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Research on the Characteristics of Emotion Regulation in Obsessive-Compulsive Disorder

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Abstract: The purpose of this research is the characteristics of emotion regulation in patients with obsessive-compulsive disorder, in order to bring more implications to the OCD treatment. This research uses the interviews to explore the characteristics of emotion regulation in patients with OCD. The researchers conducted interviews of OCD patients, and applied the qualitative research paradigm to analyze the emotion regulation characteristics of OCD patients. Individuals with OCD can improve their ability to cope with OCD by improving their ability to regulate their emotions. The therapist can increase coping with OCD by strengthening the ability to regulate emotions.

Keywords: emotion regulation, obsessive compulsive disorder, qualitative research

1. Introduction

Obsessive-compulsive disorder is a refractory and universal chronic disease, and its harm to society, family and individuals has raised people's awareness. Research shows that about 2% of people worldwide meet a clinical diagnosis of OCD [1]. Obsessive-compulsive disorder not only damages the quality of life of the individual, but also has a negative impact on family and friends. OCD is dominated by uncontrolled repetitive behaviors. The population prone to obsessive-compulsive disorder is concentrated in the adult group. According to the research, the prevalence of adult males and females is about 1:1 [2]. Statistics in recent years have shown that the incidence of OCD is still rising, even in children in their teens, or in their early twenties, they may not be able to avoid OCD. Boys are more likely than girls to be affected by OCD [3]. Therefore, the incidence of obsessive-compulsive disorder is closely related to our gender, age and other factors. Obsessive-compulsive disorder has a high comorbidity rate with many mental illnesses. Ruscio, Stein, Chiu and Kessler in the United States found that 90% of OCD patients had comorbidity in 2010 [4]. The most common complications were anxiety disorder, mood disorder, impulse control disorder and substance dependence. Obsessive-compulsive disorder patients should be detected early and treated early. It is important to know that obsessive-compulsive disorder not only damages the patient's physical and mental health, but also has serious adverse effects on their social functions, such as learning and work setbacks, interpersonal tension, family and marriage, and so on. With the deepening of this influence, the quality of life of the patients will be seriously deteriorated. To a certain extent, some patients with OCD will start to attempt suicide because they cannot bear the contradictions, anxiety and pain they experience in their hearts, in order to escape the disease [5].

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Clinical research and practice have shown that some patients have poor response to drugs and psychotherapy, and a considerable proportion of patients with obsessive-compulsive disorder cannot be eliminated or do not respond to treatment after systemic drug treatment. The poor curative effect of OCD patients may be caused by the heterogeneity of OCD, and there are inevitable adverse reactions in drug treatment, and some patients have poor compliance with drug treatment. In recent years, patients with OCD who have not responded well to medication have improved their symptoms after receiving therapy based on emotion regulation, providing more options for the treatment of OCD, especially for patients who do not respond to medication [6]. It is significant and, at the same time, protects patients from the adverse effects of drug treatment and allows patients to continue treatment without a psychiatrist or therapist.

In the current research, the pathogenesis of obsessive-compulsive disorder has been studied a lot, but in terms of emotion regulation, there is no in-depth exploration of how to deal with the negative emotion. The current research on OCD mainly focuses on the etiological mechanism and behavioral intervention of OCD, while the research on emotion regulation is relatively insufficient. Therefore, this research will fill the gap in this field, and provide guidance for OCD patients and counselors to better identify the problems existing in OCD coping and formulate reasonable coping strategies, so as to improve the cure rate of OCD and the quality of life of patients. The aim of this research is to explore the emotional regulation characteristics of patients with obsessive-compulsive disorder through interviews, in order to obtain timely and high-quality intervention for patients with obsessive-compulsive disorder, provide new ideas and strategies for the treatment of obsessive-compulsive disorder, and make recommendations for clinical treatment and rehabilitation of obsessive-compulsive disorder.

2. Method

The study randomly selected 8 OCD subjects of different ages and from varied occupations and classes, the samples consisted of 5 women and 3 men, with an average age of 27 years. The researchers used Yale-Brown Obsessive Compulsive Scale, sent it out at school, friends, and family members, and then evaluated them and found that 8 met the research criteria. The occupational backgrounds of the subjects included students, programmers, designers, and workers, with the aim of reducing researcher bias. The evaluation is conducted by researchers who have been trained in the evaluation, and the basic information such as the patient's name, gender, age, occupation, marriage, education level, family situation, age of onset, total course of disease, current course of disease, onset incentives, family history, and diagnosis are collected.

Before conducting the interview, the investigator gave detailed information about the background and purpose of the study, and obtained informed consent. The investigator kept the personal information of the participants confidential, and the study was approved by the ethics committee. The researchers recorded each interviewer, and the interview time was controlled within half an hour. The researchers designed a semi-structured interview outline based on the relevant literature and research questions on OCD. During the actual interview process, the researcher adjusts the interview questions according to the actual situation, and refers to the outline so that the interview can be kept on the topic in an open environment. The content of the interview included the behavioral characteristics of OCD patients, the history of the disease, the situation in which OCD occurred, and the content of emotion regulation. During the OCD interview, the researcher listened attentively, followed the rhythm of the research participants with an open attitude, and controlled the content and depth of the interview through the interview outline in a timely manner. At the end of the interview, ask the study participants if they have anything to add, and express their gratitude. After the interview, the researcher recorded thoughts and feelings during the process in a reflective journal. After the interview, the researchers transcribed the recording into a verbatim transcript. The researchers

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conducted open coding and spindle coding according to the interview content, and inductively merged them to explore the characteristics of the subjects' emotion regulation.

3. Result

Through the coding analysis of the collected samples, in the open coding, I extracted 50 keywords, further generalized, and summarized 15 words from these 50 words, and developed the following block diagram according to the narrative sequence of the participants to present the result:

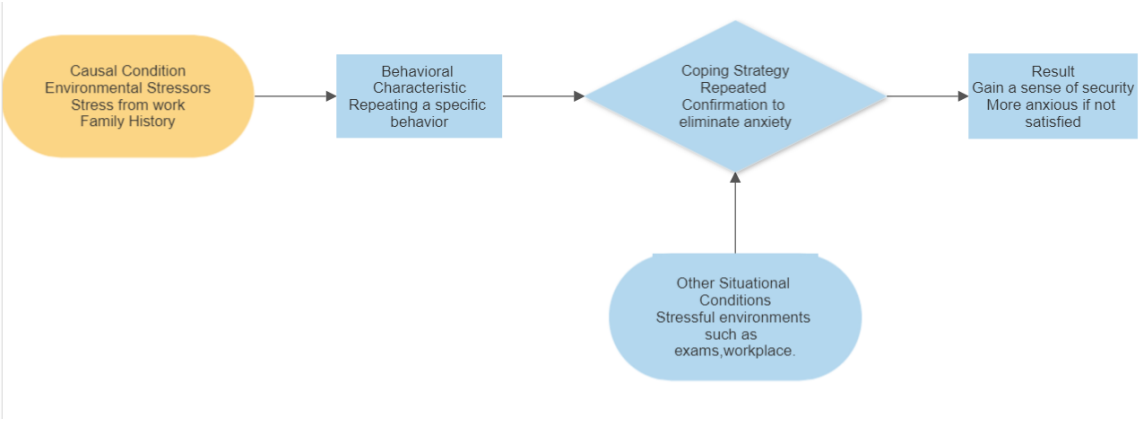


Figure 1: Cause and consequences of OCD.

In exploring the causal conditions associated with OCD, research has found several commonalities. The first is environmental stress factors. The external environment includes high work pressure and heavy learning tasks. Some participants claimed that OCD became severe during the pandemic. During times of stressful work or study tasks, participants found that the frequency of OCD also increased. Internal reasons for this include family history. Some participants reported that their fathers or grandmothers often had OCD patients, and they believed that genetic factors may be responsible for OCD behaviors. Childhood experiences also play an important role. Some participants claimed to have been too serious about things from a young age, have to think twice about everything, and have to figure out even some meaningless little things. One participant recalled the experience of being alone in a small dark room when he was a child. The experience made the individual feel scared and repeatedly check whether the doors and windows were locked every time. When describing the behavioral characteristics of obsessive-compulsive disorder, the researchers also found a commonality, that is, repeating specific behaviors. Although the content of behaviors may vary from person to person, they are all accompanied by an increase in the frequency of repeated behaviors. Some participants always returned to check that the doors and windows were closed. Some of the things that the participants checked also included electrical appliances, TVs, refrigerators, air conditioners, gas appliances, etc. There is also a common behavior of repeatedly washing something, for example, repeatedly washing clothes, washing hands, bathing, and cleaning the room. They claimed that anxiety was somewhat relieved and a sense of security was gained after completing these repetitive behaviors. However, some participants said that sometimes repetitive behaviors did not comfort them, but made them more anxious. Participants also faced other situational conditions, such as in some special stressful situations, such as exams, and many students reported that their OCD behaviors were more frequent during exam week.

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4. Discussion

The purpose of the research was to explore the characteristics of emotion regulation in obsessive-compulsive disorder and the therapeutic implications of emotion regulation in the treatment and prevention of obsessive-compulsive disorder. The results of the research show that emotion regulation plays an important role in the pathogenesis of obsessive-compulsive disorder, specifically in that emotion regulation constitutes a correlation with OCD symptoms, and individuals with poor emotion regulation fail to obtain a sense of security, which is related to more severe symptoms of obsessive-compulsive disorder. This research from the perspective of emotion regulation mainly fills the gap in the research of obsessive-compulsive disorder from other perspectives.

From the perspective of emotion regulation, obsessive-compulsive disorder is a complex emotional conflict, and obsessions are the result of the growing development of this antagonistic emotional conflict, causing mental fixation [7]. People with OCD cannot see things objectively. Obsessions are caused by fixation, which is the inability to see the whole of things, but only from a certain point of view. The patient wants to get rid of the anxiety, but does not want to give up his desires. The individual is fixated on the pain of trying to run and cannot see the result of things being done. The results of the research showed that many participants were attached to specific repetitive actions, for example, individuals were attached to closing the window repeatedly, they could not see that closing the window was already a done thing, and they were fixated on the process of closing the window.

Obsessions are mental processes that mortals have on a daily basis, and their ideas are by no means pathological. Obsessions are specific desires that are too strong, such as uncleanness and terror. At first, the patient just loves to be clean and tidy. When this preference is fixed, it becomes an extreme pursuit. Obsessions are initially hypochondriacal anticipatory anxiety and fears caused by accidental feelings or facts, and on top of this disturbing feeling are added various wrong thoughts, which leads to a decrease in the sensitivity threshold, excessive psychological defense, and excessive stress response. Emotions are the basis of obsessions, so the treatment of obsessions starts with focusing on emotions [8]. Just relying on self-knowledge, the patient mistaken the feelings or concepts that ordinary people have for a morbid abnormal phenomenon, and tried hard to eliminate it, which resulted in more and more emotional conflicts, and increased worry and distress in vain. Therefore, therapists need to do more work on emotion regulation, for example, when environmental stressful conditions trigger manifestations of OCD, and the individual needs emotion regulation, such as reassuring oneself, the window is closed, and it is okay not to check. Individuals need to reduce emotional anxiety caused by stressors, control repetitive behaviors, and reduce anxiety by diverting attention to obtain a specific sense of security from the perspective of emotional regulation.

From the perspective of emotion regulation, the pathogenesis of obsessive-compulsive disorder is the result of an emotional conflict, and the individual cannot comfort the anxiety caused by failing to perform repetitive behaviors [9]. The results of this study show the importance of emotion regulation in the induction and control of OCD. Individuals need to stabilize emotional fluctuations and increase the ability of emotion regulation to treat OCD.

5. Conclusion

This study explored the characteristics of emotion regulation in patients with obsessive-compulsive disorder. Emotion regulation plays an important role in coping with obsessive-compulsive disorder. The study collects the interviews to analyze the emotional regulation process of individuals with OCD and the various causal conditions that OCD patients face, including stress from work, family history, OCD showing repetitive behaviors, and showing anxiety, anger, and other emotions features. The study found that individuals can stabilize their emotions and improve their coping ability with OCD

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through emotion regulation, which brings the implications to the medical practitioners when formulating treatment plans for OCD.

The limitation of this research is that the number of samples collected is insufficient, and the samples are mainly from young people, which may affect the generalization of the study. The researchers did not explore and screen other disorders that may affect the results of the study. During interviews, interviewers' self-reports may be subject to subjective bias, which affects the validity of the study. In future research, it is planned to collect more diverse samples from different backgrounds. Research could also incorporate more assessments that characterize emotion regulation in OCD, which could increase the validity of the research.

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