

Understanding the Impact of Obsessive-Compulsive Personality Traits on the Management of Chronic Illness: A Phenomenological Study

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ABSTRACT

This study aims to explore the impact of obsessive-compulsive personality traits on the management of chronic illness. A qualitative research design was used, focusing on semi-structured interviews with 20 participants who exhibited obsessive-compulsive personality traits and were managing chronic illnesses. Participants were recruited from outpatient clinics, support groups, and online forums. Data collection continued until theoretical saturation was achieved. The interviews were transcribed verbatim and analyzed using NVivo software. The analysis involved coding and identifying themes and subthemes to capture the essence of participants' experiences. The analysis revealed three primary themes: rigidity in daily routines, health anxiety and hyper-vigilance, and emotional and psychological impact. Participants described a reliance on structured schedules and routines, which, while helpful in managing their illness, often led to significant stress when disrupted. Health anxiety manifested as constant monitoring and fear of contamination, contributing to heightened stress and anxiety. The emotional toll included feelings of inadequacy, self-criticism, and emotional exhaustion. These findings align with previous research on the pervasive effects of obsessive-compulsive traits on mental health and daily functioning, emphasizing the dual role of these traits in facilitating and complicating chronic illness management. Obsessive-compulsive personality traits significantly impact the management of chronic illnesses, influencing behaviors and emotional well-being. The study highlights the need for tailored interventions that address both the psychological and practical aspects of illness management. Future research should include larger and more diverse samples and explore the effectiveness of various interventions. Healthcare providers should develop individualized care plans to support patients with these traits, enhancing their quality of life and illness outcomes.

Keywords: Obsessive-compulsive personality traits, chronic illness management, qualitative research, health anxiety, emotional impact, phenomenological study

1. Introduction

Obsessive-compulsive personality disorder (OCPD) and obsessive-compulsive disorder (OCD) are distinct yet often conflated conditions, both characterized by pervasive patterns of preoccupation with orderliness, perfectionism, and control. While OCD typically involves specific obsessions and compulsions, OCPD is more broadly associated with a general pattern of perfectionism and rigidity (Mathews, 2021).

The relationship between obsessive-compulsive traits and chronic illness management is complex. Chronic illnesses, defined as long-term conditions that require ongoing medical attention and affect daily living, often necessitate stringent management routines (Udlis, 2011). For individuals with obsessive-compulsive personality traits, the management of chronic illness can be both facilitated and complicated by their need for control and perfectionism. This study employs a phenomenological approach to delve into the lived experiences of individuals with chronic illnesses who exhibit obsessive-compulsive personality traits (Crane et al., 2007; Durdle et al., 2008; Huh et al., 2013; Mathews, 2021).

Previous research has highlighted the pervasive impact of obsessive-compulsive traits on various aspects of life, including mental health and daily functioning. Ahmari and Dougherty (2015) emphasize that dissecting OCD circuits from animal models to targeted treatments has revealed the underlying neurobiological mechanisms that contribute to these behaviors. This research underscores the importance of understanding the broader implications of these traits, particularly in the context of chronic illness management (Ahmari & Dougherty, 2015).

Personality traits have been shown to influence the outcome of chronic conditions. For instance, Crane, Roberts, and Treasure (2007) conducted a systematic review that found obsessive-compulsive personality traits to be associated with poor outcomes in anorexia nervosa. This finding suggests that similar traits may also affect the management of other chronic illnesses, potentially complicating treatment adherence and self-care practices (Crane et al., 2007).

Health anxiety and hyper-vigilance are common among individuals with obsessive-compulsive traits, often leading to constant health monitoring and fear of contamination (Mathews, 2021). Pinto et al. (2015) found that individuals with OCD often exhibit childhood obsessive-compulsive personality traits, which persist into adulthood and influence

their approach to health and illness. These behaviors can result in excessive medical consultations and rigorous adherence to medication schedules, which, while potentially beneficial, can also lead to significant anxiety and stress (Pinto et al., 2015).

The emotional and psychological impact of managing a chronic illness with obsessive-compulsive traits is profound. Żerdziński et al. (2022) explored the sense of happiness and quality of life in patients with OCD, finding that obsessive-compulsive behaviors often lead to reduced quality of life and emotional exhaustion (Żerdziński et al., 2022). Similarly, the constant stress and anxiety associated with these traits can exacerbate the burden of chronic illness, leading to a cycle of worsening symptoms and increased stress (Pollice et al., 1997).

Support systems and coping strategies are crucial for managing the dual burden of chronic illness and obsessive-compulsive traits. Udlis (2011) emphasizes the importance of self-management in chronic illness, highlighting how individuals develop personal strategies to cope with their conditions. For those with obsessive-compulsive traits, these strategies might include rigorous routines and structured schedules that provide a sense of control and predictability (Udlis, 2011).

The advent of internet-based cognitive behavioral therapy (CBT) offers promising avenues for treatment. Kumar et al. (2017) found that internet-based CBT is effective in treating various psychiatric disorders, including those characterized by obsessive-compulsive traits. This modality provides flexible and accessible support, helping individuals manage their symptoms in the context of chronic illness (Kumar et al., 2017).

Understanding the impact of obsessive-compulsive personality traits on chronic illness management also requires examining the interplay between these traits and other personality disorders. Attademo and Bernardini (2020) discuss the co-occurrence of schizotypal personality disorder in individuals with OCD, highlighting the complexity of these overlapping conditions. This complexity underscores the need for comprehensive treatment approaches that address the multifaceted nature of obsessive-compulsive traits (Attademo & Bernardini, 2020).

The prevalence of obsessive-compulsive personality traits among individuals with chronic conditions is not limited to one geographic or cultural context. Suzuki et al. (2002) studied the co-occurrence of these traits in Japanese alcohol-dependent men, finding significant overlaps that

suggest a broader applicability of these findings across different populations and conditions (Suzuki et al., 2002).

The intersection of obsessive-compulsive traits with other mental health conditions also plays a critical role in chronic illness management. Durdle, Gorey, and Stewart (2008) conducted a meta-analysis that examined the relations among pathological gambling, OCD, and obsessive-compulsive traits, highlighting how these traits can complicate the management of comorbid conditions. This finding is relevant for understanding how obsessive-compulsive traits impact the broader spectrum of chronic illness management (Durdle et al., 2008).

Personality disturbances related to emotion processing and eating disorder symptomatology have also been linked to obsessive-compulsive traits. Phillipou et al. (2015) explored this relationship in anorexia nervosa, finding that personality disturbances significantly impact emotional processing and symptom management. These insights are valuable for understanding how similar disturbances might affect individuals managing other chronic conditions (Phillipou et al., 2015).

The role of personality disorders in OCD, including obsessive-compulsive personality disorder, has been extensively studied. Thamby and Khanna (2019) discuss how these disorders influence the presentation and treatment of OCD, suggesting that a deeper understanding of personality traits can inform more effective treatment strategies for individuals with chronic illnesses (Thamby & Khanna, 2019).

This study aims to build on the existing literature by providing a detailed exploration of how obsessive-compulsive personality traits impact the management of chronic illness. Through semi-structured interviews with individuals exhibiting these traits, we seek to uncover the nuanced ways in which their personality influences their health behaviors, emotional well-being, and overall quality of life. By doing so, we hope to contribute to the development of more tailored and effective interventions that address the unique challenges faced by this population.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a phenomenological approach to understand the impact of obsessive-compulsive personality traits on the management of chronic illness. Phenomenology, as a qualitative research methodology, focuses on the lived experiences of individuals and aims to

uncover the essence of these experiences through in-depth exploration and analysis.

The participants were selected using purposive sampling to ensure that they had a range of chronic illnesses and exhibited obsessive-compulsive personality traits. Inclusion criteria included:

- Adults aged 18 and above.
- Diagnosed with a chronic illness for at least one year.
- Exhibiting self-reported obsessive-compulsive personality traits.
- Able to provide informed consent.

Participants were recruited from outpatient clinics, support groups, and online forums related to chronic illness management.

2.2. Measure

2.2.1. Semi-Structured Interview

Data were collected through semi-structured interviews conducted either face-to-face or via video conferencing, depending on the participants' preferences and geographical locations. The semi-structured interview format allowed for flexibility in exploring the participants' experiences while ensuring that key topics related to obsessive-compulsive personality traits and chronic illness management were covered.

The interview guide included open-ended questions such as:

- Can you describe how you manage your chronic illness on a daily basis?
- How do you feel your personality traits influence your illness management?
- Can you provide examples of specific behaviors or routines that you believe are related to your obsessive-compulsive traits?
- How do these behaviors impact your physical and emotional well-being?

Interviews were audio-recorded with participants' consent and transcribed verbatim for analysis. Interviews continued until theoretical saturation was achieved, meaning no new themes or insights were emerging from the data.

2.3. Data Analysis

The transcribed interviews were analyzed using NVivo software, a qualitative data analysis tool that facilitates the organization and coding of textual data. The analysis followed these steps:

Familiarization: Researchers read and re-read the transcripts to immerse themselves in the data.

Initial Coding: Transcripts were coded line-by-line to identify significant statements and recurring themes related to obsessive-compulsive personality traits and chronic illness management.

Theme Development: Codes were grouped into broader themes that captured the essence of participants' experiences. Themes were continuously refined through discussion and comparison among the research team.

Data Saturation: The analysis continued until no new themes emerged, indicating that theoretical saturation had been reached.

The study included 20 participants, comprising 12 females and 8 males, all of whom were adults aged between 25 and 65 years. The age distribution was fairly even, with 6 participants aged 25-34, 5 participants aged 35-44, 5 participants aged 45-54, and 4 participants aged 55-65. Regarding the types of chronic illnesses, 7 participants were managing diabetes, 5 were dealing with rheumatoid arthritis, 4 had chronic obstructive pulmonary disease (COPD), and 4 had multiple sclerosis. Educational backgrounds varied, with 8 participants holding a bachelor's degree, 7 having completed a master's degree, and 5 possessing a high school diploma. Most participants (15 out of 20) were employed, while the remaining 5 were either retired or unable to work due to their health conditions.

3. Findings and Results

Table 1

The Results of Qualitative Analysis

Categories (Themes)	Subcategories (Subthemes)	Concepts (Open Codes)
1. Rigidity in Daily Routines	1.1 Structured Schedules	Strict timelines, Daily checklists, Fixed routines
	1.2 Perfectionism in Tasks	High standards, Re-doing tasks, Attention to detail
	1.3 Resistance to Change	Anxiety with changes, Difficulty adapting, Stress
	1.4 Impact on Social Life	Limited social interactions, Isolation, Prioritizing routines
	1.5 Coping Mechanisms	Stress management, Relaxation techniques, Support systems
2. Health Anxiety and Hyper-vigilance	2.1 Constant Health Monitoring	Frequent doctor visits, Regular self-checks, Health apps usage
	2.2 Fear of Contamination	Excessive handwashing, Avoiding public places, Sanitizing routines
	2.3 Medication Adherence	Strict medication schedules, Fear of missing doses, Double-checking prescriptions
	2.4 Information Seeking	Online health forums, Medical literature, Consulting multiple doctors
3. Emotional and Psychological Impact	3.1 Stress and Anxiety	Worrying about health, Panic attacks, Restlessness
	3.2 Impact on Self-Esteem	Feeling of inadequacy, Self-criticism, Low confidence
	3.3 Emotional Exhaustion	Burnout, Fatigue, Feeling overwhelmed
	3.4 Support Systems	Family support, Therapy, Peer support groups
	3.5 Coping Strategies	Mindfulness, Positive affirmations, Recreational activities
	3.6 Impact on Relationships	Strained family ties, Communication issues, Relationship breakdowns

3.1. Rigidity in Daily Routines

Structured Schedules: Participants described their reliance on structured schedules to manage their chronic illness, often adhering to strict timelines and daily checklists. One participant shared, "I have to follow my routine to the minute, or I feel completely out of control."

Perfectionism in Tasks: Many participants exhibited perfectionism in their daily tasks, aiming for high standards and frequently re-doing tasks to ensure they were done correctly. "I can't leave the house unless everything is perfect. If one thing is out of place, I have to fix it, even if it makes me late," explained a participant.

Resistance to Change: Resistance to change was a common theme, with participants expressing anxiety and difficulty adapting to new situations. One participant noted, "Any change in my routine causes immense stress. I struggle to adapt, and it often exacerbates my symptoms."

Impact on Social Life: The rigidity in routines often impacted participants' social lives, leading to limited social interactions and a sense of isolation. "I hardly go out anymore. My routines are too important to compromise for social events," said one interviewee.

Coping Mechanisms: To manage the stress associated with their rigid routines, participants employed various coping mechanisms such as stress management techniques,

relaxation methods, and support systems. "Yoga and meditation help me keep my anxiety in check," shared a participant.

3.2. Health Anxiety and Hyper-vigilance

Constant Health Monitoring: Participants frequently monitored their health, making regular doctor visits, conducting self-checks, and using health apps. "I check my blood pressure several times a day. It gives me a sense of control," stated one participant.

Fear of Contamination: A significant number of participants expressed a fear of contamination, leading to behaviors such as excessive handwashing and avoiding public places. "I sanitize everything multiple times. The fear of germs is always on my mind," noted a participant.

Medication Adherence: Adherence to medication schedules was strict among participants, driven by a fear of missing doses and a need to double-check prescriptions. "I have alarms set for every medication. Missing a dose is not an option for me," explained a participant.

Information Seeking: Participants engaged in extensive information seeking, consulting online health forums, reading medical literature, and seeking multiple medical opinions. "I spend hours online researching my condition. Knowledge makes me feel more in control," said one participant.

3.3. Emotional and Psychological Impact

Stress and Anxiety: Chronic illness management was a significant source of stress and anxiety for participants, with many experiencing panic attacks and constant worry about their health. "I'm always anxious about my health. Every symptom feels like a catastrophe," shared a participant.

Impact on Self-Esteem: The challenges of managing a chronic illness often impacted participants' self-esteem, leading to feelings of inadequacy and self-criticism. "I constantly feel like I'm not doing enough, like I'm failing," explained a participant.

Emotional Exhaustion: Many participants reported feeling emotionally exhausted, experiencing burnout and a sense of being overwhelmed. "Dealing with this every day is exhausting. Sometimes I just feel like giving up," said one participant.

Support Systems: Support systems, including family support, therapy, and peer support groups, played a crucial role in helping participants manage their emotional burden.

"My family and my therapist are my lifelines. I don't know how I'd cope without them," shared a participant.

Coping Strategies: Participants employed various coping strategies such as mindfulness, positive affirmations, and recreational activities to manage their emotional health. "Mindfulness has been a game-changer for me. It helps me stay grounded," noted a participant.

Impact on Relationships: The obsessive-compulsive traits and the associated stress often strained participants' relationships, leading to communication issues and, in some cases, relationship breakdowns. "My illness and my need for control have definitely put a strain on my marriage," admitted a participant.

4. Discussion and Conclusion

This study aimed to explore the impact of obsessive-compulsive personality traits on the management of chronic illness. The findings revealed three primary themes: rigidity in daily routines, health anxiety and hyper-vigilance, and emotional and psychological impact. Each of these themes sheds light on how obsessive-compulsive traits can both facilitate and complicate chronic illness management.

Rigidity in Daily Routines: Participants with obsessive-compulsive personality traits demonstrated a strong adherence to structured schedules and routines. This rigidity often led to strict timelines and detailed checklists, which helped in managing their chronic illness effectively. However, the need for perfectionism and resistance to change created significant stress and anxiety when routines were disrupted. This aligns with the findings of Mathews (2021), who noted that obsessive-compulsive personality traits often involve a need for control and order, which can be both beneficial and detrimental (Mathews, 2021). Similarly, Crane, Roberts, and Treasure (2007) found that these traits could lead to poor outcomes in anorexia nervosa, highlighting the complexity of their impact (Crane et al., 2007).

Health Anxiety and Hyper-vigilance: Participants exhibited constant health monitoring and a fear of contamination, leading to behaviors such as frequent doctor visits, regular self-checks, and excessive handwashing. These behaviors, while potentially beneficial in maintaining health, often resulted in heightened anxiety and stress. Pinto et al. (2015) observed similar patterns in individuals with OCD, where childhood obsessive-compulsive traits persisted into adulthood, influencing health-related behaviors (Pinto et al., 2015). This study's findings also

resonate with Żerdziński et al. (2022), who reported that obsessive-compulsive behaviors could significantly reduce quality of life by fostering a state of constant vigilance and fear (Żerdziński et al., 2022).

Emotional and Psychological Impact: The management of chronic illness, compounded by obsessive-compulsive personality traits, led to significant emotional exhaustion, stress, and anxiety among participants. Many reported feelings of inadequacy and self-criticism, which exacerbated their emotional burden. These findings are consistent with those of Pollice et al. (1997), who found a strong relationship between obsessiveness and heightened anxiety and depression in individuals with anorexia nervosa (Pollice et al., 1997). Additionally, the study by Attademo and Bernardini (2020) underscores the complexity of managing OCD and related personality disorders, highlighting the emotional toll on individuals (Attademo & Bernardini, 2020).

The results of this study align with previous research that underscores the pervasive impact of obsessive-compulsive traits on various aspects of life, including mental health and daily functioning. Ahmari and Dougherty (2015) emphasized the neurobiological mechanisms underlying obsessive-compulsive behaviors, suggesting that these traits are deeply ingrained and can significantly influence behavior and mental health. This neurobiological perspective helps explain why participants in this study exhibited such rigid and anxiety-driven behaviors in managing their chronic illnesses (Ahmari & Dougherty, 2015).

The role of personality traits in influencing health outcomes is well-documented. Crane, Roberts, and Treasure (2007) found that obsessive-compulsive personality traits were associated with poorer outcomes in individuals with anorexia nervosa, a finding that parallels the difficulties faced by participants in this study (Crane et al., 2007). Similarly, Phillipou et al. (2015) noted that personality disturbances in anorexia nervosa significantly impacted emotional processing and symptom management, which is relevant to understanding the emotional challenges reported by participants in this study (Phillipou et al., 2015).

Health anxiety and hyper-vigilance, as observed in this study, are also supported by previous research. Mathews (2021) described these behaviors as characteristic of obsessive-compulsive disorders, where individuals are preoccupied with health and contamination fears (Mathews, 2021). Pinto et al. (2015) also highlighted how these traits persist into adulthood, influencing health-related behaviors

and contributing to ongoing anxiety and stress (Pinto et al., 2015).

The emotional and psychological impact of obsessive-compulsive traits on chronic illness management is significant. Żerdziński et al. (2022) reported that obsessive-compulsive behaviors could lead to reduced quality of life and emotional exhaustion, findings that are echoed in this study (Żerdziński et al., 2022). The constant stress and anxiety associated with these traits, as described by Pollice et al. (1997), further underscore the emotional toll on individuals managing chronic illnesses (Pollice et al., 1997).

While this study provides valuable insights into the impact of obsessive-compulsive personality traits on chronic illness management, it is not without limitations. First, the sample size was relatively small, with only 20 participants. Although this allowed for in-depth qualitative analysis, it may limit the generalizability of the findings. Second, the study relied on self-reported data, which can be subject to bias and inaccuracies. Participants' perceptions of their obsessive-compulsive traits and their impact on chronic illness management may not fully capture the objective reality of their experiences. Third, the study focused on a specific subset of individuals with chronic illnesses and obsessive-compulsive traits, which may not represent the broader population of individuals with these conditions.

Future research should aim to address the limitations of this study by including larger and more diverse samples to enhance the generalizability of the findings. Longitudinal studies could provide a more comprehensive understanding of how obsessive-compulsive personality traits influence chronic illness management over time. Additionally, incorporating objective measures, such as medical records and clinician assessments, could complement self-reported data and provide a more holistic view of participants' experiences. Further research could also explore the impact of different types of chronic illnesses on individuals with obsessive-compulsive traits, as well as the effectiveness of various interventions in mitigating the negative effects of these traits.

The findings of this study have important implications for clinical practice. Healthcare providers should be aware of the unique challenges faced by individuals with obsessive-compulsive personality traits in managing chronic illnesses. Tailored interventions that address both the psychological and practical aspects of chronic illness management are essential. For example, cognitive-behavioral therapy (CBT) has been shown to be effective in treating obsessive-compulsive behaviors and could be beneficial in helping

individuals develop more flexible and adaptive coping strategies (Kumar et al., 2017). Additionally, support systems, including family, peer support groups, and therapy, can play a crucial role in helping individuals manage the emotional and psychological burden of their conditions. Healthcare providers should work collaboratively with patients to develop individualized care plans that take into account their specific needs and preferences.

In conclusion, this study highlights the significant impact of obsessive-compulsive personality traits on the management of chronic illness. The findings underscore the importance of understanding the unique challenges faced by this population and the need for tailored interventions that address both the psychological and practical aspects of chronic illness management. By building on the insights provided by this study and previous research, healthcare providers can better support individuals with obsessive-compulsive personality traits in managing their chronic illnesses and improving their overall quality of life.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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