., Price, L. H., Larson, M. J., Murphy, T. K., & Goodman, W. K. (2010). Development and psychometric evaluation of the Yale–Brown Obsessive-Compulsive Scale–Second Edition. *Psychological Assessment, 22*(2), 223–232. https://doi.org/10.1037/a0018492

Summerfeldt, L. J. (2004). Understanding and treating incompleteness in obsessive–compulsive disorder. *Journal of Clinical Psychology*, 60(11), 1155–1168.

World Health Organization. (2001). *International Classification of Functioning, Disability and Health (ICF)*. Geneva: World Health Organization.

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Conflict of Interest

The author(s) declared no conflict of interest.

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