



EXPLORING THE IMPACT OF SOCIO-DEMOGRAPHIC FACTORS ON EMOTIONAL DYSREGULATION IN OCD PATIENTS

Clinical Psychology

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ABSTRACT

Background: Obsessive-Compulsive Disorder (OCD) is characterized not only by intrusive thoughts and compulsive behaviors but also by significant challenges in emotion regulation. Understanding how sociodemographic variables influence emotional dysregulation in OCD can inform more nuanced and context-sensitive therapeutic approaches. **Aims and Objectives:** To examine the relationship between emotional regulation difficulties and sociodemographic variables-gender, marital status, and residence-among patients diagnosed with OCD. **Methods and Sampling:** A total of 50 clinically diagnosed OCD patients were selected through purposive sampling. The Difficulties in Emotion Regulation Scale (DERS) was used to assess six components of emotional dysregulation. Data were analyzed using descriptive statistics and Mann-Whitney U tests to identify group differences across gender, marital status, and residence. **Findings:** No significant differences were found across gender or marital status. However, rural participants exhibited significantly greater difficulties in impulse control, emotional clarity, and access to regulation strategies ($p < .05$), suggesting that residence may influence the extent of emotional dysregulation in OCD. **Implications:** The study highlights the relevance of contextual factors particularly residential background in understanding emotional dysregulation in OCD. These findings underscore the need for tailored emotion-focused interventions, especially for patients from rural or underserved areas.

KEYWORDS

Obsessive-Compulsive Disorder, Emotion Regulation, DERS, Sociodemographic Variables, Rural Mental Health, Marital Status, Gender Differences

INTRODUCTION

Obsessive-Compulsive Disorder (OCD) is a debilitating psychiatric condition characterized by recurrent obsessions (intrusive, unwanted thoughts) and compulsions (repetitive behaviors or mental acts). These symptoms often interfere significantly with daily functioning, social relationships, and occupational roles. While much research has focused on the cognitive and behavioral dimensions of OCD, recent advances highlight the important role of emotion regulation, how individuals identify, manage, and respond to emotional experiences in the onset, severity, and maintenance of OCD. Emotion regulation is increasingly recognized as a transdiagnostic factor influencing various psychiatric disorders. Individuals with OCD may struggle with regulating emotional responses to intrusive thoughts, which may intensify compulsive behaviors as maladaptive coping mechanisms. However, emotional regulation is also shaped by sociodemographic contexts, such as gender, marital status, and place of residence, which influence psychological resilience and access to support systems. Despite this, few Indian studies have systematically explored how these sociodemographic variables relate to emotion regulation difficulties in OCD populations. The present study aims to address this gap by assessing the components of emotion regulation across these variables in clinically diagnosed OCD patients. For instance, Aldao et al. (2010): Meta-analysis showed that emotion regulation difficulties (especially suppression and rumination) are strongly associated with anxiety and mood disorders. Similarly, Yazıcı et al. (2021): Found higher emotion dysregulation in OCD patients compared to healthy controls, suggesting that impaired emotion regulation may be a core feature of OCD pathology. Moreover, Sloan et al. (2017): Reported that emotion regulation skills mediate treatment response in OCD, especially among those with comorbid anxiety.

METHODS AND MATERIALS

Aims and Objectives

- To assess the levels of emotional dysregulation across various components measured by the Difficulties in Emotion Regulation Scale (DERS) in OCD patients.
- To examine the differences in emotional regulation components based on gender, marital status, and residential background (rural vs. urban).
- To identify specific domains of emotional regulation that may be significantly impacted by sociodemographic variables, with implications for tailored therapeutic interventions

Sampling

The study employed a purposive sampling technique to select 50 patients clinically diagnosed with OCD from IMHANS-K.

Inclusion Criteria

- Patients who give consent to participate in the study.
- Patients diagnosed with obsessive compulsive disorder.
- Individuals of age ranging from 20 and above.

Exclusion Criteria

- Patients who don't give consent to participate in the study.
- History of head injury, epilepsy or organicity and intellectual disability.
- History of substance use/dependence (except nicotine).
- Patient with any comorbid psychiatric illness other than anxiety and depression symptoms

Procedure

Participants were recruited from outpatient psychiatric department from IMHANS-K. After obtaining informed consent, standardized assessment tools were administered in individual sessions.

Tools Used

- Sociodemographic Data Sheet: Collected information on gender, marital status, and residence.
- Difficulties in Emotion Regulation Scale (DERS): Developed by Gratz & Roemer (2004), the DERS assesses six domains of emotional dysregulation

Statistical Analysis

- Descriptive statistics were used to summarize sociodemographic characteristics.
- Mann-Whitney U Test (non-parametric) was applied to compare mean DERS component scores across binary variables: gender, marital status, and residence.
- Significance level was set at $p < 0.05$.
- Analyses were conducted using SPSS Version 25.0.

RESULTS

Table 1: Description of Components of Difficulties in Emotion Regulation (DERS) Across Marital Status in Patients with Obsessive Compulsive Disorder (OCD)

Marital Status	Married Mean $\pm$ SD N=15	Un-married Mean $\pm$ SD N=35	Mean Rank Married	Mean Rank Un-married	U	Significance
Ders NER	20.53 $\pm$ 3.35	21.48 $\pm$ 4.62	22.77	26.67	221.50	.38
Ders DGB	16.46 $\pm$ 1.18	17.22 $\pm$ 3.33	23.13	26.52	227.00	.44

Ders ICD	20.73±2.28	20.17±2.94	26.87	24.91	242.00	.66
Ders LEA	15.26±2.08	16.91±3.80	21.37	27.27	200.50	.18
Ders LEAR	27.06±3.01	28.14±4.85	22.97	26.59	224.50	.41
Ders LEC	15.33±2.05	16.62±4.69	21.30	27.30	199.50	.17

Table 1 examines the differences in components of Difficulties in Emotion Regulation Scale (DERS) between married and unmarried patients with OCD. Across all DERS subscales namely Non-Acceptance of Emotional Responses (DERS-NER), Difficulties in Goal-Directed Behavior (DERS-DGEB), Impulse Control Difficulties (DERS-ICD), Lack of Emotional Awareness (DERS-LEA), Limited Access to Emotion Regulation Strategies (DERS-LEAR), and Lack of Emotional Clarity (DERS-LEC), unmarried patients had slightly higher mean scores. However, none of the differences between the two groups were statistically significant ($p > .05$), as indicated by Mann-Whitney U tests.

Table 2: Description of Components of Difficulties in Emotion Regulation (DERS) Across Gender in Patients with Obsessive Compulsive Disorder (OCD)

Gender DERS	Male Mean±SD N=33	Female Mean±SD N=17	Mean Rank Male	Mean Rank Female	U	Significance
Ders NER	21.27±4.41	21.05±4.11	25.98	24.56	264.50	.74
Ders DGEB	17.06±2.96	16.88±2.75	25.76	25.00	272.00	.86
Ders ICD	20.15±2.89	20.70±2.49	24.15	28.12	236.00	.35
Ders LEA	16.39±3.62	16.47±3.18	25.15	26.18	269.00	.81
Ders LEAR	28.06±4.62	27.35±3.91	26.82	22.94	237.00	.36
Ders LEC	15.93±4.56	16.82±3.06	24.41	27.62	244.50	.45

Table 2 compares the components of the Difficulties in Emotion Regulation Scale (DERS) across gender among patients with OCD. The mean scores for all six DERS subscales like Non-Acceptance of Emotional Responses (DERS-NER), Difficulties in Goal-Directed Behavior (DERS-DGEB), Impulse Control Difficulties (DERS-ICD), Lack of Emotional Awareness (DERS-LEA), Limited Access to Emotion Regulation Strategies (DERS-LEAR), and Lack of Emotional Clarity (DERS-LEC) were comparable between male and female participants. Mann-Whitney U tests revealed no statistically significant gender differences across any of the subscales ($p > .05$).

Table 3: Description of Components of Difficulties in Emotion Regulation (DERS) Across Residence in Patients with Obsessive Compulsive Disorder (OCD)

Residence DERS	Rural Mean±SD N=33	Urban Mean±SD N=17	Mean Rank Rural	Mean Rank Urban	U	Significance
Ders NER	21.78±4.63	20.05±3.28	27.59	21.44	211.50	.15
Ders DGEB	17.63±3.04	15.76±2.04	28.17	20.32	192.50	.06
Ders ICD	20.84±2.88	19.35±2.23	28.77	19.15	172.50	.02*
Ders LEA	16.69±4.03	15.88±1.83	25.77	24.97	271.50	.85
Ders LEAR	28.60±4.84	26.29±2.86	28.58	19.53	179.00	.03*
Ders LEC	16.75±4.64	15.23±2.61	28.55	19.59	180.00	.03*

Table 3 explores differences in the components of the Difficulties in Emotion Regulation Scale (DERS) across residence (rural vs. urban) among patients with OCD. Rural participants had higher mean scores on all DERS subscales compared to their urban counterparts. Statistically significant differences were observed for three components: Impulse Control Difficulties (DERS-ICD) ($U = 172.50$, $p = .02$), Limited Access to Emotion Regulation Strategies (DERS-LEAR) ($U = 179.00$, $p = .03$), and Lack of Emotional Clarity (DERS-LEC) ($U = 180.00$, $p = .03$), with rural patients showing greater

difficulties. The remaining subscales showed no significant differences ($p > .05$).

DISCUSSION

The results revealed no significant differences in emotion regulation across gender and marital status, suggesting these factors may not substantially influence emotional dysregulation in OCD. However, patients from rural areas exhibited significantly higher difficulties in impulse control, emotional clarity, and access to regulation strategies, indicating a possible link between rural residence and heightened emotional regulation challenges. This aligns with findings by Kumar & Singh (2021), who noted greater emotional distress and reduced coping skills among rural psychiatric patients, possibly due to limited access to mental health services and higher stigma. Similarly, Calkins & Keane (2009) highlighted that environmental stressors can disrupt emotional regulation in clinical populations. These findings emphasize the need for culturally and contextually tailored emotion-focused interventions in OCD management.

CONCLUSION

The study highlights that emotion regulation difficulties are present across OCD patients, but residence particularly living in rural areas emerges as a significant factor affecting specific components. These insights call for contextualized mental health interventions that integrate emotional regulation training, especially for patients from under-resourced areas.

REFERENCES

1. Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*, 30(2), 217–237.
2. Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation. *Journal of Psychopathology and Behavioral Assessment*, 26(1), 41–54.
3. Yazıcı, E., İnci, A., & Göka, E. (2021). The role of emotion regulation in obsessive-compulsive disorder. *Anadolu Psikiyatri Dergisi*, 22(2), 134–140.
4. Sloan, D. M., Feinstein, B. A., & Gallagher, M. W. (2017). Emotion regulation and posttraumatic stress disorder. *Journal of Anxiety Disorders*, 49, 1–