Personality Factors and Coping Strategies among Young Adults with Obsessive Compulsive Disorder Symptoms

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Abstract
The aim of the study was to explore the relationship between Personality Factors and Coping Strategies among Young Adults with Obsessive Compulsive Disorder Symptoms. Data was collected through purposive sampling technique and participants were more than 400 around thousand but only 400 participant's data was utilized for research based on levels of OCD symptoms (mild, medium, moderate and severe). Remaining data was discarded to avoid any confusion in research data. Participant's age ranges from 18 to 30 because our sample is on adolescents so age is specified. Big Five Inventory (BFI) Scale by (John & Srivastava, 1999),Brief Cope Scale (Carver, 1997) and Brief Obsessive Compulsive Scale (BOCS) by (Bejerot et. al., 2014) were used to measure the research variables. Correlational analysis,

Descriptive statistics and independent sample t-test analysis was applied for research data analysis on SPSS (V 23.0). Results indicates same relationship between study variables. Further results indicate positive relationship between OCD symptoms and one coping strategy (religious denial) and there was negative relationship between problem-focused coping, active-avoidance coping and positive coping with OCD symptoms. Also there was positive relationship of coping strategies (active-avoidance coping, positive coping, religious denial) except problem-focused coping.

Key Words: Big Five Personality Factors, OCD symptoms & Coping Strategies

Introduction

The aim of the study was to explore the relationship between Personality Factors, and Coping Strategies among Young Adults with Obsessive Compulsive Disorder Symptoms. The current study examined at OCD in a non-clinical group. Dimensional personality perspectives have shown that they are useful in understanding the functioning of personalities and can uncover concrete personality-OCD relationships. The five-factor model (FFM), is the dimensional personality model that has been given the greatest emphasis in recent decades. (e.g. Gore & Widiger, 2013). Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism are the concepts widely used to characterize the psychological attributes that underpin the FFM (OCEAN; Costa & McCrae, 1992).Neuroticism, extraversion, and openness to experience, agreeableness and conscientiousness are the comprehensive traits that make the FFM. Each of these personality traits are made up of six characteristics or attributes, as conceptualized by McCraeandCosta (1992). Neuroticism, as per the FFM, includes the probability to feel negative feelings, such as depression, stress, sadness and dissatisfaction. Extraversion combines sociability, pleasure, and control. Openness to experience involves esthetic affectability, the curiosity of academics, and the desire for assortment. Agreeableness consolidates faith, charity and kindness, and conscientiousness requires rigid commitment to expectations and a willingness to attain targets (Costa & McCrae, 1992).Coping strategies refer to the particular efforts, both behavioral and psychological, that individuals utilize to dominate, tolerate, reduce, or minimize stressful occasions. Two general coping strategies have been recognized: problem- solving strategies are efforts to plan something dynamic for alleviation of unpleasant conditions, though emotion-focused coping techniques include effortsto manage the emotional consequences of distressing or potentially stressful occasions. An additional distinction that is often made in the coping literature is between active and avoidant coping strategies. Active coping strategies are either behavioral or psychological responses designed to change the nature of the stressor itself or how one thinks about it, whereas avoidant coping strategies lead people into activities (such as alcohol use) or mental states (such as withdrawal) that keep them from directly addressing stressful events.

The study demonstrates that individuals utilize the two kinds of strategies to combat the most stressful occasions (Lazarus& Folkman, 1993).The World Health Organization (2008) positions OCD as the main source of distressing mental disease around the world. Influencing roughly 3% of the population through the life expectancy, the danger of occurrence and long term diligence is expected (de Bruijn et. al., 2010). OCD influences every single social

gathering and considerably impacts youth. In approximately 66% of cases, the beginning phase is by age 22 (Fineberg et. al., 2013a). OCD is associated with a genuinely diminished quality of life as well as increased levels of psychological disorder (Hollander et. al., 1996).People with contamination fears may maintain a strategic distance from specialists' workplaces and medical clinics since they develop an openness to germs, or they may create dermatological issues, for example, bleeding and skin injuries because of washing with bleach to feel "sufficiently clean." Children and youths try not to associate with peers and might be not able to go to class, with various long time impacts (Hollander et. al., 2010).There is strong evidence that early diagnosis and evidence-based treatment of OCD can improve recovery rates (e.g., Hollander et. al., 2010).The incidence rate of OCD is 2.6, making it the 4th common psychological disorder behind suicidal attempts, excessive fear and drug abuse (Bobes et. al., 2007). This is a broad and widespread illness related to unsustainable, persistent thinking and behavior, pain and chronic conditions.The basic medical criteria for OCD, as per DSM-5 (American Psychological Association, 2013), are Compulsions, obsessions, or any of these are available; these seem to be repetitive in the life of someone and create severe consequences. However, studies can't seem to analyze the degree to which personality traits, as surveyed by the FFM, the basic signs of Obsessive compulsive disorder are related. Prevalence and symptoms have been talked about in certain studies however other perspectives identified with personality traits in OCD and which coping methodologies will be utilized for the decrease in OCD symptoms have not been examined for additional research and mindfulness. To conquer certain viewpoints, this research purposes to look at further personality indicators of OCD and coping strategies to overcome OCD symptoms in non-clinical members. It may take time to disappear, it is important that both populations are trained in useful and adaptive coping. The provision of a flexible coping strategy will help people cope with various stressors and under a variety of conditions.

Objectives

To investigate the relationship between the characteristics of five factor Personality variables (Agreeableness, Openness to Experience, Conscientiousness, Extraversion, and Neuroticism), Coping Strategies and OCD Symptoms.

Hypothesis

Hypothesis 1 (a): There would be negative relationship between Extraversion, Agreeableness, Openness to experience, Conscientiousness and OCD symptoms.

Hypothesis 1 (b): There would be positive relationship between Neuroticism and OCD symptoms.

Hypothesis 2 (a): There would be positive relationship between Religious denial, and OCD symptoms.

Hypothesis 2 (b): There would be negative relationship between Active- avoidance coping, Problem-focused coping, Positive coping and OCD symptoms.

Hypothesis 3: There would be positive relationship between Five factor characteristics (Extraversion, Agreeableness, Conscientiousness, Neuroticism, Openness to experience) and Coping strategies (Active-avoidance coping, Problem focused coping, Religious denial and Positive coping).

Methods

Research Design

The current study aims to explore the relationship between Personality Factors and Coping Strategies among Young Adults with Obsessive Compulsive Disorder Symptoms. The data collection was conducted by means of a questionnaire using the google forms online due to covid-19.

Target Population

A sample of 400 participants, including males and females both was selected. The current research information was gathered through google forms online due to covid-19.

Sampling technique

The study was conducted on a sample of 400 participants. Both male and female participants were part of sample belonging to Rawalpindi and Islamabad but due to Covid-19, data was collected through google online forms because direct approach to the participants were not possible due to lockdown situation. Data was collected through purposive sampling technique and participants were more than 400 around 1000 but only 400 participant's data was utilized for research based on levels of OCD symptoms (mild, medium, moderate and severe). Remaining data was discarded to avoid any confusion in research data. Participant's age ranges from 18 to 30 because our sample is on adolescents so age is specified. Care was taken to choose those participants who participated willingly. In case of any vagueness, clarification was made and respondent's queries were assured.

Inclusion Criteria

- Age of participant's ranges from 18 to 30 specified because of young adults sample.
- Both Male and female were included.

Exclusion Criteria

- Presence of comorbid severe mental illness (e.g. Schizophrenia and others).

Ethical Consideration

Only adults who gave their permission to volunteer in the study were added in the study. The management and scoring of questionnaires and the confidentiality of all respondents was carried out and implemented as defined by all ethical procedures.

Instruments used in the study

The following instruments were used for collection of data from the participants.

Demographic information form

The demographic form contain the participant's details on age, gender, occupational status, socio-economic status, relationship status and family structure.

Informed Consent form

The participants were given a consent document in which permission was received to take part in the study. It was confirmed that the information obtained was entirely voluntary and explain the respondent's right to leave the research at any given time. It also addressed confidentiality.

Instruments

Brief COPE (Akhtar, 2005), originally by Carver (1997)

Brief Coping (Akhtar, 2005), developed by Woodcarver (1997) and translated into Urdu by Akhtar (2005), is utilized to distinguish the procedures utilized by adolescents. Brief Cope comprised of 28 items. Particular are organized in a 4-point Likert scale (1= Never, 2= Very less, trine = Sometimes and 4= A lot). In the current state research fixing construction of Hastings et al. (2005) for Brief Cope (Carver, 1997) is utilized. Carver (1997) proposed an abbreviated edition, the Brief-COPE, which has been extensively used in health contexts. This instrument has 14 subscales consisting of 2 elements each:

a. **Acceptance:** is embracing the fact that has happened/learning to deal with it.
b. **Emotional Support:** is receiving emotional support/comfort and understanding.
c. **Humor:** is cracking jokes about it/making fun of the situation.
d. **Positive Reframing:** is attempting to view the problem from a certain light, making it sound more positive/look for something interesting about it.
e. **Religion:** is taking refuge in religious or moral religious views or practicing yoga.
f. **Active Coping:** is focusing the efforts on dealing with the current situation/taking steps and try to make things easier.
g. **Instrumental Support:** is receiving guidance and suggestions from other people/trying to get advice or help from others on what to do.
h. **Planning:** is trying to come up with a strategy for what to do/thinking carefully about what actions to take.
i. **Behavioral Disengagement:** is giving up trying to work with it/the effort to compete.
j. **Denial:** "It's not true" / refuses to believe it's happening to me.
k. **Self-distraction:** turns to work or other tasks to drive something away from my mind and make me think less about it.
l. **Self-blame:** criticizes me/blame me for things that have happened.
m. **Substance Use:** uses alcohol or other medications to make me feel better.
n. **Venting:** tells stuff to let uncomfortable emotions escape/exprime bad feelings.

Carver found emotionally based methods of acceptance, emotional social support, humor, positive reframing, and religion (1997). Problem-focused strategies, on the other hand, include active coping, instrumental reinforcement, and planning. Finally, behavioural disengagement, denial, self-distraction, self-blaming, drug use, and venting are also examples of unhealthy coping processes. Carver (1989) first developed the brief cope and translated it into Akhtar into Urdu (2005). There are four different styles of coping, problematic coping, active coping avoidance, religious denial, and positive coping.

Problem focused coping contain item no. 2, 23, 5, 7, 10, 14 and 25.

Active avoidance coping contain items no.13, 16, 19, 1, 4,6,9,11,21 and 26.

Religious denial coping contain item no. 3, 8, 22, 27.

Positive coping contain item no. 12, 24, 15, 17, 18, 20, and 28

The Brief COPE of 28 items arranged in four-point Likert scale is used to test different coping styles (1 not at all to 4 a lot.) Scores demonstrate the use and reliability of this coping style. =.82 alpha.

Big Five Inventory (BFI)

John and Srivastava (1999) developed a 44-item scale that tests five personality traits: Extraversion (eight items), openness to experience (10 items), Neuroticism (eight items) Conscientiousness (nine items) and Agreeableness (nine items). In a collaborative project with another partner, the instrument was translated and adapted into Turkish by the main author (Ok, 2011).Despite the fact that, the complete adaptation mechanism did not meet leading back meaning, it was closely reviewed, updated, and attempted over and over again in pilot contemplates. The strong inward accuracy ranging from .68 to .83 was adequate. On a Likert-type scale of five points, all objects are rated, going from "I do not agree at all to" to "I strongly agree". The five traits are:

- **Neuroticism:** tendency for negative emotions like frustration, anxiety, or depression.
- **Extraversion:** a variety of tasks (unlike depth) and an energy derived from outside relationships.
- **Openness to experience:** analytical curiosity, emotional transparency, beauty awareness and readiness to do new things.
- **Agreeableness:** respect for social stability and gaining value by getting along with many others
- **Conscientiousness:** ability to show self-discipline, behave dutifully, and aim for accomplishment against steps or outside standards.

Brief Obsessive Compulsive Scale (BOCS)

BOCS is widely used internationally and concentrates on the Yale-Brown Obsessive-Compulsive Scale (Bejerot et. al., 2014).The 15-item self-report scale is used for measuring the side effects of Obsessive compulsive disorder and for diagnosing OCD. This 15-item Symptom Checklist Scale has five subscales, specifically: Symmetry, Forbidden Emotions, Pollution, Morality and Dysmorphic Thoughts. Objects were upheld with explanations written beneath. It was argued that for OCD patients, BOCS would classify non-OCD participants and that its importance in clinical work is explicitly maintained**.** Further, OCD symptom severity was significantly correlated with the frequency of COVID related intrusions and the amount of distress they caused. OCD related symptoms are measured in levels for example mild, medium, moderate and severe.

Statistical analysis

The statistical analysis was done by using Correlational analysis, Descriptive statistics and independent sample t-test analysis was applied for research data analysis on SPSS (V 23.0).

Procedure

Questionnaires are filled by online google forms because of covid-19 pandemic. The researcher of the study gave data in written typed form online on google forms and in composed configuration about the research and the moral issues engaged with taking an interest, and just to those members who deliberately consented was added in the study. With respect to ethical considerations, the study was conducted according to the Codes of Ethics and Behavior of the British Psychological Society (2009), as participants acquire some knowledge of their personal lives, including severity of Obsessive compulsive disorder, their religious values, temperament, sexual orientation, and age. Informed consent was shared with the participants.The researchers used all essential steps to save the members' mental health, human qualities, and nobility. They were assured that their information was used only for research purpose. They were thanked for their cooperation and participation in the study.

Results

Table 1

Demographic Variables of Study Variables (N=401)

Demographics Variables	**F**	**%**
Gender		
Female	141	35.2
Male	260	64.8
Siblings		
0	2	.5
1	50	12.5
2	83	20.7
3	91	22.7
4	84	20.9
5	45	11.2
6	24	6.0
7	12	3.0
8	7	1.7
9	2	.5
10	1	.2
Education		
Graduation	230	57.4
intermediate	51	12.7
matric	51	12.7
Post-graduation	69	17.2

Occupation		
Non-working	128	31.9
Working	273	68.1
SES		
Lower class	4	1.0
Middle class	363	90.5
Upper class	34	8.5
Family structure		
Joint	160	39.9
Nuclear	241	60.1
Marital status		
Married	189	47.1
Unmarried	212	52.9
Age	Mean age = 27.46	SD= 8.213

The above Table 1 shows the frequency and percentage of the demographic variables. The sample consisted of male and female individuals. The sample was also categorized on the basis of age, education, siblings, socio-economic status and occupation. On the basis of education half of the sample consist of postgraduate, graduate, inter and matric qualification. On the basis of socioeconomic status most of the sample lies in middle class category making 90.5% of total sample whereas upper class account for 8.5 % of total sample. As mentioned above the sample was also categorized on the basis of occupation status which accounts for 68.1% working and 31.9% non-working individuals.

Table 2
Descriptive Statistics and Alpha Reliability of Study Variables (N=401)

Table 3

Variables	EX	AG	CS	N	OS	BOCS
EX	1	.334**	.206**	-.067	.325**	-.071
AG	.334**	1	.457**	-.051	.356**	-.119*
CS	.206**	.457**	1	-.174**	.316**	.015
N	-.067	-.051	-.174**	1	.111*	.024
OS	.325**	.356**	.316**	.111*	1	-.076
BOCS	-.071	-.119*	.015	.024	-.076	1

Correlation between Personality Factors and OCD Symptoms (N=401)

Scales	**Items**	**A**	**M**	**SD**
Extraversion	8	.26	25.07	3.95
Agreeableness	9	.38	28.74	4.59
Conscientiousness	9	.31	28.16	4.33
Neuroticism	8	.27	24.59	3.99
Openness to experience	10	.45	33.20	4.83
Problem- focused coping	7	.52	18.96	3.43
Active avoidance coping	10	.49	24.11	4.43
Religious denial	4	.36	10.67	2.37
Positive Coping	7	.53	18.80	3.58
BOCS	15	.40	30.12	7.79

Table 2 shows the descriptive properties and the reliability of the scales used in this study. The alpha coefficient for Extraversion is .26, Agreeableness alpha coefficient is .38,Conscientiousness .31, Neuroticism .27 and openness to experience consists of .45 alpha coefficient.The alpha coefficient for Problem- focused coping,Active avoidance coping,Religious denial and Positive Coping is .52, .49, .36, .53 and BOCS consists of .40 value of alpha coefficient.

Note: EX= Extraversion; AG=Agreeableness; CS=Conscientiousness; N= Neuroticism; OS=Openness to experience.BOCS= brief obsessive compulsive disorder scale.

Table 3 shows that there is a negative relationship between Extraversion and OCD symptoms. There is negative and significant relationship between Agreeableness and OCD symptoms. There is positive and non-significant relationship between Conscientiousness, Neuroticism with OCD Symptoms. Whereas Openness to experience have negative and non- significant relationship with OCD symptoms

Table 4

Correlation between Coping Strategies and OCD Symptoms (N=401)

	BOCS	**PFS**	**AAC**	**RDC**	**PC**
BOCS	**1**	-.004	.016	.010	-.003
PFS		**1**	.199**	.383**	.539**
AAC			**1**	.168**	.326**
RDC				**1**	.461**
PC					**1**

Note: PFC= Problem focused coping; AAC = Active avoidance coping; RDC= Religious denial coping; PC= Positive coping; BOCS= brief obsessive compulsive disorder scale.

Table 4 shows that there is negative non-significant relationship between Problem- focused coping and OCD symptoms. Active avoidance coping have positive and non-significant relationship with OCD symptoms. Religious denial have positive, non-significant relationship with OCD symptoms and Positive coping have negative relationship with OCD symptom.

Table 5

Correlation between Personality Factors and Coping Strategies (N=401)

Variables	**PFC**	**AAC**	**RDC**	**PC**	**EX**	**AG**	**CS**	**N**	**OS**
PFC	1	.199**	.383**	.539**	.121*	.171*	.219**	**.**099*	.197**
AAC		**1**	.168**	.326**	-.022	-.159**	-.120*	.092	-.058
RDC			1	.461**	.017	-.044	.004	.093	.082
PC				1	.045	.085	.147**	.149**	.169**
EX					1	.334**	.206**	-.067	.325**
AG						1	.457**	-.051	.356**
CS							1	-.174**	.316**
N								1	.111*
OS									**1**

Note: PFC= Problem focused coping; AAC = Active avoidance coping; RDC= Religious denial coping; PC= Positive coping; EX= Extraversion; AG=Agreeableness; CS=Conscientiousness; N= Neuroticism; OS=Openness to experience.

Table 5 represents that there is no relationship between Problem-focused coping and Extraversion. There is positive relationship of active avoidance coping with Agreeableness. Religious denial have positive significant relationship with Conscientiousness. They all have positive relationship with each other except problem- focused coping.

Discussion

The current study aims to explore the relationship between Personality Factors, Coping Strategies among Young Adults with Obsessive Compulsive Disorder Symptoms.A sample of 400 participants, including males and females both was selected belonging to Rawalpindi and Islamabad but due to Covid-19, data was collected through google online forms because direct approach to the participant was not possible due to lockdown situation. Data was collected through purposive sampling technique and participants were more than 400 around thousand but only 400 participant's data was utilized for research based on levels of OCD symptoms (mild, medium, moderate and severe). Remaining data was discarded to avoid any confusion in research data. Participant's age ranges from 18 to 30 because our sample is on adolescents so age is specified.Previous studies on the personality trait in obsessive-compulsive disorders (OCD) focused on neuroticism and extraversion as disease vulnerabilities (Eysenck 1985; Gray, 1981; Stanley et. al., 1991; Zinbarg & Barlow, 1996). Overall, the findings reveal a link and correlation between the dependent and independent variables (OCD symptoms and coping strategies), (Personality factors).Hypothesis 1 (a) states that there would be negative relationship between Extraversion, Agreeableness, Openness to experience, Conscientiousnessand OCD symptoms. The outcomes demonstrated a negative connection among Extraversion Agreeableness, Openness to experience and OCD symptoms. OCD people are frequently very nervous, reserved, not courteous and conservative and find it difficult to fulfil obligations. High neurotic and low extraversion (i.e. high introversion) scores have been calculated to be associated with OCD development sensitivity (Rector et. al., 2002).Sassoon, Zambotti, Colrain and Baker research results demonstrated a higher neuroticism and lesser agreeableness than the control group in participants suffering from insomnia and low sleep quality.It is related to prior studies showing low levels of openness to experiences characterized by a constant lack of readiness to practice varied routine and familiarity activities and preferences (Costa & McCrae, 1992).People with a high conscientiousness level have showed enhanced fitness and life expectancy results (John & Srivastava, 1999). Researchers understand that this is due to the conscientiousness, regular and scheduled lifestyles of people throughout them as well as the regulatory impulses for diets, pharmaceutical techniques, and so on.

Hypothesis 1 (b) states that there would be positive relationship betweenNeuroticism and OCD symptoms. Results indicates that they have positive relationship with each other. Research with five personality factors has frequently revealed that both mood and anxiety disorders are associated with low extraversion levels and high neurotic levels in the population group (Brown et. al., 1998,Clark & Watson, 1991; Bienvenu et. al., 2001; Watson et. al., 1994).

Hypothesis 2 (a) states that there would be positive relationship betweenReligious denial, and OCD symptoms.Results indicates that there is positive relationship between them. The findings imply that religious denial and OCD symptoms have a beneficial association. Earlier research shows empirical evidence of tipping points of religious strains in life (Wilt et. al., 2019b).

Recent research shows that Religious strains struggle can be a source of well-being and comfort for people (Szcze'sniak et. al., 2019; Van Tongeren et. al., 2013). They can also determine the development and the transformation of the spirit (Exline et. al., 2017; Park & Cohen, 1993; Wilt et. al., 2019b). People with a deeper feeling of self and independent strength can emerge through Religious strain strivings (Wilt et. al., 2019a).

Hypothesis 2 (b) states that there would be negative relationship between Active- avoidance coping, Problem-focused coping, Positive coping and OCD symptoms.Results indicates that there is negative relationship between them.Moritz et. al., (2018) have also showed OCD and depressed patients to be more coping and preventative than non-clinical controls and to be less adaptive than coping. Research has found that OCD patients are more interested than researchers or people with other psychiatric illnesses in maladaptive cognitive management. Many research has indicated that the symptoms of OCD can be improved by working on cognitive regulation (Amir et. al., 1997; Abramowitz et. al., 2003; Belloch et. al., 2009). As Matheson and Anisman (2003) have noted, given that coping techniques are likely to work together, their efficiency may vary depending upon alternative methods used simultaneously or in sequence. Results indicates that there is negative relationship of Problem- focused coping with OCD symptoms.Previous research shows that the suppression of mind is largely the main method of coping used for a confusing idea (Yap et. al., 2017). Other researches reveal that the suppression of mind is the approach to devote energy in trying to stop or suppress particular thinking (Wegner, 1994). Further, results indicate that it have negative connection with OCD symptoms.Recent research shows that most people have used positive coping strategies: reconstitution, accepting, approval, and humor (making jokes about the stressful event, laughing over challenging situations) strategies that let the stressors not recognized as stressors or laughing at stressful conditions.

Hypothesis 3 states that there would be positive relationship between five factor characteristics (Extraversion,Agreeableness, Conscientiousness, Neuroticism, Openness to experience) and Coping strategies.Results indicates that there is positive relationship of extraversion with active avoidant coping strategies, religious denial and positive coping except Problem focused coping. Adaptive personality qualities (e.g., high extraversion and conscientiousness) were less influenced by daily pressures, according to research by Penley JA and Tomaka J. However, not everyone's conclusions on the association between personality and management were consistent. For example, O'Brien TB, DeLongis A says that the significant link between extraversion and problem-oriented coping has not been discovered.Positive relationship is indicated between Agreeableness and Coping strategies. Positive relationship is indicated between them. Penley JA, Tomaka J suggests that the ability to reach agreeableness is linked favorably with the search for social assistance, active management and planning. Some studies have failed to identify a link between coping and personality qualities such as agreeableness, conscientiousness, and openness.Results indicate that there is positive relation between Conscientiousness and these coping strategies.Connor-Smith JK, et. al., indicate that conscientious is connected strongly with problem-oriented coping and its diverse components, such as planning, coping with restraint and obligation acceptance. Other research shows the most significantly favorable link with problem participation between openness and awareness.

Results indicates that there is positive relationship betweenNeuroticism and these Coping strategies. Some researchers have not found a major association between certain personality characteristics. For example, the important relationship between extraversion and problem-based coping has not been identified. Costa et. al., reported the usage of certain successful coping methods, such as problematic and active coping, negatively linked to neuroticism and favorable linkages to preventative coping. Results indicates that openness to experience have positive relationship with coping strategies.Penley JA research findings demonstrate favorable links between openness and active coping, positive reinterpretation, and negative associations with coping through avoidance.

Hypothesis 4 states that there would be significant mean gender differences in personality factors (Extraversion, Agreeableness, Conscientiousness, Neuroticism and Openness to experience),Coping strategies (Active-avoidance coping, Problem focused coping, Religious denial and Positive coping) and OCD symptoms among young adults.The results demonstrated significant mean differences between men and women in all variables of personality. All personality traits are significantly different between men and women. More than 23,000 persons from 26 countries have been received by Costa et. al., (2001). They found men's and women's discrepancies "notorious, based on gender and socially repeatable" (p. 328). In neuroticism, continuity, comfort and sensitivity to experience, women have shown themselves to be stronger than men. It states that there would be significant gender differences in OCD symptoms among young adults. The results showed significant mean differences among males and females on Brief Obsessive compulsive disorder scale (BOCS). OCD women are higher in adolescents and adult research in the overall study of gender inequality and earlier starting or degradation of symptoms in males. Furthermore, women in adults have to bear symptoms of contamination and responsibility for injury and men tolerate heretical notions (Torresan RC et. al., 2013). Further research indicates that there would be significant gender differences in coping strategies among young adults. The results showed significant mean differences among males and females on Active-avoidance coping only.Moreover, the problem-focused coping, religious denial, and positive coping difference in men and women. Some research demonstrate that women often copy their emotional responses in unpleasant situations with methods whilst men are using problematic or instrumental tactics to handle negative events (Endler & Parker, 1990; Ptacek et. al., 1994, Matud, 2004). It was assumed that sexuality variation in women and men can generally be an incentive to show that women often suffer with more emotional problems, as well as sadness and anxiety symptoms than males (Mazure & Maciejewski, 2004; Kuehner, 2003). Certainly, women usually utilize emotional coping methods to monitor depressive and anxious situations rather than men (Mezulis et. al., 2002).Three surveys were most importantly used for the accumulation of information. All in all, numerous members were used to fulfil every problem. At first the individuals gained an interest but lost it continually. The questionnaire's length must therefore have an impact on the results. The tools used for accumulating information should be easy and researcher should steer away from an extremely comprehensive questionnaire.

Survey can be used with fewer things.As time is very vital in the lives of an individual, none other than his/her expert work needs to put far more attention in exercises. However it might

be assumed, the tool used for data collection should be brief. The sample is limited to a small number of youngsters in Rawalpindi and in Islamabad. The sample is not the national officer since it was collected from a single city, too short a summary of Pakistan's complete population. Samples for future discoveries should be established to generalize results and should be taken from other regions in Pakistan.A self-report questionnaire was used to examine participants. The questionnaire was applied online to prevent management conditions and situation variables that can impact completion and answers from being monitored. Moreover, the management options were relatively limited because of the lockdown.As for future possibilities, two uncontrolled variables are relevant: uncertainty tolerance (a studied variable in OCD patients and extremely pertinent to the present COVID-19 circumstances), whether or not COVID-19 infected the individuals or their family.In addition, longitudinal research would be fascinating to conduct out, examining how individuals adapt over time, particularly at 6, 12 and 18 months, with this epidemic. In addition, the epidemic could affect changes in people's coping techniques and test their emotions, together with other stressors (work, familial disease, financial concerns). Prevalence and symptoms were discussed in some studies but other viewpoints with the personality characteristics in OCD were not studied for more research and emphasize to which coping methods were used to reduce OCD symptoms.This research aims to explore deeper OCD personality markers and coping techniques to overcome OCDs in non-clinical individuals in an effort to conquer specific points of view. It can take time to disappear, and both populations need to be trained in useful and adaptive treatment.

In OCD patients, the new study has a significant impact on clinical practice. First of all, OCD patient and coping techniques are emotional rather than problematic. Therefore it is important to train in useful and adaptable treatment for the two populations because the pandemic may take longer to dissipate. This requires for COVID-19 and its impact on physical and mental health, the differentiation between rational adaptive Ritual and the OCD's obsessive and compulsive activities, the controlling of Internet and media exposure and consumption (Rosa-Alcázar et. al., 2020). This invites for psychological and mental health training.Governments should investigate if the information provided causes panic or promotes practices of self-protection. The use of extensive media publicity for COVID19 can adversely affect mental health (Balasubramanian et. al., 2020). Furthermore, even if you stayed home, a day-to-day routine would be vital. The risk of sleeping issues is high for patients under quarantine and residents at home under limitations, which increase their anxiety. Contacting specialists, checking for medicines and observing the level of anxiety and depression that increases the use of diseases in OCD patients are important (Fineberg et. al., 2020; Rosa-Alcázar et. al., 2019).

Conclusion

This research is exceptionally useful in understanding the significance of Personality factors for improvement in OCD symptoms and how and which Coping strategies are useful.Some researchers believe that coping strategies may be inferred directly from personality traits. As a result, personality factors have an impact on the efficacy of coping techniques as well as OCD symptoms. It is presumed that there was negative relationship between extraversion,

agreeableness, openness to experience and Conscientiousness with OCD symptoms and positive relationship between Neuroticism and OCD symptoms. Results indicates same relationship between study variables. Further results indicate positive relationship between OCD symptoms and one coping strategy (religious denial) and there was negative relationship between problem-focused coping, active-avoidance coping and positive coping with OCD symptoms. Also there was positive relationship of coping strategies (active-avoidance coping, positive coping,religious denial) except problem-focused coping. Likewise significant gender differences were indicated between study variables. These characteristics can help us figure out which personality traits are more likely to cause OCD symptoms in people and how to spot them early to avoid negative consequences. The data could also be utilized to develop particular training programmes for dealing with psychological problems.

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