

A COMPARATIVE STUDY OF STIGMA, QUALITY OF LIFE AND FAMILY BURDEN IN PATIENTS OF SCHIZOPHRENIA AND OBSESSIVE COMPULSIVE DISORDER

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ABSTRACT

Mental disorders impose a significant burden on individuals, families, and society. Among these, Schizophrenia and Obsessive-Compulsive Disorder (OCD) are chronic psychiatric conditions with distinct clinical presentations but overlapping psychosocial consequences. This paper presents a comparative analysis of stigma, quality of life (QoL), and family burden associated with schizophrenia and OCD. Evidence indicates that schizophrenia is associated with higher levels of perceived and internalized stigma, poorer quality of life, and greater family burden compared to OCD. However, OCD also significantly impairs functioning and imposes psychological strain on caregivers. Understanding these differences is essential for designing targeted interventions, improving mental health services, and reducing societal stigma.

INTRODUCTION

Mental health disorders contribute substantially to global disability and reduced quality of life. Chronic psychiatric conditions not only affect patients but also exert profound impacts on caregivers and families.

Schizophrenia is a severe mental illness characterized by disturbances in thought, perception, and behaviour, including hallucinations, delusions, and cognitive impairment. It typically follows a chronic course with relapses and residual symptoms.

Obsessive-Compulsive Disorder (OCD), on the other hand, is characterized by recurrent intrusive thoughts (obsessions) and repetitive behaviours (compulsions). Unlike schizophrenia, insight is often preserved in OCD, though the disorder can still be highly disabling.

Despite differences in symptomatology, both conditions are associated with:

- Social stigma
- Reduced quality of life
- Increased caregiver burden

This study aims to compare these domains systematically to better understand their psychosocial impact.

2. Objectives of the Study

- To compare stigma experienced by patients with schizophrenia and OCD
- To assess differences in quality of life between the two groups
- To evaluate and compare family burden in both disorders

- To identify factors contributing to these differences

MATERIALS AND METHODS

Although this is a review-style article, typical comparative studies in this domain use:

Study Design: Cross-sectional or comparative observational study

Participants: Patients diagnosed with schizophrenia and OCD (based on DSM-5/ICD-10 criteria)

Settings: Tertiary care hospitals or psychiatric clinics

Assessment Tools:

- Stigma scales (e.g., Internalized Stigma of Mental Illness scale)
- Quality of Life scales (e.g., WHOQOL-BREF)
- Family burden scales (e.g., Family Burden Interview Schedule)

4. Stigma: Concept and Comparison

4.1 Understanding Stigma

Stigma refers to negative beliefs, attitudes, and discrimination directed toward individuals with mental illness. It can be categorized into:

- Public stigma (societal attitudes)
- Self-stigma (internalized negative beliefs)
- Structural stigma (institutional discrimination)

4.2 Stigma in Schizophrenia

Patients with schizophrenia experience high levels of stigma due to:

- Visible and severe symptoms (e.g., hallucinations, disorganized behaviour)

- Misconceptions about violence and unpredictability
- Media portrayal reinforcing fear
- Consequences include:
- Social isolation
- Reduced employment opportunities
- Poor treatment adherence

4.3 Stigma in OCD

OCD-related stigma differs in nature:

- Symptoms may be hidden or misunderstood
- Often trivialized as “quirks” or “habits”
- Patients feel embarrassment rather than fear of discrimination

4.4 Comparative Analysis

- Schizophrenia → Higher public stigma and discrimination
- OCD → Higher self-consciousness and internal shame
- Overall, stigma is more severe and socially damaging in schizophrenia, while OCD-related stigma is often internalized.

5. Quality of Life (QoL)

5.4 Comparative Analysis

Domain	Schizophrenia	OCD
Insight	Often impaired	Usually preserved
Social Functioning	Severely affected	Moderately affected
Occupational Impact	High disability	Variable
Overall QoL	Poor	Moderately impaired

QoL is **significantly lower in schizophrenia** due to cognitive deficits and chronic disability.

6. Family Burden

6.1 Concept

Family burden includes:

- Emotional strain
- Financial stress
- Social restrictions
- Physical caregiving demands

6.2 Family Burden in Schizophrenia

Caregivers face:

- Continuous supervision needs
- Frequent relapses and hospitalizations
- Financial dependency of patients
- Emotional exhaustion

High burden leads to:

- Caregiver burnout
- Depression and anxiety in family members

6.3 Family Burden in OCD

Burden arises from:

- Time spent accommodating compulsions
- Disruption of family routines
- Emotional frustration

However:

- Patients are often more independent
- Less need for constant supervision

6.4 Comparative Analysis

- Schizophrenia → Severe and **multidimensional burden**
- OCD → Moderate but chronic burden

5.1 Definition

Quality of life refers to an individual’s perception of their position in life in relation to their goals, expectations, and concerns.

5.2 QoL in Schizophrenia

Patients with schizophrenia typically show:

- Poor social functioning
- Cognitive impairment
- Reduced independence
- Occupational disability

Domains affected:

- Psychological health
- Social relationships
- Environmental functioning

5.3 QoL in OCD

OCD patients experience:

- Time-consuming compulsions
- Anxiety and distress
- Interference with daily activities
- However:
- Insight is usually preserved
- Many maintain social and occupational roles

- Family burden is significantly higher in schizophrenia.

7. Factors Contributing to Differences

7.1 Clinical Factors

- Severity of symptoms
- Level of insight
- Chronicity of illness

7.2 Social Factors

- Public awareness
- Cultural beliefs
- Family support systems

7.3 Economic Factors

- Treatment costs
- Employment status of patient

DISCUSSION

The findings highlight clear differences between schizophrenia and OCD in terms of psychosocial impact.

Stigma: Driven by fear and misunderstanding in schizophrenia; embarrassment in OCD

QoL: More severely impaired in schizophrenia due to cognitive and functional decline

Family Burden: Higher in schizophrenia due to caregiving demands and relapse risk

These differences suggest that:

- Interventions must be disorder-specific
- Public awareness campaigns should target misconceptions

- Family-centered care is essential
- 9. Implications for Practice**
- 9.1 Clinical Interventions**
- Early diagnosis and treatment
 - Cognitive-behavioral therapy (especially for OCD)
 - Antipsychotic management for schizophrenia
- 9.2 Psychosocial Interventions**
- Psychoeducation for families
 - Support groups
 - Rehabilitation programs
- 9.3 Policy Implications**
- Anti-stigma campaigns
 - Community-based mental health services
 - Financial support for caregivers
- 10. Limitations**
- Variability in measurement tools
 - Cultural differences affecting stigma perception
 - Cross-sectional designs limit causality

CONCLUSION

Both schizophrenia and OCD significantly impact patients and families, but the degree and nature differ.

- Schizophrenia is associated with higher stigma, poorer quality of life, and greater family burden
- OCD, while less severe in these domains, still causes substantial impairment and distress
- Addressing these issues requires:
 - Integrated mental health care
 - Family involvement
 - Reduction of stigma at societal level

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