

Research Paper

A Study of Cognitive Emotion Regulation Strategies Associated with Ego-Syntonic and Ego-Dystonic Symptoms of Obsessive Compulsive Disorder

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ABSTRACT

The cognitive responses to emotion-eliciting events that modify the magnitude/or type of individuals' emotional experience or the event, consciously or unconsciously are known as Cognitive emotion regulation strategies (Campbell-Sills & Barlow, 2007; Harvey, Watkins, Mansell, & Shafran, 2004; Rottenberg & Gross, 2007; Thompson, 1994; Williams & Bargh, 2007). In the present study an attempt has been made to evaluate the application of cognitive emotion regulation strategies associated with ego-syntonic and ego-dystonic symptoms of obsessive compulsive disorder. A total of 30 participants were selected for the study. The participants were aged between 20-45 years and the education level ranged from 5th standard to higher education. The tools used in this research were Yale-Brown Obsessive Compulsive Scale-II (YBOCS-II) (Goodman, Price, Rasmussen, Mazure, Delgado, et al., 1989), Cognitive Emotion Regulation Questionnaire (CERQ) (Garnefski et al., 2001), Obsessive Compulsive Self-Syntonicity of Symptoms Scale (OCSSSS) (Kirk, 2001), and Ego-Dystonicity questionnaire (Purdon et al., 2007). Exploratory research design was applied. Results suggest no significant relationship of cognitive emotion regulation strategies with ego-syntonic and ego-dystonic symptoms of Obsessive Compulsive Disorder.

Keywords: *Cognitive Emotion Regulation, Ego-Syntonicity, Ego-Dystonicity Obsessive Compulsive Disorder*

These days many people suffer from obsessive and compulsive thoughts which eventually makes their lives miserable. People with Obsessive Compulsive Disorder (OCD) have excessive doubts, worries, or superstitions. While all people experience

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Received: April 26, 2025; Revision Received: July 11, 2025; Accepted: July 15, 2025

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these problems occasionally, OCD patients' worries can control their lives. They may cope with common problems by indulging in compulsions that are excessive or do not make logical sense.

Almost everyone experiences such feelings of obsessions and compulsions occasionally or in a particular context, in this disorder they take more time like more than one hour or one day which impacts their work, school, or social life. OCD patients generally experience anxiety and other distress around their need to accommodate their obsessive and compulsive behavior. Half of the time, OCD becomes evident in childhood or in adolescence, and in other cases it appears in early adulthood.

The cognitive responses to emotion-eliciting events that modify the magnitude/or type of individuals' emotional experience or the event, consciously or unconsciously are known as Cognitive emotion regulation strategies (Campbell-Sills & Barlow, 2007; Harvey, Watkins, Mansell, & Shafran, 2004; Rottenberg & Gross, 2007; Thompson, 1994; Williams & Bargh, 2007). Over the years, a certain amount of work has been conducted to describe the associations between dispositions to use certain strategies and a variety of disorders, including mania (Feldman, Joormann, & Johnson, 2008), generalized anxiety disorder (Mennin, Holoway, Fresco, Moore, & Heimberg, 2007), social anxiety disorder (Kashdan & Breen, 2008), depression (Garnefski & Kraaij, 2006; Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008), post-traumatic stress disorder (Tull & Roemer, 2003), and eating disorders (Nolen-Hoeksema, Stice, Wade, & Bohon, 2007; Piran & Cormier, 2005). Overall, there are several strategies of cognitive emotion regulation that have been proclaimed to have negative associations with psychopathology (i.e., adaptive) whereas others have been associated with the etiology and maintenance of clinical disorders (i.e., be maladaptive). The early cognitive-behavioral approaches to psychopathology (Beck, 1976; Cooper, Russell, Skinner, Frone, & Mudar, 1982; D'Zurilla, 1988; Marlatt, Baer, Donovan, & Kivlahan, 1988) and stress and coping theories (Billings & Moos, 1981; Carver, Scheier, & Weintraub, 1989; Folkman & Lazarus, 1986) suggested that reappraisal and problem-solving should be adaptive across a variety of contexts. Reappraisal involves generating benign or positive interpretations of a stressful situation as a way of reducing distress (Gross, 1998). Cognitive theories put maladaptive appraisal processes at the core of depression and anxiety (Beck, 1976; Clark, 1988; Salkovskis, 1998). Gross's (1998) influential model of emotion regulation highlights reappraisal as a strategy that results in positive emotional and physical responses to emotion-eliciting stimuli. Cognitive-behavioral therapies for depression and anxiety focus on teaching reappraisal skills (Beck, Rush, Shaw, & Emery, 1979; Clark & Wells, 1995).

Ego-dystonicity is one of the attributes which defines obsessions. It is one of the criterion to differentiate obsessions from other ways of negative and intrusive cognitions. Some of its examples may be defined as intrusive memories in post-traumatic stress disorder, negative automatic thoughts in depression, and worries in generalized anxiety disorder (Borkovec 1994; Clark 2004; Langlois et al. 2000a; Turner et al. 1992). As per Purdon et al. (2007, p. 200), ego-dystonic thought is defined as "one that is perceived as having little or no context within one's own sense of self or personality. That is, the thought is perceived, at least initially, as occurring outside the context of one's morals, attitudes, beliefs, preferences, past behaviour and/or one's expectations about the kinds of thoughts one would or should experience. The thought gives rise to considerable emotional distress and is resisted".

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According to Langlois et al. (2000a), behind the ego-dystonic nature of obsessions, the belief system's inconsistency is the basics for it. When trying to attempt to understand how and why a specific OIT is negatively appraised and can escalate into a clinical problem, the thought's content must be taken into consideration (Clark et al. 2000). With some valued aspects of the self, a given obsession like avoiding contamination can be syntonic and simultaneously dystonic with others as mentioned by Purdon et al. (2007).

So, this study was carried out to understand the application of cognitive emotional regulation strategies associated with ego-syntonic and ego-dystonic symptoms of obsessive compulsive disorder.

Hypothesis

Based on the above discussion, the following hypotheses were proposed: H1. There will be no significant association between cognitive emotion regulation strategies and ego-syntonic, ego-dystonic symptoms of obsessive compulsive disorder.

METHODOLOGY

Sample

The sample size of 30 patients having ICD 10 diagnosis of obsessive compulsive disorder will be taken for this study. The age of the respondents ranged from 20 to 45 years, with a mean age of 31 years. The education level ranged from 5th standard to higher education.

Venue of the study

The study was conducted at Institute of Mental Health and Hospital, Agra.

Measures

Yale-Brown Obsessive Compulsive Scale-II (YBOCS-II): Goodman, Price, Rasmussen, Mazure, Delgado, et al. (1989)

The Y-BOCS-II consists of two main components: a 67-item Symptom Checklist and a 10-item Severity Scale. In the Symptom Checklist, 29 items assess the presence of specific obsessions, another 29 items assess the presence of specific compulsions, and the remaining 9 items assess the presence of avoidance. Each item is dichotomously rated for current (i.e., within the past month) and past presence. In the Severity Scale, items assess, for the previous week, time spent with either obsessions or compulsions (items 1 and 6, respectively), obsession-free interval (item 2), resistance to compulsions (item 7), degree of control over either obsessions or compulsions (items 3 and 8, respectively), distress associated either with obsessions or with the impossibility of performing compulsions (items 4 and 9, respectively), and interference from either obsessions or compulsions (items 5 and 10, respectively). Items 5 and 10 also assess severity of avoidance related with obsessions or compulsions, respectively.

Each of the 10 items is rated in a 6-point scale (0–5) and 2 subscales are typically considered: an Obsessions subscale (items 1–5) and a Compulsions subscale (items 6–10).

The Y-BOCS-II was administered to 61 adult patients with a principal diagnosis of obsessive-compulsive disorder. The internal consistency for the scores on the Obsession Severity ($\alpha=.83$), Compulsion Severity ($\alpha=.75$), and Total Severity ($\alpha=.86$) scales were acceptable to good. The inter-rater reliability for the severity scale scores was excellent (ICC=.97-99) and the test-retest reliability was acceptable ($r=.64-81$). Strong convergent

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validity was observed between the Y-BOCS-II Total Severity scale and other measures of obsessive-compulsive symptom severity and related impairment.

Cognitive Emotion Regulation Questionnaire (CERQ): Garnefski et al. (2001)

The Cognitive Emotion Regulation Questionnaire is a 36-item questionnaire developed to capture stable-dispositional cognitive emotion regulation strategies when people experience stressful life experiences. CERQ addresses the self-regulatory, conscious, and cognitive components of emotion regulation by distinguishing between nine different strategies:

- Self-blame – the causal attribution of negative events to oneself.
- Other-blame – the causal attribution of adverse events to others.
- Rumination – overthinking emotions and thoughts associated with negative events.
- Catastrophizing – explicitly emphasizing the consequences of negative events.
- Putting into perspective – relativizing a negative event by considering the impact over time.
- Positive refocusing – keeping attention on pleasant thoughts after the occurrence of negative events.
- Positive reappraisal – finding the silver lining by creating a positive meaning to negative events.
- Acceptance – accepting and not changing a negative situation or the emotions caused.
- Refocus – thinking about what steps to take and how to handle the negative event.

Cognitive emotion regulation strategies were measured on a 5-point likert scale ranging from 1 (almost never) to 5 (almost always). individual subscale scores were obtained by summing the scores belonging to the particular subscale (ranging from 4 to 20). Test retest correlation is range between .40 and .60. Cronbach's α reliabilities of the subscales range from .75 to .86 and at follow up from .75 to .87. Taking into consideration the 1-year follow-up period, test-retest reliabilities of the subscales were found to be adequate to good with values ranging from .48 to .65.

Obsessive Compulsive Self Syntonicity of Symptoms Scale (OCSSSS): Kirk (2001)

The Obsessive Compulsive Self Syntonicity of Symptoms Scale (OCSSSS) is a 54 item questionnaire. Five domains were identified as representative of the reasons individuals with OC view their symptoms as consonant with their selves. These include negative attributes of symptoms, positive attributes of symptoms, desirability to change, experiencing OC behaviors as part of self, and social acceptability of the symptoms. Each item is presented in statement form and developed based on personal and clinical experience with OC symptoms. The OCSSSS uses a 5 point Likert scale to evaluate each statement, with a not applicable option (coded as '0').

Reliability correlations were found to be in the moderate to high range ($r \geq .30$, $n=45$) with the exceptions of six items. Reliability was evaluated through the split-halves method resulting in an alpha correlation of .92, between the odd and even forms (each with 27 items), and the Spearman-Brown Coefficient for equal length of .96. Further, split-half reliability analysis were conducted on each component. Moderate high alpha correlations ($r \geq .70$) were evidenced for all seven components. Spearman-Brown Coefficients for equal length were high across all seven components. Test-retest stability analysis showed the OCSSSS to have good reliability in a two week follow-up condition. Moderate-high

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correlations ($r \geq .60$, $n=267$) were evidenced for all seven OCSSSS components. Further, the OCSSSS evidenced good overall stability with a high test-retest correlation for total score ($r \geq .72$, $n=267$).

Ego-Dystonicity Questionnaire (EDQ): Purdon et al., (2007)

The EDQ is a 41 item questionnaire that measures the degree of ego-dystonicity in obsessions according to four key concepts: inconsistency with morals, repugnance, implications of thought for personality, and irrationality. The EDQ has demonstrated adequate internal consistency reliability ($\alpha = 0.76$ to 0.89) and evidence of satisfactory construct validity, with significant relationships with obsessive-compulsive symptoms, mood and appraisal of obsessions.

Procedure

The exploratory research design was used for the study. The tools required for conducting the research were selected.

Patients meeting the inclusion criteria defined for the study, in the OPD of IMHH Agra, were approached for the study. The purpose, rationale of the study and time required for the assessment were explained to the patient. Afterwards, a form comprising of informed consent form, socio-demographic details, assessment tools were explained and handed over to the patient to fill. The administration of the instruments took approximately 45 minutes to 1 hour.

Data Analysis

Data was analyzed using Statistical Package for the Social Sciences (SPSS) version 25 using descriptive as well as inferential (Pearson correlation coefficient). It included descriptive statistics, it comprised of Mean, S.D and range. This was followed by the analysis of relationship of CERQ with syntonic and dystonic symptoms of Obsessive Compulsive Disorder.

RESULTS

The objective of this study was to explore the relationship between cognitive emotion regulation strategies and ego-syntonic and ego-dystonic symptoms of obsessive compulsive disorder. SPSS statistical software was used for analysis of the data. The findings of the study are presented below.

Table 1a. Description of participants' clinical profile

	N	Mean	Std. Deviation
DURATION OF ILLNESS	30	7.74	6.17
AGE OF ONSET	30	23.45	8.14
Valid N (listwise)	30	-	-

Table 1a indicates that total of 30 participants were taken in this research. Out of 30 participants, 19 are of males and rest 11 are of females. The mean duration of illness was 7.74 and standard deviation was 6.17. The mean age of onset was 23.45 and standard deviation was 8.14. They were categorized into research on the basis of age, duration of illness and age of onset. The mean and standard deviation is also mentioned in the table in front of all the 3 categories.

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Table 1b. Description of participants' sociodemographic details

Variables	OCD	Mean±SD	Frequency	Percentage
Age	N=30	31.03±8.73		
Sex	N=30			
Male				
Female				
Marital Status	N=30			
Unmarried			11	36.67%
Married			19	63.33%
Occupation	N=30			
Employed			14	46.67%
Unemployed			16	53.33%
Education	N=30			
Matriculation			14	46.67%
Intermediate			04	13.33%
Graduation			06	20.00%
Others			06	20.00%

Table 1b indicates the mean age of all participants was 31.03 and the standard deviation was 8.73. The marital status of all the participants is given. Out of 30 participants, 11 are unmarried (36.67%) and 19 are married (63.33). In occupation, out of 30 participants, 14 are employed (46.67%) and 16 are unemployed (53.33). The educational qualification is also given. Out of 30 participants, 14 are educated upto matriculation (46.67%), 04 are educated upto intermediation (13.33%), 06 are educated upto graduation (20.00) and %, 06 falls in others category (20.00%).

Table 2. Relationship of CERQ with syntonic and dystonic symptoms of Obsessive Compulsive Disorder

CERQ		Ego-Syntonicity	Ego-Dystonicity
Self Blame	Pearson Correlation	-.393*	.211
	Sig. (2-tailed)	.032	.264
	N	30	30
Acceptance	Pearson Correlation	.381*	-.400*
	Sig. (2-tailed)	.038	.029
	N	30	30
Focus On Thought Rumination	Pearson Correlation	-.130	.062
	Sig. (2-tailed)	.492	.746
	N	30	30
Positive Refocusing	Pearson Correlation	-.065	-.116
	Sig. (2-tailed)	.733	.541
	N	30	30
Refocus On Planning	Pearson Correlation	.091	-.326
	Sig. (2-tailed)	.633	.079
	N	30	30

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CERQ		Ego-Syntonicity	Ego-Dystonicity
Positive Reappraisal	Pearson Correlation	-.160	.096
	Sig. (2-tailed)	.400	.615
	N	30	30
Putting Into Perspective	Pearson Correlation	.251	-.035
	Sig. (2-tailed)	.180	.856
	N	30	30
Catastrophizing	Pearson Correlation	.681**	-.737**
	Sig. (2-tailed)	.000	.000
	N	30	30
Blaming Others	Pearson Correlation	.478**	-.260
	Sig. (2-tailed)	.008	.165
	N	30	30

* Correlation is significant at the 0.05 level (2-tailed); ** Correlation is significant at the 0.01 level 2-tailed)

Table 2. is showing relationship of CERQ with syntonic and dystonic symptoms of Obsessive Compulsive Disorder. In syntonic symptoms, self-blame is showing correlation of -.39, acceptance is showing correlation of .38, focus on the thought rumination is showing correlation of -.13, positive reappraisal is showing correlation of -.16, putting into perspective is showing correlation of .25 and blaming others is showing correlation of .47. They are all showing significance on 0.05 level. Catastrophizing is showing correlation of -.00 and is significant at 0.01 level. Whereas, positive refocusing is showing correlation of -.06 and refocus on planning is showing correlation of .91.

In dystonic symptoms, self-blame is showing correlation of .21, acceptance is showing correlation of -.40, refocus on planning is showing correlation of -.32, blaming others is showing correlation of -.26. They are all showing significance on 0.05 level. Catastrophizing is showing correlation of -.73 and is significant at 0.01 level. Whereas, focus on thought rumination is showing correlation of .62, positive refocusing is showing correlation of -.11, positive reappraisal is showing correlation of .09 and putting into perspective is showing correlation of -.03.

Result indicates that Relationship of cognitive emotion regulation strategies with ego-syntonic and ego-dystonic symptoms of Obsessive Compulsive Disorder are not significant.

DISCUSSION

The purpose of the study was to explore the cognitive emotional regulation strategies associated with ego-syntonic and ego-dystonic symptoms in obsessive-compulsive disorder. Total of four tools were used in this research namely Yale-Brown Obsessive Compulsive Scale-II (YBOCS-II) (Goodman, Price, Rasmussen, Mazure, Delgado, et al., 1989), Cognitive Emotion Regulation Questionnaire (CERQ) (Garnefski et al., 2001), Obsessive Compulsive Self-Syntonicity of Symptoms Scale (OCSSSS) (Kirk, 2001), and Ego-Dystonicity questionnaire (Purdon et al., 2007). Total number of participants were 30. This study took place in institute of mental health and hospital, Agra. Data was analyzed using Statistical Package for the Social Sciences (SPSS) version 25. The cognitive emotional regulation strategies associated with various dimensions are discussed, followed by

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discussion on the cognitive emotional regulation strategies associated with ego syntonicity and dystonicity of obsessive compulsive symptoms.

Total of 30 participants were taken in this research. Out of 30 participants, 19 are of males and rest 11 are of females. The mean duration of illness was 7.74 and standard deviation was 6.17. The mean age of onset was 23.45 and standard deviation was 8.14. They were categorized into research on the basis of duration of illness and age of onset. The mean age of all participants was 31.03 and the standard deviation was 8.73. The marital status of all the participants is given. Out of 30 participants, 11 are unmarried (36.67%) and 19 are married (63.33). In occupation, out of 30 participants, 14 are employed (46.67%) and 16 are unemployed (53.33). The educational qualification is also given. Out of 30 participants, 14 are educated upto matriculation (46.67%), 04 are educated upto intermediation (13.33%), 06 are educated upto graduation (20.00%) and %, 06 falls in others category (20.00%).

A study was conducted by Ferreira, Pego & Morgado (2020) on Behavioral, Physiological, and Neurobiological Cognitive Regulation Alterations in Obsessive-Compulsive Disorder. The results of the study showed that individuals with higher distress tolerance have stronger acceptance and mindfulness skills. Thus, acceptance-based strategies might be efficient to target the distress elicited by obsessions. Moreover, the recurrent employment of acceptance is associated with reduced use of maladaptive strategies such as suppression and decreased level of depressive and anxiety symptoms. Thus, acceptance-based strategies might be adopted to treat OCD patients when standard cognitive-behavioral therapy (CBT) is unavailable or as a complement to CBT.

Limitations

- Sample size is small.
- Severity of ocd symptoms were not assessed.
- Only outpatients were taken in the study.

Future Directions

- Larger sample size can be taken in the study.
- Individual suffering from chronic OCD can be taken in the study.
- A comparative study can be done among working and non-working individuals suffering from OCD.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Banerjee, S.R., Banerjee, D., Sweta, Dhalwal, S.K. & Singh, A.R. (2025). A Study of Cognitive Emotion Regulation Strategies Associated with Ego-Syntonic and Ego-Dystonic Symptoms of Obsessive Compulsive Disorder. *International Journal of Indian Psychology*, 13(3), 333-341. DIP:18.01.030.20251303, DOI:10.25215/1303.030