

## Research Article

# Dissociative Experiences and Symptom Severity in Obsessive–Compulsive Disorder: A Hospital-Based Cross-Sectional Study from North India

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## I N F O

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## A B S T R A C T

**Background:** Obsessive–compulsive disorder (OCD) is a chronic and disabling psychiatric disorder characterized by intrusive obsessions and repetitive compulsions that significantly impair functioning and quality of life. Increasing evidence suggests that dissociative experiences may contribute to the clinical heterogeneity and symptom severity of OCD. However, limited data are available from India examining the relationship between dissociative experiences and OCD severity. The present study aimed to assess dissociative experiences in patients with OCD and examine their correlation with symptom severity.

**Methods:** This hospital-based cross-sectional study was conducted among patients diagnosed with OCD attending the psychiatry services of a tertiary care teaching hospital in North India. Adult patients meeting diagnostic criteria for OCD were recruited consecutively after obtaining written informed consent. Symptom severity was assessed using the Yale–Brown Obsessive–Compulsive Scale (Y-BOCS), and dissociative experiences were evaluated using the Dissociative Experiences Scale (DES). Sociodemographic and clinical details were recorded using a semi-structured proforma. Correlation analyses were performed to examine correlation between dissociative experiences and OCD symptom severity.

**Results:** A significant positive correlation was observed between dissociative experiences and overall OCD symptom severity ( $p = 0.70$ ,  $p < 0.001$ ). Dissociative experiences were also significantly correlated with obsessive symptom severity ( $p = 0.49$ ,  $p < 0.001$ ) and compulsive symptom severity ( $p = 0.65$ ,  $p < 0.001$ ). Patients with greater OCD severity demonstrated higher dissociative experiences, indicating a close relationship between dissociative psychopathology and OCD symptom burden.

**Conclusion:** Dissociative experiences were significantly associated with symptom severity in OCD. Routine assessment of dissociative symptoms in individuals with OCD may help identify clinically relevant subgroups and guide comprehensive treatment planning. Future longitudinal studies are warranted to explore causal pathways and implications for treatment outcomes.

**Keywords:** Obsessive–Compulsive Disorder, Dissociative Experiences, Dissociation, Symptom Severity, Y-BOCS, India

## Introduction

Obsessive–compulsive disorder (OCD) is a debilitating psychiatric disorder characterized by recurrent intrusive thoughts, urges, or images (obsessions) and repetitive behaviours or mental acts (compulsions) performed to reduce distress or prevent feared outcomes.<sup>1</sup> OCD affects approximately 2–3% of the population and is associated with marked impairment in occupational, interpersonal, and social functioning.<sup>2,3</sup> Although traditionally conceptualized as an anxiety-related condition, increasing evidence highlights substantial heterogeneity in clinical presentation, psychopathology, and treatment response.<sup>3</sup>

Dissociation refers to disruptions in the normal integration of consciousness, memory, identity, perception, and behaviour.<sup>1</sup> Dissociative experiences may occur on a continuum ranging from normative phenomena such as absorption to clinically significant symptoms including depersonalization, derealization, amnesia, and identity disturbances.<sup>5</sup> Emerging literature suggests that dissociative symptoms may have an important role in OCD psychopathology, particularly in severe and treatment-resistant cases.<sup>6,7</sup>

Several mechanisms have been proposed to explain the association between OCD and dissociation. Intrusive obsessive experiences may resemble dissociative intrusions, while compulsive behaviours may represent attempts to manage overwhelming emotional states or fragmented experiences of control.<sup>8</sup> Dissociative experiences have also been linked to impaired reality monitoring, cognitive inflexibility, and trauma-related vulnerability, all of which may contribute to greater OCD symptom severity.<sup>9</sup>

International studies have demonstrated elevated dissociative experiences among individuals with OCD, with positive associations reported between dissociation and illness severity.<sup>5,7,10</sup> However, findings remain inconsistent, and evidence from India is sparse. Understanding the relationship between dissociative experiences and OCD symptom severity may improve psychopathological understanding and facilitate tailored clinical interventions.

The present study therefore aimed to assess dissociative experiences in patients with OCD and examine their relationship with symptom severity in a tertiary care setting in North India.

## Methods

### Study Design and Setting

This hospital-based cross-sectional study was conducted in the psychiatry outpatient and inpatient services of a tertiary care teaching hospital in North India.

## Participants

Patients aged  $\geq 18$  years diagnosed with OCD were recruited consecutively during the study period.

### Inclusion Criteria

- Patients aged 18 years and above.
- Diagnosis of OCD according to standard diagnostic criteria (Diagnostic and statistical manual of mental disorders 5<sup>th</sup> ed.<sup>1</sup>)

### Exclusion Criteria

- Presence of severe mental illness interfering with assessment.
- Intellectual disability.
- Significant medical or neurological illness interfering with assessment.
- Inability to participate in interviews or psychometric assessment.

## Study Instruments

### Semi-Structured Proforma

A semi-structured proforma was used to collect sociodemographic and clinical information.

### Yale–Brown Obsessive–Compulsive Scale (Y-BOCS)

The Y-BOCS was used to assess OCD symptom severity, including obsession and compulsion domains. Higher scores indicate greater symptom severity.<sup>11</sup>

### Dissociative Experiences Scale (DES)

Dissociative experiences were assessed using the DES, a widely used self-report instrument measuring depersonalization, derealization, absorption, and amnesia-related experiences.<sup>12</sup>

## Ethical Considerations

Institutional Ethics Committee approval was obtained before commencement of the study. Written informed consent was obtained from all participants prior to recruitment.

## Statistical Analysis

Data were analysed using appropriate statistical software. Descriptive statistics were used for sociodemographic and clinical variables. Continuous variables were summarized using mean and standard deviation or median and interquartile range, as appropriate. Correlation analysis was performed to examine associations between DES scores and OCD symptom severity measured by Y-BOCS. Statistical significance was set at  $p < 0.05$ .

## Results

A total of 65 patients with OCD were included in the study. The mean age of participants was  $34.51 \pm 11.71$  years,

and most were in the 21–30 and 31–40 year age groups. Males comprised 60.0% of the sample, and the majority of participants were urban residents, unmarried, and educated beyond secondary school. [Table 1.] The mean Y-BOCS total

score was  $26.58 \pm 2.62$ , indicating moderate-to-severe OCD symptom severity. The mean DES score was  $18.86 \pm 10.08$ , showing a notable level of dissociative experiences in the sample. [Table 2]

**Table 1. Sociodemographic Characteristics of Participants (N = 65)**

Variable	n (%) / Mean $\pm$ SD	Range
<b>Demographic characteristics</b>		
Age (years)	34.51 $\pm$ 11.71	18–63
<b>Sex</b>		
Male	39 (60.0)	—
Female	26 (40.0)	—
<b>Marital status</b>		
Never married	35 (53.85)	—
Married	26 (40.00)	—
Separated	4 (6.15)	—
<b>Education</b>		
12th pass	19 (29.23)	—
Undergraduate	34 (52.31)	—
Graduate/professional degree	12 (18.46)	—
<b>Occupation</b>		
Employed	29 (44.62)	—
Unemployed	36 (55.38)	—
<b>Family type</b>		
Joint family	38 (58.46)	—
Nuclear family	27 (41.54)	—
<b>Residence</b>		
Urban	54 (83.08)	—
Rural	11 (16.92)	—
<b>Religion</b>		
Hindu	59 (90.77)	—
Muslim	6 (9.23)	—

**Table 2. OCD Severity and Dissociative Experience Scores**

Variable	Mean $\pm$ SD	Range
Y-BOCS obsession score	13.65 $\pm$ 1.42	11–17
Y-BOCS compulsion score	12.94 $\pm$ 1.70	9–16
Y-BOCS total score	26.58 $\pm$ 2.62	20–32
DES total score	18.86 $\pm$ 10.08	5–50

**Table 3. Correlation Between Dissociative Experiences and OCD Symptom Severity**

Variable	Spearman’s rho ( $\rho$ )	p-value
DES and Y-BOCS total score	0.70	<0.001
DES and obsession score	0.49	<0.001
DES and compulsion score	0.65	<0.001

## Discussion

The present study examined the relationship between dissociative experiences and symptom severity among patients with obsessive–compulsive disorder (OCD) attending a tertiary care teaching hospital in North India. A significant positive association was observed between dissociative experiences and OCD symptom severity, with dissociative symptoms demonstrating strong correlations with overall OCD severity as well as obsessive and compulsive symptom dimensions. These findings suggest that dissociative experiences may represent an important psychopathological correlate of OCD severity and contribute to clinical heterogeneity.

The mean age of participants in the present study was  $34.51 \pm 11.71$  years, with the majority belonging to the 21–30 years and 31–40 years age groups. This finding is broadly consistent with previous studies from the Indian subcontinent reporting a predominance of OCD among young and middle-aged adults. Siddiqui et al. reported a mean age of  $29.35 \pm 8.12$  years among patients with OCD, while Shakya et al. reported that most participants belonged to the 20–39 years age range.<sup>14,15</sup> The predominance of younger adults in clinical samples may reflect the typical age of onset of OCD, which commonly begins in adolescence or early adulthood and contributes to functional impairment during productive years of life.<sup>1</sup>

Males constituted a greater proportion of participants in the present study. Although epidemiological studies have often demonstrated near-equal or slightly greater female prevalence in OCD, clinical studies from India have frequently reported male predominance.<sup>2,13</sup> Similar findings have been reported by Siddiqui et al. and Shakya et al., who observed a higher proportion of male participants in treatment-seeking populations.<sup>13,14</sup> Sociocultural factors, differential help-seeking behaviour, and variations in symptom presentation may partly explain this discrepancy. Women with OCD may be less likely to seek psychiatric care because contamination-related and orderliness-related symptoms may initially be normalized within sociocultural expectations, potentially delaying clinical presentation.<sup>15</sup>

Most participants were educated beyond secondary school, although unemployment was common within the sample. Previous literature suggests that OCD, particularly severe or early-onset illness, is associated with substantial functional impairment, educational disruption, and occupational disability.<sup>16</sup> Higher symptom burden has consistently been associated with reduced occupational functioning, which may partly explain the high proportion of unemployment observed in the present study.

Participants demonstrated considerable OCD symptom burden, reflected by a mean Y-BOCS total score of  $26.58 \pm$

2.62. According to severity thresholds proposed by Storch et al., scores within this range correspond to moderate-to-severe clinical severity, suggesting that the present sample represented individuals with substantial illness burden requiring tertiary psychiatric care.<sup>17</sup> These findings are consistent with prior clinical studies indicating that patients presenting to specialized psychiatric services often have moderate-to-severe OCD symptoms before treatment initiation.

The mean Dissociative Experiences Scale (DES) score in the present study was  $18.86 \pm 10.08$ , indicating a meaningful burden of dissociative experiences among patients with OCD. These findings are comparable to those reported by Tatlı et al., who observed a mean DES score of 20.58 among individuals with OCD, and by Lochner et al., who demonstrated elevated dissociative experiences in OCD populations relative to controls.<sup>5,10</sup> Furthermore, a meta-analysis by Lyssenko et al. reported increased dissociative experiences across multiple psychiatric disorders, including OCD, supporting the broader transdiagnostic relevance of dissociation in psychopathology.<sup>4</sup>

A key finding of the present study was the strong positive correlation between dissociative experiences and OCD symptom severity ( $\rho = 0.70$ ,  $p < 0.001$ ). Significant positive correlations were also observed between dissociative experiences and obsessive symptom severity ( $\rho = 0.49$ ,  $p < 0.001$ ), as well as compulsive symptom severity ( $\rho = 0.65$ ,  $p < 0.001$ ). These findings suggest that higher dissociative experiences are associated with greater symptom burden across multiple domains of OCD psychopathology.

The observed relationship is broadly consistent with prior studies reporting elevated dissociative symptomatology among individuals with OCD. Rufer et al. reported significant associations between dissociation and specific OCD symptom dimensions, while Tatlı et al. demonstrated greater dissociative experiences among OCD patients relative to controls.<sup>7,5</sup> Dissociation may contribute to OCD symptom severity through several mechanisms, including altered self-awareness, impaired reality monitoring, reduced memory confidence, and difficulties in emotional regulation.<sup>8,9</sup> Patients experiencing dissociative symptoms may be more vulnerable to uncertainty regarding actions or memories, potentially reinforcing compulsive checking, reassurance seeking, and repetitive rituals.

Interestingly, significant correlations were observed with both obsession and compulsion severity, suggesting that dissociation may influence multiple dimensions of OCD psychopathology. Obsessional intrusions may contribute to altered states of awareness and cognitive absorption, whereas compulsive rituals may serve as maladaptive attempts to regain control over distressing internal experiences. However, previous findings have not been

entirely consistent. Raszka et al. found dissociation to be more strongly associated with anxiety levels than OCD severity itself, indicating that the relationship between dissociation and OCD may be complex and mediated by additional psychological factors.<sup>8</sup>

From a clinical perspective, these findings underscore the importance of assessing dissociative experiences in routine OCD evaluation. Patients with prominent dissociative symptoms may represent a clinically distinct subgroup characterized by greater illness severity and potentially poorer treatment outcomes. Incorporating assessment of dissociative symptoms may therefore facilitate individualized management approaches and improve treatment planning.

### Strengths

The study contributes to limited Indian literature exploring dissociative experiences in OCD and provides clinically relevant data from a tertiary care psychiatric setting. Use of standardized instruments and structured diagnostic assessment strengthens methodological rigor.

### Limitations

The cross-sectional design precludes causal inferences. The hospital-based sample limits generalizability to community settings. The relatively limited sample size and lack of longitudinal follow-up may also restrict broader interpretation. Future multicentric and longitudinal studies are needed to better understand temporal relationships and treatment implications.

### Conclusion

Dissociative experiences were significantly associated with OCD symptom severity in this hospital-based sample. Higher dissociative experiences were associated with greater overall OCD severity as well as obsessional and compulsive symptom burden. Routine evaluation of dissociative symptoms in OCD may facilitate improved psychopathological understanding and support individualized management strategies.

### Ethics Statement

The study was approved by the Institutional Ethics Committee prior to commencement. Written informed consent was obtained from all participants.

**Conflict of Interest:** None

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