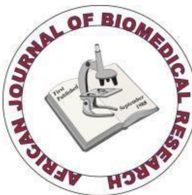

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Research Article

Assess Demoralization, Religious Belief and Emotional Regulation Among Patients with Obsessive Compulsive Disorder (OCD)

Mr. Aditya Gautam[1], Mr. Ashutosh Sharma[2*]

[1]Nursing Tutor, Lucknow Institute of Nursing and Paramedical Sciences, Lucknow (UP), aditya00056@gmail.com
[2]Demonstrator/ Nursing Tutor, Faculty of Nursing, Uttar Pradesh University of Medical Sciences, Saifai, Etawah (UP). 9369305101, ashutosh_sharma2008@rediffmail.com*

ABSTRACT
Background: Previous studies were done in OCD with acknowledge though images impulses that accompanied by repetitive behaviour which preceded demoralization which signifies the state of moral in human being. Another factor is religious belief that describes the religious factor and emotional regulation.
Aim: This study aimed to investigate the levels of demoralization, religious belief, and emotional regulation among OCD patients and explore their potential associations.
Methods: Using an observational design, in tertiary care hospital with sample size of 112 participants. The target population consisted of patients diagnosed with OCD.
Results: Most of the patients reported moderate level of demoralization of 65.2% regarding religious belief, 44.6% had moderate belief. Emotional regulation varied among participants in cognitive reappraisal and expressive suppression. Correlation analysis showed moderate negative associations between demoralization and both religious belief and emotional regulation.
Conclusion: This study highlighted the levels of demoralization, religious belief, and emotional regulation among OCD patients. The findings underscore the significance of addressing these psychological factors in the treatment and care of individuals with OCD.

Keywords: Obsessive-Compulsive Disorder, demoralization, religious belief, emotional regulation.

***Author for correspondence: Email**: ashutosh_sharma2008@rediffmail.com*

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Introduction

Obsessive compulsive disorder is a debilitating mental illness which characterized by persistent, intrusive, and distressing thoughts, images or impulses that are accompanied by repetitive behaviours or mental acts aimed at reducing anxiety or preventing harm.[1] According to WHO obsessive compulsive disorder is one of the top 20 causes of illness related disability in between the age group of 15 and 44 and it estimates approximately 2% population 40 million worldwide [2] and in India it estimates range from 0.5% to 1% which indicates approx. 2.5 to 5 million people.[3]
Obsessive-Compulsive Disorder (OCD) can have a severe impact on an individual's quality of life, leading to social and occupational impairment, and causing significant distress and disability. One of the challenges of treating Obsessive-Compulsive Disorder (OCD) is that it often co-occurs with other mental health conditions, such as depression, anxiety, and demoralization.[4]
A study was conducted by Huppert which stated that demoralization was found to be a significant predictor of obsessive-compulsive disorder symptoms and severity and functional impairment. This study suggests that patients who

were experiencing OCD with demoralization may face some difficulties while coping their symptoms and may lead to get a worsening of the disorder. In OCD patients Demoralization revealed a common experience among individuals which lead to a feeling of hopelessness and despair and it was found to be a significant predictor of severity and functional impairement.[5]

Religious Beliefs can play complex role in obsessive-compulsive disorder (OCD) and it can provide comfort, support, guilt and shame which can lead to increase in anxiety and difficulty in coping. Individuals who have a strong religious belief they may experience more guilt and shame which can lead to increased anxiety and difficulty in coping.[6]

Emotional regulation provides a significant role of individual who experience and cope with their symptoms[7]. Emotional regulation is associated with obsessive compulsive disorder with some strategies of suppression and reappraisal because of exhibition of elevation of stress level which might influence the relationship between OCD and emotional regulation.[8]

Demoralization, Religious belief, Emotional regulation will be contributed to the enhancing understanding of OCD and its underlying mechanism and it include the findings informed the development of more tailored and effective treatment approaches for OCD patients, potentially leading to better outcomes and increased patient satisfaction. Additionally, shedding light on the interplay of demoralization, religious belief, and emotional regulation with OCD helped reduce stigma and improved the overall awareness and empathy towards individuals with the disorder.

Methodology

This observational study was carried out on OCD patients at tertiary care Centre of northern India. This study was carried out between January to march 2023. A total 112 participants were selected by non-probability purposive sampling technique who met with the inclusive criteria age below 18 -60 year and patients diagnosed with obsessive compulsive disorder (OCD) according to **ICD - 10 criteria.** Patient who gave consent to participate in study. Patient with other psychiatry illness expect nicotine dependence were excluded.

Assessment tools

This observational study was carried out in the tertiary care hospital: socio demographic and clinical data was collected from the caregiver and patients. The Likert scale was in three parts: demoralization scale ranging from 1 to 5 with 1 indicating "strongly disagree" and 5 indicating "strongly agreed." Religious belief indicating with low moderate and severe and emotion regulation include two categories of cognitive and suppressive facet.

The socio demographic data include patients age, gender of patients, educational status of patients, and occupation of patients, caregivers' age, caregivers' educational status, caregiver's occupation, family monthly income, area of living, religion, type of family, relationship with patients.

The demoralization scale developed by David Kissane & Penny kee (2004). Which have 16 elements in it. This is a self-report to measure specifically designed to assess levels of demoralization among individuals.

Religious outlook is a self-structure tool which includes 20 items in it. This tool used to assess the religious belief of participants to measure the strength and importance of religious belief and practices.

Emotional regulation scale developed by Gross, J.J., & John, O.P. (2003). Which have 10 elements in it. This tool used to measure the two distinct strategies individuals to regulate their emotions: cognitive and expressive.

Data analysis

The Likert scale was coded before entering the data into the computer by the researcher. The sample database was checked for incomplete data, which were excluded from the research. SPSS version 24 was used for data analysis. Descriptive statistics such as median, interquartile range, frequency and percentage were applied for general socio-demographic and clinical variables. Kolmogorov-Smirnov Test for normality was usedto check whether the data was normally distributed or not. Spearman's correlation was used to assess the relationship variables. Chi-square test was used to find out association of between research variables with socio-demographic & clinical variables.

Results

A total 127 patients were screened, out of which 15 were excluded for not meeting the criteria due to the non-willingness of the patients. So, a total of 112 participants were included in the study.

(Figure 1)

Socio demographic profile of patients

Most of the patients were 18 -30 years of age, male (54.5%), from urban area (83.9%) with the majority of unmarried (58%), following with students in occupational group (44.6%) with the family income of 20.000 – 50,000 (50%).

Clinical profile of patients

Most patients on regarding medical comorbidities, diabetes mellitus was reported by 21 participants (18.8%), while 8 participants (7.1%) reported having hypothyroidism. Three participants (2.7%) reported having both diabetes and hypothyroidism, and another 3 individuals (2.7%) reported having other unspecified comorbidities. Six participants (5.4%) reported having all the mentioned comorbidities. The majority of participants, 71 individuals (63.4%), did not report having any of the specified medical comorbidities

The demoralization levels among OCD patients, higher level showed the moderate level (65.2%) while severity with (29.5%).

(Table 1)

In religious belief higher level was showed in moderate level with 44.6% and severity shows in 32.1%. and in emotional regulation mean score of 26.51 and median score 26.00.

(Table 2)

The descriptive statistics of the Emotion Regulation Questionnaire (ERQ) within different categories have been analysed among patients with obsessive- compulsive disorder (OCD). Within the Cognitive Reappraisal facet, the mean score was found to be 26.51. The standard deviation was calculated to be 4.47, indicating the level of variation around the mean score

(Table 3)

The study conducted correlation analyses to explore the relationships between various variables. It found a moderate negative association (r = -0.265) between the level of demoralization experienced by OCD patients and their religious outlook. Higher demoralization scores were associated with lower scores on the Religious Outlook Scale. Additionally, a moderate negative correlation (r = -0.348) was observed between the level of demoralization and the participants' ability to regulate their emotions, as measured by the Emotional Regulation Questionnaire (ERQ).

Higher demoralization scores were linked to lower ERQ scores, indicating poorer emotional regulation abilities. A statistically significant positive correlation (r = 0.272, p = 0.004) was found between religious outlook and emotional regulation abilities. Higher scores on the Religious Outlook Scale were associated with higher ERQ scores, suggesting a connection between religious beliefs and emotional regulation among OCD patients.

(Table 4)

Discussion

The current study included patient with OCD carried out over approximately three months at a tertiary care centre in North India. Patients of other psychiatric illness were excluded, as the co – existence of other psychiatric illness would have affected the outcome of the study.

Some studies were found that this finding is consistent with several previous studies that have reported a higher prevalence of obsessive-compulsive disorder (OCD) symptoms among younger individuals in terms of age group; our study found that the majority of participants (50.0%) fell within the 18-30 years category. [8] Some studies have also reported a bimodal distribution of obsessive-compulsive disorder (OCD) onset, with peaks in both late adolescences.[9]

Another study discussed that regarding gender there is a higher proportion of female preponderance in the prevalence of OCD. But in contrast of our study male participants (54.5%) compared to female participants (45.5%).[10]

In terms of religious belief, our study utilized the Religious Outlook Scale to categorize participants into low, moderate, and severe religiousbelief categories. Our findings revealed that 44.6% had moderate religious belief, and 32.1% had severe religious belief. These findings align with previous studies that have examined the relationship between religious belief and obsessive-compulsive disorder (OCD) symptoms. [11]

Some studies highlighted that there is a directly comparison of emotional regulation between individuals with and without obsessive compulsive disorder (OCD). A study found that individuals with OCD tend to utilize less adaptive emotion regulation strategies compared to healthy controls. In terms of emotional regulation, our study assessed cognitive reappraisal and expressive suppression using the Emotional Regulation Questionnaire (ERQ). We found that participants had a mean score of 26.51 for cognitive reappraisal and 15.41 for expressive suppression. These findings provide insights into the emotional regulation abilities of individuals with obsessive compulsive disorder (OCD. [12]

Our study focused on assessing demoralization among patients with obsessive-compulsive disorder (OCD). Our findings revealed that 5.4% of the total patients fell into the category of low demoralization, indicating minimal levels of demoralization. The majority of patients (65.2%) exhibited moderate levels of demoralization, while 29.5% of patients were classified as having severe demoralization.

Some studies were conducted, investigated demoralization levels in obsessive compulsive disorder (OCD) patients and reported similar results to our study. [13] They found that negativism was very common among obsessive compulsive disorder (OCD) patients. These findings align closely with our study, indicating consistent levels of demoralization among obsessive compulsive disorder (OCD) patients.

Our study assessed religious belief among obsessive compulsive disorder (OCD) patients using the Religious Outlook Scale. We categorized the scores into three levels: low religious belief, moderate religious belief, and severe religious belief. To compare these results, we can look at studies that have explored religious belief in obsessive compulsive disorder (OCD) patients.

Study B, examined religious belief in individuals with obsessive compulsive disorder (OCD) and reported similar categorizations. [14] They found that Moderate religious belief among obsessive compulsive disorder (OCD) patients is common. These findings align with our study, highlighting the prevalence of moderate religious belief among obsessive compulsive disorder (OCD) patients.

Our study focused on assessing emotional regulation among obsessive compulsive disorder (OCD) patients, specifically examining cognitive reappraisal and expressive suppression. The mean score for cognitive reappraisal was 26.51, with a median score of 26.00, indicating a moderate level of cognitive reappraisal abilities. For expressive suppression, the mean score was 15.41, with a median score of 16.00, suggesting a moderate level of expressive suppression. To compare these results, we can refer to studies that have explored emotional regulation in obsessive compulsive disorder (OCD) patients.

A study examined emotional regulation abilities in obsessive compulsive disorder (OCD) patients using the same measures.[15] They stated that Poor understanding of emotions and fear of emotions were significantly related to obsessive-compulsive symptoms. These findings closely align with our study, indicating consistent levels of emotional regulation among obsessive compulsive disorder (OCD) patients.

In our study, we found a moderate **negative association** between demoralization and religious belief among obsessive compulsive disorder (OCD) patients. This aligns with previous research conducted.[16] These studies reported a negative correlation between demoralization and religious belief, indicating that higher levels of demoralization were associated with lower religious belief. Theseconsistent findings suggest that individuals with higher demoralization levels may experience a decrease in their religious beliefs, which could be due to the distress and negative emotions associated with obsessive compulsive disorder (OCD).

However, there were some discrepancies among studies regarding the relationship between religious belief and emotional regulation in obsessive compulsive disorder (OCD) patients. Our study reported a **positive correlation** between religious belief and emotional regulation.[17]

This suggests that individuals with stronger religious beliefs

may have better emotional regulation abilities. On the other hand, a study and findings indicate that the Religious obsessions and associated rituals in this sample were similar to the presentation of obsessive-compulsive disorder (OCD) in non- religious patients. [18]

Conclusion

participants were in the majority of 18 -30 years age group in majority of male, with the assessment of demoralization scale and religious belief in OCD patient there majority in moderate level, in emotional situation revealed a mean score 26.51, while a median score of 26.00. While in correlation analysis there was higher demoralization score was associated with lower score on the religious outlook scale and emotional regulation abilities. Hence, there was a significant positive correlation was found between religious outlook scale and emotional regulation.

Limitations and Implementation

Our study had some limitation which include individuals with comorbid conditions or several medical illnesses, which may affect the generalizability of the finding to a broader population. Our study was a cross sectional and relied on subjective self-report measures, which may be influence by individual interpretation and response biases.

Ethical Approval

Ethics committee approval for the study was received from Institutional Ethical Committee.

Financial Support and Sponsorship

No financial support and sponsorship were used for this research.

Accessible Summary

What is known on the subject –

- OCD is a prevalent mental disorder of presence of recurrent, obsessional thoughts or compulsive acts. In which demoralization, religious belief and emotional regulation has a major role for assessing anxiety, helplessness, hopelessness, spirituality in their own.
- Beyond obsessional thoughts some obsessional acts like stereotype activity person is likely to do from which demoralization, religious belief and emotional regulation are the factors which can assess them.
- While most research on OCD has focused on recognizing factors associated with it, and there are very few or limited information about it.

What the paper adds to existing knowledge –

- We know little about the factors which shows the characteristics by which OCD compulsion has generated hence we assessed some factors by using demoralization scale, emotional regulation and religious belief scales which can measure the level of compulsion present in a person.

What are the implications for practice -

- Implication for practices are the study's findings can inspire further research into interventions that specifically target demoralization, emotional regulation, and religious belief among individuals with obsessive compulsive disorder (OCD). Future studies can explore the effectiveness of various interventions and their impact on patient outcomes.
- Nurses can utilize the study's findings to develop personalized interventions that address the demoralization, emotional regulation difficulties, and religious beliefs of patients with obsessive compulsive disorder (OCD). By tailoring care plans to these specific needs, nurses can optimize patient outcomes and promote a sense of well-being.

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