

# OCD and the Asian American Community: A Review of the Literature

Alex Zhu

State University of New York at Buffalo, USA

## ABSTRACT

Notably, many Asian countries, including China, Singapore, Japan, and Malaysia, have not yet fully developed comprehensive mental health systems that address not only OCD mental disorders, in particular, OCD. This is partly due to deep-rooted cultural stigmas that associate mental health conditions with negative connotations. There is a significant need for concerted efforts to break down these cultural prejudices and enhance mental health education and awareness and thus, help expand access to mental health care for those with OCD. In this literature review, the focus has been primarily on evaluating OCD diagnostics, interventions, and opinions in patients who are either Asian American or of Asian descent. It aims to provide a holistic evaluation by thoroughly exploring the diagnostic process, treatment management, cultural influences, and gender disparities. To accomplish this, we will draw insights from existing literature, and through this examination, we aim to provide valuable groundwork for future research endeavors.

## **OCD and the Asian American Community: A Review of the Literature**

Obsessive–Compulsive Disorder (OCD) is a significant mental health condition, notable for its widespread prevalence, the disability it causes, and its classification as a key example of obsessive–compulsive and related disorders. OCD is characterized by obsessions and/or compulsions. According to the DSM-5-TR, “Obsessions can be defined as recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, typically associated with anxiety or distress.” In contrast, “Compulsions” are repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession, often adhering to rigid rules or achieving a sense of ‘completeness.’ While children might find it challenging to identify or express their obsessions, most adults are capable of recognizing the presence of both obsessions and compulsions (American Psychiatric Association, 2022 )

Patients with OCD are often keenly aware of the excessive nature of their compulsive behaviors and usually express a desire for more control over them. Literature shows patients with OCD tend to “frequently observe obsessions and compulsions including contamination fears coupled with washing or cleaning, fears of harm with checking behaviors, intrusive aggressive or sexual thoughts with mental rituals, and concerns about symmetry along with ordering or counting” (Stein et al., 2019 ). Although distinct, hoarding disorder, primarily characterized by difficulty discarding items, can exhibit similar behaviors in OCD, especially when hoarding is driven by harm prevention (Stein et al., 2019)

Globally recognized symptom dimensions of OCD suggest some uniformity in the disorder (Stein et al., 2019). Nevertheless, OCD may also present a range of less common symptoms, such as scrupulosity, obsessional jealousy, and musical obsessions (Stein et al., 2019). Avoidance behaviors are another significant aspect, with individuals often restricting activities to avoid triggering their obsessions. This diversity in symptoms underscores the complexity of OCD and the necessity for a nuanced understanding and treatment approach.

Despite some varied symptomatology in OCD, there is a noticeable gap in the literature regarding studies in Asian communities. Historically, Asian populations have been underrepresented in OCD research. For instance,

language barriers have meant that studies often focus on Asian Americans instead of the entire Asian population which could lead to potential overgeneralizations or underrepresentations. A 2019 journal article highlights this issue, noting that Asian Americans are underrepresented in randomized clinical trials and specialized treatment programs for OCD. From 1995 to 2008, Asians constituted only 1.6% of participants in 21 trials (N = 2221) (Williams et al., 2010), and only 2% of OCD patients at Rogers Memorial Hospital between 1999 and 2012 (Williams et al., 2015). Furthermore, minority patients, including Asians, required significantly longer treatment durations, despite similar pre- and post-treatment OCD severity compared to non-Hispanic Whites (Williams et al., 2015). These disparities suggest a lack of comprehensive understanding of OCD in Asian American/Asian communities, thereby emphasizing the need for this literature review. Its primary objective is to focus specifically on OCD in the Asian American Community (AAC), aiming to illuminate the existing research on OCD treatment efficacy within this demographic.

## Diagnosis and Assessment

Various subtypes and specific categories of Obsessive-Compulsive Disorder (OCD) have been suggested. The chapters on Obsessive-Compulsive and Related Disorders (OCRDs) in both the DSM and ICD encompass certain specifiers for these conditions, including insight specifiers, which pertain to the level of awareness demonstrated by patients regarding their condition (Stein, D. J et al., 2019).

Apart from using DSM-5-TR as an assessment, the Yale-Brown Obsessive-Compulsive Scale (YBOCS) (Goodman et al., 1986) is established as the premier tool for evaluating the severity of Obsessive-Compulsive Disorder (OCD) symptoms. It incorporates an insight assessment feature, utilizing a 0–4 scale, which assists clinicians in evaluating the extent of a patient's belief in the necessity of their obsessive-compulsive behaviors. In conjunction, the Brown Assessment of Beliefs Scale (BABS) has been introduced as a supplementary tool for insight measurement. This semi-structured interview encompasses seven components, evaluating the strength of the patient's conviction, the perceived views of others, the rigidity of the belief, and the recognition of the obsessions and compulsions as symptoms of a mental disorder. The BABS employs a 0–24 rating scale, with the total score derived from six of its items (Rapp et al., 2016)

## Symptom Management

There have been very limited studies on how to treat OCD in Asian populations as well as looking at the effectiveness of the treatment plan; primarily because not enough data collected stemmed from the fact that Asian American patients are especially reluctant when it comes to seeing psychologists as a result of a social stigmatization that build in within its culture. Additionally, another possible explanation that contributes to their resistant attitudes toward modern psychological treatment can be due to it being contradicted by preconceived Traditional medical theory. Take China as an example, in Chinese culture, theories of health and illness are embedded in customs and religious philosophies. As Kua and his colleagues once stated “The foundational principle of traditional Chinese medicine rests on the premise of a delicately balanced interplay between physiological functions and emotional states” (2005). Central to this premise is the concept of 'yin-yang', which embodies a dichotomy that is both opposing and complementary in nature. Yin is associated with coldness, while yang is linked to warmth. Disruption of this equilibrium can lead to physical or mental ailments. Consequently, the administration of herbal remedies and the practice of acupuncture are employed as methods to re-establish the equilibrium between yin and yang (Kua & Tan. 2005). Therefore, in Asian culture, the conceptualization of illness differs markedly from modern medicine, often diminishing recognition of mental conditions and instead manifesting as somatic symptoms. This cultural perspective can pose significant challenges in persuading individuals with OCD to accept appropriate psychological treatment.

In the context of managing obsessive-compulsive disorder (OCD) in individuals of Asian heritage, the primary approach advocated is the utilization of psychotherapeutic interventions and pharmacotherapeutic strategies

as the initial course of action (Meng et al., 2019). Typically, patients are prescribed a combination of both treatments to optimize therapeutic outcomes (Del Casale et al., 2019)

## Psychotherapy

Within the spectrum of psychotherapeutic treatments for OCD, Cognitive Behavioral Therapy (CBT) and Exposure and Response Prevention (ERP) therapy are recognized as the most effective (Ferrando & Selai 2021). As data suggests, “CBT stands as the psychotherapy with the strongest evidence base for treating OCD. Indeed, meta-analyses of randomized controlled trials consistently show that CBT substantially improves symptoms in both adults and children with OCD.” (Stein, D. J et al., 2019) CBT includes two key elements: cognitive reappraisal and behavioral intervention. Of these, ERP is specifically favored as the psychological treatment of choice for OCD (Ferrando & Selai 2021). ERP entails the systematic and prolonged confrontation with fear-inducing stimuli while refraining from compulsive behaviors. Combining ERP with cognitive elements, such as addressing feared outcomes and irrational beliefs, can reduce its aversiveness and increase its efficacy (Stein et al., 2019). This is particularly beneficial for patients with limited insight or those who find exposure challenging.

A recent experiment conducted by Matsumoto et al. (2020) highlights that Cognitive Behavioral Therapy (CBT) is a widely recognized and effective treatment modality for OCD among Japanese patients. The study extends this efficacy to Internet-Based Cognitive Behavioral Therapy (ICBT), demonstrating statistically significant improvements in the treatment group compared to a control group. “ICBT showed significant improvements in the intervention group compared to the control group. Obsessive-compulsive symptoms as measured by the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) were improved, and the effect size was high.”

Similarly, in China, CBT has been a primary treatment for Anxiety and Depression since its introduction in 1980. However, challenges in the implementation and study of CBT's effectiveness have been noted. As a systematic review in 2017 indicates, the application of CBT was problematic until 2010, when “CBT training is becoming more standardized within training programs in China and as postgraduate curricula, and, as a result, CBT is being applied more broadly.” Language barriers and the absence of standardized training processes have led to ongoing uncertainties about the systematic implementation of CBT in China, even after more than three decades since its introduction. The researcher further elaborates: “Chinese CBT experts still require training in applying CBT, especially ERP techniques. For example, whether relaxation techniques are necessary and whether they undermine the effectiveness of exposure therapy are open questions for Chinese patients. Further, Chinese CBT professionals may underutilize the intensity of exposure required while conducting exposure treatment. Furthermore, our clinical experience suggests that many Chinese therapists have concerns about implementing ERP, or lack the training to implement it. These factors all affect the efficacy of ERP treatment and compliance with ERP techniques when it is attempted to be used” (Liu W et al., 2017) This situation raises concerns about the proficiency of psychologists and therapists in Asian countries, such as China, who may struggle with accessing Western research and medical education. To enhance patient outcomes, it is crucial to advance professional training for therapists and to improve research and clinical capabilities in countries with less developed mental health systems.

## Pharmacotherapy

In the treatment of Asian American patients with OCD, pharmacotherapy is often the initial approach. Stein and his colleagues (2019) have highlighted the efficacy of pharmacological interventions, stating that “SSRIs are the first-line pharmacological treatment for OCD based on their evidence of efficacy, tolerability, safety and absence of abuse potential.” It is noted that OCD typically requires higher doses of SSRIs compared to their use in other anxiety disorders or major depression. However, “higher doses of SSRIs are associated with greater treatment efficacy, but also with higher rates of dropout owing to adverse effects (such as initial gastrointestinal symptoms and sexual

dysfunction)”. Therefore, it is essential to meticulously evaluate the adverse effects of SSRIs to determine the optimal dosage for each individual. Other medications, including Serotonin–Norepinephrine Reuptake Inhibitors (SNRIs), and different antidepressants like Agomelatine and Clomipramine, are also viable for OCD treatment. However, as one of the studies in 2019 states, most of the newer drugs require further research. The researchers note that “many antidepressants were reported to be useful mainly as add-ons on established pharmacotherapy in the attempt to overcome treatment-resistance in case reports, but none showed efficacy in double-blind studies”. This highlights the ongoing need for extensive studies to establish the effectiveness of these newer treatments.

## Cultural Influence – Stigmatization Of The Mental Conditions

In-depth research highlights a significant gap in understanding why Asian American and other Asian individuals exhibit a pronounced hesitancy towards receiving treatment for Obsessive-Compulsive Disorder (OCD). A pivotal factor influencing this reluctance is deeply rooted in cultural norms and perceptions. Pang and his colleagues elucidate in their study that Asian Americans, heavily influenced by Asian cultural norms compared to their European American counterparts, tend to associate a significant stigma with mental illnesses (Pang et al., 2018). This stigma leads them to seek alternative explanations for their symptoms, avoiding the acknowledgment of a clinical diagnosis and subsequent treatment. The fear of shame and feelings of inadequacy associated with a psychological disorder is a common concern within these communities.

Furthermore, a comparative study by Nakane et al. (2005) examining Australian and Japanese beliefs about mental illness causation, indicates a pronounced cultural difference. While both Australian and Japanese populations commonly attribute mental illness to social and personal vulnerabilities, the Japanese are more inclined to consider 'weakness of character' as a causative factor, whereas Australians lean towards physiological explanations like infections, allergies, and genetics. This cultural perspective affects patients and their families, often deterring them from openly discussing emotional issues due to fear of public shame or discomfort in confiding in outsiders. Even in cases where patients are open to discussing their emotions, they may not perceive these as relevant to their medical consultations unless the physician explicitly encourages such discussions.

Moreover, language barriers and a general lack of education concerning mental health issues further exacerbate this cultural stigma. For example, in China, in the past, being diagnosed with a 'mental condition' was often equated with insanity or inherent weakness (Chung H, 2002). Such a diagnosis could lead to several adverse consequences, including increased unemployment risk, diminished prospects of marriage and childbearing, potential imprisonment due to political beliefs, or prolonged institutionalization for perceived 'insanity.' This historical context contributes to the ongoing challenges in addressing mental health issues within these communities.

## Self-Medication and The Usage Of The Traditional Treatment

In Asian communities, the use of traditional medicine is the rule, not the exception. Take China as an example, “Chinese herbal medicine (CHM) is the most popular complementary and alternative medicine in Chinese culture. A large number of people believe that CHM has certain advantages and potential in the prevention and treatment of diseases, because of the years of practical experience with it” (Dongyu Kang et al., 2023). Besides, since CHMs are derived from natural products and composed of complex formulas. Based potentially on the Chinese traditional concepts of “Balance” and “Natural,” many Chinese people believe that CHMs have advantages over modern Western medicine in terms of side effects. As a result, lots of Native Chinese as well as American Bored Chinese patients are more willing to choose to self-medicate. However, while some of these traditional treatments may help patients with psychological conditions, due to the lack of studies on the mechanism of the majority of CHM, they can sometimes mask or worsen symptoms, thereby clouding the initial diagnostic picture.

## Gender Differences

Although it is widely presumed that biological differences between males and females would lead to variations in disease incidence, including Obsessive-Compulsive Disorder (OCD), the research literature presents a complex and varied picture. Indeed, sex may be a contributing factor in the prevalence and characteristics of OCD. A comprehensive review study published in 2019 elucidates this complexity: “Overall, findings remain mixed. OCD may be more common among males in childhood but is more common among females in adolescence and adulthood. Males tend to report an earlier age of onset and present with symptoms related to blasphemous thoughts. Females often describe symptom onset as occurring during or after puberty or pregnancy and present with symptoms related to contamination and/or aggressive obsessions.” This statement underscores the nuanced nature of sex differences in OCD prevalence and symptomatology. Given these mixed results, there is an evident and pressing need for future research to further investigate and clarify these differences, thereby enhancing our understanding and treatment of OCD in diverse populations.

## Conclusion

In conclusion, this literature review has provided a comprehensive overview of Obsessive-Compulsive Disorder (OCD) within the context of Asian American and Asian communities. It reveals several critical aspects of OCD in these populations, highlighting the need for further research and cultural sensitivity in the diagnosis and treatment of this debilitating mental health condition.

The underrepresentation of Asian populations in OCD research may lead to potential overgeneralizations or underrepresentations. Language barriers and historical disparities in treatment duration compared to non-Hispanic Whites have hindered our understanding of OCD in Asian American/Asian communities. This highlights the necessity of this systematic review of the specific challenges and treatment efficacy within this demographic. Diagnostically, the review discusses the importance of insight assessment in OCD patients, emphasizing the use of tools like the Yale-Brown Obsessive Compulsive Scale (YBOCS) and the Brown Assessment of Beliefs Scale (BABS) for evaluating the severity of symptoms and the patient's belief in their compulsive behaviors. The review also explores treatment options, with a focus on psychotherapeutic interventions and pharmacotherapy. Cognitive Behavioral Therapy (CBT) and Exposure and Response Prevention (ERP) are recognized as effective psychotherapeutic approaches. However, challenges in implementing CBT, especially in countries like China, have been highlighted, emphasizing the need for improved professional training and research capabilities. Pharmacotherapy, primarily with SSRIs, has shown efficacy, but higher doses may be required in OCD treatment. The effectiveness of newer drugs requires further investigation. The cultural stigma associated with mental health conditions, particularly in Asian communities, poses a significant barrier to seeking treatment. Factors such as shame, feelings of inadequacy, and the preference for traditional medicine contribute to this stigma. Finally, the review touches upon gender differences in OCD prevalence and symptomatology, emphasizing the need for further research to clarify these complexities. In light of these findings, it is evident that a holistic approach to understanding and treating OCD in Asian American and Asian communities is essential. Efforts should focus on reducing cultural stigma, improving access to evidence-based treatments, and conducting further research to address the unique challenges and nuances of OCD within these populations. By addressing these issues, we can hope to provide more effective and culturally sensitive mental health support for individuals affected by OCD in Asian communities.

## References

Chung H. (2002). The challenges of providing behavioral treatment to Asian Americans. *The Western journal of medicine*, 176(4), 222–223.

- Ching, T. H. W., & Williams, M. T. (2019). The role of ethnic identity in OC symptom dimensions among Asian Americans. *Journal of obsessive-compulsive and related disorders*, 21, 112–120.  
<https://doi.org/10.1016/j.jocrd.2019.03.005>
- Del Casale, A., Sorice, S., Padovano, A., Simmaco, M., Ferracuti, S., Lamis, D. A., Rapinesi, C., Sani, G., Girardi, P., Kotzalidis, G. D., & Pompili, M. (2019). Psychopharmacological Treatment of Obsessive-Compulsive Disorder (OCD). *Current neuropharmacology*, 17(8), 710–736.  
<https://doi.org/10.2174/1570159X16666180813155017>
- Ferrando, C., & Selai, C. (2021). A systematic review and meta-analysis on the effectiveness of exposure and response prevention therapy in the treatment of Obsessive-Compulsive Disorder. *Journal of Obsessive-Compulsive and Related Disorders*, 31, 100684. <https://doi.org/10.1016/j.jocrd.2021.100684>
- Kua, E. H., & Tan, C. H. (2005). Traditional Chinese medicine in psychiatric practice in Singapore. *International psychiatry: bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, 2(8), 7–9.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6733116/>
- Liu, W., Fang, F., Zhang, C., & Storch, E. A. (2017). Cognitive behavioral therapy practices in the treatment of obsessive-compulsive disorder in China. *Annals of translational medicine*, 5(1), 8.  
<https://doi.org/10.21037/atm.2017.01.04>
- Matsumoto, K., Hamatani, S., Makino, T., Uemura, T., Suzuki, F., Shinno, S., Ikai, T., Hayashi, H., Sutoh, C., & Shimizu, E. (2020). Guided Internet-Based Cognitive Behavioral Therapy in Japanese Patients With Obsessive-Compulsive Disorder: Protocol for a Randomized Controlled Trial. *JMIR research protocols*, 9(6), e18216. <https://doi.org/10.2196/18216>
- Mathes BM, Morabito DM, Schmidt NB. Epidemiological and Clinical Gender Differences in OCD. *Curr Psychiatry Rep*. 2019 Apr 23;21(5):36. doi: 10.1007/s11920-019-1015-2. PMID: 31016410.
- Melia, C.S., Soria, V., Salvat-Pujol, N. et al. Sex-specific association between the cortisol awakening response and obsessive-compulsive symptoms in healthy individuals. *Biol Sex Differ* 10, 55 (2019).  
<https://doi.org/10.1186/s13293-019-0273-3>
- Meng, F.-Q., Han, H.-Y., Luo, J., Liu, J., Liu, Z.-R., Tang, Y., Hou, X., Wei, J., Shi, L.-L., Tang, M.-N., Yan, Y.-P., Huang, Y.-Q., Sun, J., & Li, Z.-J. (2019). Efficacy of cognitive behavioural therapy with medication for patients with obsessive-compulsive disorder: A multicentre randomised controlled trial in China. *Journal of Affective Disorders*, 253, 184–192. <https://doi.org/10.1016/j.jad.2019.04.090>
- Pang, S., Subramaniam, M., Lee, S., Lau, Y., Abdin, E., Chua, B., . . . Chong, S. (2018). The Singaporean public beliefs about the causes of mental illness: Results from a multi-ethnic population-based study. *Epidemiology and Psychiatric Sciences*, 27(4), 403-412. doi:10.1017/S2045796017000105
- Rapp, A. M., Bergman, R. L., Piacentini, J., & McGuire, J. F. (2016). Evidence-Based Assessment of Obsessive-Compulsive Disorder. *Journal of central nervous system disease*, 8, 13–29.  
<https://doi.org/10.4137/JCNSD.S38359>
- Stein, D. J., Costa, D. L. C., Lochner, C., Miguel, E. C., Reddy, Y. C. J., Shavitt, R. G., van den Heuvel, O. A., & Simpson, H. B. (2019). Obsessive-compulsive disorder. *Nature reviews. Disease primers*, 5(1), 52.  
<https://doi.org/10.1038/s41572-019-0102-3>
- Tripathi, A., Avasthi, A., Grover, S., Sharma, E., Lakdawala, B. M., Thirunavukarasu, M., Dan, A., Sinha, V., Sareen, H., Mishra, K. K., Rastogi, P., Srivastava, S., Dhingra, I., Behere, P. B., Solanki, R. K., Sinha, V. K., Desai, M., & Reddy, Y. C. J. (2018). Gender differences in obsessive-compulsive disorder: Findings from a multicentric study from India. *Asian Journal of Psychiatry*, 37, 3–9.  
<https://doi.org/10.1016/j.ajp.2018.07.022>