Reviewer's report

Title: Separating obsessive-compulsive disorder from the self. A qualitative study of family member perceptions

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Reviewer: Lorena Fernandez

Reviewer's report:

This is a study exploring illness perceptions in family members of people with OCD using thematic analysis. The topic is relevant for the field and the methodology seems appropriate. Overall, I believe the study adds to the current OCD literature, but the reporting could be improved. I have suggested some changes that I hope the authors find helpful.

1. Recruitment section (p. 6). Participants were recruited from two sources: 1) advertisements in websites and social media and 2) family members of participants in the OCTET study. The strengths and limitations section mentions that recruiting through social media may have captured particularly motivated family members, but that this was balanced by the inclusion of relatives invited by the OCD person in the OCTET study. This is difficult to assess without having the numbers of how many were recruited from each source. Could the authors report this information?

2. Verified diagnosis of OCD is mentioned as a strength of the study but it is not clearly described in the methods. I guess that for those recruited via in the OCTET study, the assessment performed during the trial was used. However, for those recruited from source number 1 (advertisement), how was OCD assessed? In line with this, the authors state the following in the Procedure section (p. 7): "Family member interviews did not proceed until the person with OCD within each pair provided their fully informed written consent and met eligibility criteria, including a diagnostic interview (see Table 1)." What are exactly the eligibility criteria for the OCD patients? Table 1 seems to present the inclusion/exclusion criteria for the relatives only, but inclusion criteria for the OCD index individuals is not described.

3. The recruitment section states that purposive sampling was used to ensure diversity in the family relation type and OCD symptom subtype. However, when reading the results section one does not get the impression that a purposive sampling was in place. Rather, it seems that all the invited participants or participants that contacted the researchers who
agreed to participate were included. Also, OCD symptom subtype from the OCD patients is not reported in the paper and since the authors refer to it, probably it should be.

4. Results (first paragraph): As a suggestion, a chart with the flow of participants who accepted/declined participation also specifying whether they were nominated by the OCD patient in OCTET or whether they contacted the researcher directly via the advertisements might help clarifying how the final sample was achieved.

5. Table 2: A column with the age of the OCD sufferers would also be helpful. In relation to this, were there any children/adolescents or young adults in this sample? And if so, were there any observed differences between them and the adult patients? I would expect so, especially in relation to the link between OCD and the self (theme 1) and where personality ends and OCD begins (theme 3), since an early onset of the disorder might have a bigger impact on self and personality than a later onset.

6. One participant (number 15) was included in the study without meeting inclusion criteria, which is rather unorthodox. I suggest removing this participant.

7. All three themes derived from the analysis seem to belong to the same "cluster" of illness perceptions. At the same time, the authors mention at the end of the paper that the perceptions of the family members emerged spontaneously without prompting. It would be really helpful to include in the manuscript the eight open questions that were used for the semi-structured interview to assess the extent to which responses may have been led by the questions.

8. If the information is available, it would be interesting to know how many individuals had received treatment previously (and for those from the OCTET study, to know when during the course of the OCD relative's treatment the interviews were conducted). Psychoeducation is an important component of the treatment and it generally covers etiology of the disorder and also this differentiation between the OCD and the person (externalizing the illness). Families that have had previous treatment experiences may have given answers that are shaped by this previous knowledge.
9. The authors state that the study identifies a number of novel illness perceptions not previously identified within current illness perception models or assessment measures (p. 25). It would be helpful at this point to extend this statement and list which specific identified illness perceptions they consider novel, and which ones are also reflected in previous measures. For example, the Illness Perceptions Questionnaire does include an "identity" dimension that resembles some of the perceptions touched upon in the current paper.

10. At the very end of the manuscript, the authors very briefly mention some of the implications that their results may have (p. 27: "family members' beliefs about OCD may provide an important opportunity for intervention within psychological therapies, which could lead to benefits for both parties"). Discussing this more in depth would add value to the conclusions of the study, in my opinion. How can these results be used? Do the authors think that modifying the relatives' beliefs may help coping with OCD in the context of the family? CBT generally tackles family accommodation and also educates the patient (and relatives when available) on the causes and the phenomenology of OCD. Could the relatives of treated patients have different perceptions?

11. A final comment regarding the title. Despite it is an attractive one ("disorder or disposition?"), I do not think the content of the paper leads to or responds solely to this dichotomous option. Rather, I believe that the conclusions that can be extracted from the paper are broader. Therefore, in my view, an alternative title should be considered. Additionally, I would advise changing the acronym OCD in the subtitle to "obsessive-compulsive disorder."

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
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