

Case Study

The Silent Battle: A Study on Obsessive Compulsive Disorder and Other Comorbid Disorders in Young Adult Men

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ABSTRACT

This paper addresses gender related topics with respect for all identities. The content is intended for academic purposes only. No harm or offense is intended. Mental Health demonstrates an individual's a state of overall wellbeing and encourages individuals to cope up with daily life challenges with both personal and professional life for both Men and Women. Men and women both experience Mental health challenges differently so it's important to understand both the beings and provide them with proper care and support without any shame or guilty. Even stigma still evolve around our society that needs to be worked through and encourage men to talk about their feelings and emotions, also make them understand that expressing yourselves Infront of their loved once's is not a sign of weakness. If there is no Family or Friends talk to a professional, attend support groups and enhance their environment with more positivity. This case study provides us with great insight on Mental health profile and therapeutic journey of a young adult male suffering from High level of anxiety, obsessive compulsive disorder, suicidal ideation and anger issues. All mixed feelings that he was facing led to substance abuse as well, high amount of drinking and smoking. Patient doesn't have any past medical history although he does have some trauma in school life and has been previously undergoing psychiatric consultation from past 3 years with an aim to reduce symptom severity and enhance his quality of life.

Keywords: *Obsessive Compulsive Disorder, Comorbid Disorders, Young Adult Men*

Mental health disorders such as anxiety, depression, substance use and obsessive-compulsive disorders or many more severe disorders start showing symptoms very early and nowadays mental illness are increasingly prevalent among young adults. If these issues go untreated or ignored it can severely affect an individual's whole life such as social functioning, occupational performance and decrease overall quality of life. This study focuses on 25 years old male, Mr. A who presented persistent suicidal thoughts, anger issues, obsessive behaviour and huge amount of substance use.

Mr. A has faced trauma in his school life that started with bullying and teasing. He tried to cope with his life and his family supported him throughout everything he was feeling okay

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till 3 years he attended his school reunion. Which also indicate that this reunion and all those memories triggered him. He was seeking treatment from past 3 years but due to his substance use sometimes he stop taking his medications and even avoid his weekly sessions which makes things worse.

This study aims to explore the effectiveness of psychotherapy, particularly CBT in managing his symptoms and enhancing his wellbeing.

METHODOLOGY

This case study is qualitative approach and was adopted using the data given by our patient through the interviews, clinical observation, self-report and psychological testing.

- Therapist observation was used to analyses OCD and substance abuse.
- Family interview was conducted to understand all the dynamics and the family support.
- Mental status examination (MSE) used to assess current cognitive, behavioural and emotional functioning.
- Beck Depression Inventory (BDI) helps to identify potential cases of depression in patients with OCD, Anxiety and with anger issues.

For Treatment process

- CBT for OCD and anxiety.
- Psychoeducation on Ocd, anxiety and effects of substance abuse
- Supportive Psychotherapy for emotional validation and building therapeutic alliance
- Mindfulness and relaxation training to manage anxiety, anger issues and reduce urger for substances by providing substitute.

CASE STUDY

Patient Information

- Name – Mr. A
- Age – 25
- Education – master's in economics
- Residence – Delhi
- Family Type – Nuclear
- Occupation – Family business
- Marital Status – Unmarried

Presenting Concerns

Mr. A reported experiencing suicidal ideation, frequent outburst, high level of anxiety and obsessive behavior pattern these symptoms are from over past 3 years. Recently he also started to smoke and drink alcohol in a very high amount by which he misses his sessions and all the medications by which situation gets worse and symptoms are not to get in control and his family members came for a second consultation 5 months ago. He lives with his Father, mother and siblings. His whole family is very supported for him and also him with his daily task. He used to work in his family business but right now he not able to manage his professional life due to his symptoms.

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History Taking

Psychiatric History

- Onset - The symptoms begin 3 years ago for anxiety and OCD
- Previous Treatment – continued for 3 years with sessions and medication but recently he overdosed with substance abuse, so he stopped taking any medication and even avoided to attend sessions.
- Current Symptoms – Anger, mood swings, anxiety, isolation, unwanted thoughts, irritability
- Impact on functioning – trouble in managing both personal and professional life, also anxiety level, avoidance social interaction.

Medical History

- Medication – Took some medications for past 3 years from earlier consultation.
- Allergies – No known
- Smokes and consumes alcohol

Family History

- Mental Health – No known
- Medical conditions – No medical condition of the family

Personal and Social History

- Childhood – Family is very supported but faced issues in school life, he was bullied and teased in his school life for a long time.
- Impaired social life due to anxiety and isolation

Mental Status Examination

- Appearance – Well groomed
- Behaviour – Cooperative but restless
- Speech – Coherent but occasionally pressured
- Mood – Anxious and irritable
- Perception – obsessive thoughts and suicidal ideation present
- Cognition – low concentration and intact memory
- Insight – Aware of symptoms but hesitant toward consistent treatment
- Judgment – Impaired and poor decision making under stress

Diagnosis

- Based on intervention, history, and MSR. Mr. T is diagnosed Primarily with Obsessive Compulsive Disorder with comorbid conditions of Generalized anxiety disorder and substance use disorder

TREATMENT PLAN

We need analyze goals of the therapy which needs to be clarify into tow section as follows:

Short Term Goals

- We need to focus on reduce intensity and frequency of obsessive thoughts and compulsive behaviors.
- Mood needs to be stabilized to reduce suicidal ideation
- Improve emotional regulation and needs to work on anger management of the patient

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Long Term Goals

- We need to focus on to achieve long term to control OCD and anxiety symptoms
- Improve occupational performance while trying to make the patient Independent

Techniques:

- **Supportive Psychotherapy:** Enhance self-esteem and build therapeutic validation
- **Cognitive Behavioral Therapy:** focus on restructure maladaptive thoughts and reduce compulsive behaviors
- **Lifestyle Modification:** Reduce smoking and alcohol and try to maintain a structured daily routine
- **Crisis Plan:** We need to have an emergency plan and contacts for family members for suicidal ideation.
- **Relaxation Training:** To reduce physiological symptoms of anxiety patient can practice keeping clam and relax such as deep breathing and meditation or morning walks for 10-15 min daily at home.
- **Weekly checks ups:** Weekly meeting with the therapist online or offline as per convience to calculate the progress.

CONCLUSION AND DISCUSSION

As we conclude this case study it presents the complex clinical picture of 25 years old young adult experiencing obsessive compulsive disorder, anxiety disorder, anger issues and substance abuse which also led to suicidal ideation. The primarily main approach that was consider was CBT Cognitive Behavioral Therapy supported by other approaches as well to make complete useful on the bases of client's situation. Mr. A responded positively to a structed therapy session it took some time to understand and adapt the new plan that was made but response was a little low but it was positive. When patient got comfortable it was made sure that he was heard, after that all the others sessions were smooth and we slow slight improvement in his mood and his sense of awareness got increased. It was still rough to understand his obsessive thought as it needs long term support but the progress was increasing, he was becoming more aware about his situations and thoughts. Substitutes were recommended to him for his substance use.

- With the help of supportive psychotherapy, the therapist was able build the rapport with the client and also increased the patient's emotional expression.
- It took at least 4-5 sessions with him to make it him as he said and I quote. 'I don't to share my feeling, I don't want to look like I am weak'.
- Again, mental illness is not a sign of someone's weakness, both men and women should encourage to break the silence and seek help from family, friends or a professional. The more we ignore the more the illness gets within us and at some point, it become untreatable so to avoid that situation people should be provided with knowledge and create a safe space for them to Heal.
- Although for Men, 'Men should heal' is not just a statement its needs some action and some movement in that to make that a necessity. Hiding pain or being in denial through aggression or substance use shouldn't be the only option. Healing is the part of the process which provide freedom from unwanted thoughts and feelings. People should accept and seek help freely when its needed. Choosing the path for no healing leads only substance use or isolation or suicidal ideation or chronic illness or physical anger burst outs.

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Hence, this case demonstrates that with the help of correct treatment plan and rightful approaches chronic conditions can be managed and patients' quality of life can be significantly improved.

RESULT TABLE

Table 1

S.no	DIAGNOSIS	THERAPY USED	OUTCOME	DURATION
1.	Obsessive Compulsive Disorder	CBT, Psychoeducation	Reduced Obsessive thoughts	4 Months (Ongoing)
2.	Generalized Anxiety Disorder	Mindfulness and Relaxation	Improved anxiety Management	4 Months (Ongoing)
3.	Suicidal Ideation and Anger Outburst	CBT, Supportive group, Psychoeducation, Family Therapy	Reduce ideation frequency and improved interpersonal skills	3 Months (Ongoing)

Key learnings:

- **Early Intervention Matters:** Prompt treatment can prevent worsening of symptoms and in future it may give more severe situation.
- **Consistency is the key:** patient should be consistent towards his or her treatment, as on and off things won't work for anyone and also family members should focus more on the patient daily life activities.
- **Psychoeducation is important:** for both family and patient Psychoeducation can solve a lot issues with them and helps to manage the symptoms in a better way.
- **Family support enhances the recovery:** family members help the patient with day-to-day lifestyle that helps the patient to balance their life.
- **People need safe space to heal:** any individual require some safe and personal space to grow, heal and move on from any challenge that they have faced but it requires acceptance and most importantly let other people help you such as your family, friends or a professional.

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Conflict of Interest

The author(s) declared no conflict of interest.

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