



EMOTIONAL PROCESSING AND PARENTING STYLE AMONG PATIENTS WITH DISSOCIATIVE DISORDER: A COMPARATIVE ANALYSIS OF GENDER AND AGE DIFFERENCES

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ABSTRACT

Background: Dissociative disorders are closely associated with emotional dysregulation and early relational experiences. Parenting styles play a significant role in shaping emotional processing abilities, particularly in individuals who later present with dissociative symptoms. **Aim:** The present study examined emotional processing and parenting style among patients diagnosed with dissociative disorder, with a particular focus on gender and age differences. **Materials and Methods:** A sample of 100 patients aged 20 to 30 years were selected using purposive sampling from clinical settings. The Emotional Processing Scale (EPS) and Parenting Style Questionnaire (PSQ) were administered. **Results:** Two-way ANOVA revealed that emotional processing varied significantly by gender and age, with female patients and those in the 26–30 age group scoring higher on emotional processing difficulties. Similarly, authoritarian parenting style was found to differ significantly by both gender and age, with female patients and younger patients (20–25 years) reporting higher authoritarian parental patterns. Interaction effects for both models were non-significant. **Conclusion:** The findings highlight the role of developmental and gender-based psychosocial influences within dissociative pathology. Clinical implications for psychotherapeutic intervention and caregiver psychoeducation are discussed.

KEYWORDS : Dissociative Disorder, Emotional Processing, Parenting Style, Gender, Age.

INTRODUCTION

Dissociative disorders involve disruptions in consciousness, identity, memory, or perception. Emotional processing difficulties and family relational factors, particularly parenting styles, are frequently recognized as contributing to the development and maintenance of dissociative symptoms. Patients with dissociative symptoms often experience challenges in identifying, expressing, and regulating emotional states, which may be linked to early interpersonal experiences inside family structures.

Recent studies have supported the association between emotional dysregulation and dissociative pathology. Tull et al. (2022) reported that emotional avoidance and suppression predict the severity of dissociative symptoms.

Meanwhile, early adulthood (20–30 years) is considered a vulnerable developmental period for identity integration, making emotional and familial influences particularly salient (Ghosh & Basu, 2023).

AIMS AND OBJECTIVES

1. To assess emotional processing among patients with dissociative disorder.
2. To determine the influence of gender and age on emotional processing.
3. To examine parenting styles reported by patients with dissociative disorder.
4. To assess the influence of gender and age on authoritarian parenting style.

METHOD AND MATERIALS

Study Design: Cross-sectional quantitative study.

Sampling: Purposive sampling of 100 clinically diagnosed dissociative disorder patients.

Inclusion Criteria

- Age between 20 and 30 years
- Diagnosed with Dissociative Disorder as per DSM-5
- Duration of diagnosis at least 6 months
- Education above 12th standard
- Male or female participants included
- Biological parents provided informed consent

Exclusion Criteria

- Not diagnosed with Dissociative Disorder
- Duration of diagnosis less than 6 months

- Presence of severe medical or neurological conditions
- Psychiatric comorbidity except depression or anxiety
- Participant or parent unable to understand instructions or unwilling to consent

Procedure

Participants were recruited from Psychiatric hospital OPD referred by psychiatrists and the patients were diagnosed with dissociative disorder according to ICD-10 having a duration of not less than six months. After informed consent, socio-demographic details were collected. Emotional Processing Scale and Parenting Style Questionnaire were administered.

Tools Used:

1. Emotional Processing Scale (EPS 25) (Roger Baker 2007): It assesses an individual's capacity to process emotions. There are 25 items on the scale that evaluate five aspects of emotional processing, including suppression, physical symptoms of unprocessed emotion, uncontrolled emotion (how difficult it is to control emotions), avoidance, and impoverished emotional experience.
2. Parenting Styles and Dimensions Questionnaire (PSDQ), Robinson et al. (2001): It is a tool used to assess parenting styles. It is a 32-item questionnaire for parents that evaluate three parenting styles including authoritative, authoritarian, and permissive.

However, only authoritarian parenting style was included in this research.

Statistical Analysis

Two-way ANOVA was applied to examine the main and interaction effects of gender.

RESULTS

Table 1: Two-Way ANOVA (Descriptive Statistics) for Emotional Processing

Gender	Age	Mean	Std. Deviation	N
Male	20-25years	161.2000	7.51110	25
	26-30Years	170.7600	8.97812	25
	Total	165.9800	9.50937	50
Female	20-25years	167.8400	9.35272	25
	26-30Years	174.7600	8.05854	25
	Total	171.3000	9.32027	50

Total	20-25Years	164.5200	9.04014	50
	26-30Years	172.7600	8.68158	50
	Total	168.6400	9.74163	100

Dependent Variable: Emotional Processing

Table-1.1 ANOVA Summary

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	2448.560 ^a	3	816.187	11.280	.000
Intercept	2843944.960	1	2843944.960	39303.175	.000
Gender	707.560	1	707.560	9.778	.002
Age	1697.440	1	1697.440	23.459	.000
Gender * Age	43.560	1	43.560	.602	.440
Error	6946.480	96	72.359		
Total	2853340.000	100			
Corrected Total	9395.040	99			

^a. R Squared = .261 (Adjusted R Squared = .238)

Tables 1 & 1.1 (Two-way ANOVA for Emotional Processing) showed a significant main effect of gender, $F(1,96)=9.778$, $p<.01$, indicating females reported greater emotional processing disturbances ($M=171.30$, $SD=8.05$) than males ($M=165.98$, $SD=9.50$). A significant main effect of age was also found, $F(1,96)=23.459$, $p<.001$, with patients aged 26–30 reporting higher emotional processing difficulties ($M=172.76$, $SD=8.68$) compared to the 20–25 age group ($M=164.52$, $SD=9.04$). The interaction between gender and age was non-significant.

Table 2: Two Way ANOVA (Descriptive Statistics) for Authoritarian Dimension of Parenting Style

Gender	Age	Mean	Std. Deviation	N
Male	20-25years	48.16	6.012	25
	26-30Years	43.72	7.237	25
	Total	45.94	6.956	50
Female	20-25Years	50.68	4.130	25
	26-30Years	45.96	4.695	25
	Total	48.32	4.983	50
Total	20-25Years	49.42	5.261	50
	26-30Years	44.84	6.142	50
	Total	47.13	6.138	100

Dependent Variable: Authoritarian

Table-2.1 ANOVA Summary

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	666.510 ^a	3	222.170	6.964	.000
Intercept	222123.690	1	222123.690	6962.216	.000
Gender	141.610	1	141.610	4.439	.038
Age	524.410	1	524.410	16.437	.000
Gender * Age	.490	1	.490	.015	.902
Error	3062.800	96	31.904		
Total	225853.000	100			
Corrected Total	3729.310	99			

^a. R Squared = .179 (Adjusted R Squared = .153)

Tables 2 & 2.1 (Two-way ANOVA for Authoritarian Parenting Style) showed a significant effect of gender, $F(1,96)=4.439$, $p<.05$, with female participants reporting higher authoritarian parenting ($M=48.32$, $SD=4.98$) compared to males ($M=45.94$, $SD=6.96$). Age also showed a significant effect, $F(1,96)=16.437$, $p<.01$, where younger patients (20–25 years) reported higher authoritarian parenting ($M=49.42$, $SD=5.26$) compared to the older group ($M=44.84$, $SD=6.14$). The interaction effect was non-significant.

DISCUSSION

The findings indicate that emotional processing difficulties are more pronounced among female patients and those in the later phase of young adulthood. This aligns with prior research suggesting that emotional sensitivity and internalizing tendencies are higher among women. Age-related differences may represent developmental consolidation challenges as individuals in their late twenties face greater emotional and identity demands.

The higher authoritarian parenting style experienced by younger patients and female patients may reflect gendered socialization patterns and generational shifts in parental control. Such rigid parental environments may contribute to emotional inhibition, maladaptive coping, and dissociative reactions when confronted with distress. The absence of interaction effects suggests that gender and age independently influence emotional processing and perceived parenting, rather than in combination.

CONCLUSION

The study highlights significant gender- and age-related differences in emotional processing and authoritarian parenting style among dissociative disorder patients. The findings suggest the importance of integrating family-based assessment and emotional regulation strategies into therapeutic interventions. Psychoeducation for caregivers and trauma-focused psychotherapy may reduce emotional dysregulation and dissociative symptoms.

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