

**ADVANCE SOCIAL SCIENCE ARCHIVE JOURNAL**Available Online: <https://assajournal.com>

Vol. 04 No. 01. July-September 2025. Page# 3297-3308

Print ISSN: [3006-2497](#) Online ISSN: [3006-2500](#)Platform & Workflow by: [Open Journal Systems](#)<https://doi.org/10.5281/zenodo.17013378>

Socio-Demographic Differences in Emotional Empathy, Psychological resilience, and Quality of Life among Individuals with Obsessive Compulsive Disorder

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Abstract

Obsessive–Compulsive Disorder (OCD) is a chronic and debilitating mental health condition that significantly impairs emotional functioning and quality of life (QoL). The present study sought to explore the relationships between emotional empathy, psychological resilience, and quality of life in patients with OCD, along with examining the differences in gender, age, and socioeconomic status (SES) within the sample. Using a standard measure of emotional empathy, psychological resilience, and quality of life (QoL), a sample of N =80 Individuals with OCD was assessed. The descriptive statistics showed a moderate emotional empathy level and a lower-than-average psychological resilience and QoL score in comparison to population benchmarks. Emotional empathy, psychological resilience, and QoL ($p < .01$) showed significant positive correlation as revealed by Pearson correlation analysis which indicates that emotional empathy and psychological resilience predict QoL. Independent samples t-tests revealed that females performed better than males on empathy, psychological resilience, and QoL, while younger participants outperformed older participants in psychological resilience and QoL. Unmarried individuals scored significantly higher than married individuals on empathy, psychological resilience, and quality of life (QoL) based on the independent samples t-tests. One-way ANOVA further revealed significant differences based on SES, with higher education correlating with greater empathy, psychological resilience, and QoL. These results emphasize the importance of the psycho-social dimensions in the well-being of Individuals with OCD and highlight the need for strong multidimensional approaches that go beyond symptom relief to augment empathy and psychological resilience. Causal relationships and therapeutic implications should be investigated in future studies using longitudinal and interventional frameworks.

Keywords: *obsessive–compulsive disorder, emotional empathy, psychological resilience, quality of life, gender differences, socioeconomic status*

Introduction

OCD, or obsessive-compulsive disorder, is characterized by intrusive thoughts known as obsessions, as well as repetitive actions referred to as compulsions, aimed at reducing distress or preventing certain outcomes. As cited by Fineberg et al. (2022), OCD is among the most common mental disorders. It is approximated that 2 to 3% of the population will suffer from OCD at some stage in their lifetime, with an average age of onset in early adolescence or early adulthood. Although the condition is heterogeneous in presentation, OCD is marked by chronic intrusive thinking, symmetry seeking, contamination fears, and compulsive checking. As a result of the chronicity of OCD as well as the significant impairment in psycho-social functioning, it is amongst the top 10 most disabling illnesses in the World Health Organization's (2022) rankings.

In conjunction with symptom severity, OCD affects a person's emotional, cognitive, and social function, which lingers with a reduced quality of life and increased emotional distress (Subramaniam et al., 2022). Recent studies have focused on resilience, emotional empathy, quality of life, and even well-being to discover psycho-social factors of OCD (Kang et al., 2021; Brueggerhoff-Batel et al., 2025). These factors are crucial for developing coping mechanisms, social relationships, and recovery, making them essential to understanding OCD in its entirety. Emotional empathy refers to understanding and sharing someone's emotional state, which facilitates social bonding and prosocial behaviors. It encompasses both sharing feelings which is affective empathy and understanding someone's thoughts that is cognitive empathy. Individuals with OCD demonstrate a skewed self-emotional focus and maladaptive emotion regulation, which are part of a socio-emotional processing disorder (Park et al., 2021).

By recent studies, empathic concern might still be present in Individuals with OCD, but with coexistent mild impairments in cognitive empathy and the recognition of aversive emotions such as disgust (Bora, 2022). Additionally, impaired insight is a common feature of OCD that is directly associated with reduced emotional awareness and empathy. This undermines treatment outcomes and interpersonal functioning (Kang et al., 2021). These gaps could exacerbate sentiments of loneliness and unhappiness, potentially resulting in a deteriorated quality of life, given empathy's role in promoting caring relationships.

Psychological resilience, as defined by Hopf (2010), is the ability to adapt positively and recover from adversity, stress, or trauma. Psychological resilience can mitigate the psychological impact of chronic illness. OCD individuals with low psychological resilience have been linked with increased functional impairment, poor coping strategies, and more severe symptoms (Tiwari et al., 2023). Resilient individuals, according to Brueggerhoff-Batel et al. (2025), have improved psychological flexibility, improved emotion regulation, and better treatment response.

Psychological resilience is a factor that predicts the success of treatment and quality of life among Individuals with OCD, as stipulated by recent studies. For instance, Brueggerhoff-Batel et al. (2025) found that prognosis and overall well-being were significantly affected by psychological resilience, social support use, and reduction in avoidance behaviors. This proves that psychological resilience is an individual characteristic that can be altered with therapeutic interventions, resulting in improved psycho-social adjustment and symptom control.

Quality of life refers to an individual's subjective experience of well-being in many areas, including their environment, social relationships, psychological well-being, and physical health (World

Health Organization, 1998). The quality of life in Individuals with OCD is much poorer compared to the general population and even poorer compared to other anxiety disorder patients (Subramaniam et al., 2022). Reduced quality of life has been also strongly predicted by various factors such as the severity of the illness, concomitant depression, insufficient insight, and stigma (Çetin et al., 2023).

All these elements have an impact on functioning independently, but in OCD, their interactions are extremely important. Through the formation of social support and promoting healthy coping styles, emotional empathy could enhance psychological resilience (Decety, 2011). Low psychological resilience, however, could exacerbate emotional detachment and reduce vulnerability to empathy. QoL is likely influenced by the interplay between the two dimensions, with psychological resilience as a mediator between empathy and life satisfaction. Greater social integration and psychological well-being, for instance, could be experienced by individuals who empathize effectively and cope with stress in a way that is adapted to their needs, which enhances their quality of life (QoL) (Zhao et al., 2024).

Few actual studies examining this triadic relationship within OCD groups exist, even though these theoretical linkages exist. The psycho-social determinants are not well-studied in most studies as it focuses on the intensity of symptoms and treatment success. Treatment advances, particularly exposure and response prevention (ERP) with cognitive-behavioral therapy (CBT), have been shown to be effective in symptom reduction (Uzunoglu et al., 2025).

Significance of the Study

Through the investigation of the relationship between emotional empathy, psychological resilience, and quality of life in patients with OCD, and considering demographic parameters as well, this study addresses these research gaps. The findings have significant important therapeutic implications, such as the capacity to guide culturally and contextually informed care through the understanding of demographic determinants. Clinicians can design targeted therapies that promote well-being above symptom remission through the identification of psycho-social determinants of QoL. Aside from symptom-directed treatment, integrative therapeutic strategies stimulating empathy and psychological resilience may be guided by present insight. Ultimately, our research facilitates a shift in paradigm from disorder-based treatment to recovery-based care prioritizing the patient's functional and affective well-being.

Objectives of the study

- To investigate the relationship among emotional empathy, psychological resilience, and quality of life among Individuals with OCD
- To explore the influence of demographic variables such as Socioeconomic Status, age, gender, education and marital status on Emotional Empathy, Psychological resilience and Quality of life among Individuals with OCD.

Hypotheses

Based on your results (correlation and group differences):

H1: There would be a significant positive correlation between emotional empathy, psychological resilience, and quality of life among Individuals with OCD.

H2: There would be a significant gender level difference at the levels of emotional empathy, psychological resilience, and QoL among Individuals with OCD.

H3: Younger Individuals with OCD will have significantly higher levels of emotional empathy, psychological resilience, and QoL compared to older Individuals with OCD.

H4: Level of Emotional Empathy, Psychological resilience and Quality of life would be lower in less educated Individuals with OCD than more educated Individuals with OCD.

H5: There would be significant differences on the scores of Emotional Empathy, Psychological resilience and Quality of life Scales among married and unmarried Individuals with OCD.

H6: Individuals with OCD from higher socioeconomic status will demonstrate significantly higher levels of emotional empathy, psychological resilience, and QoL compared to those from lower SES.

Methodology

Participants

Purposive sampling technique was used to select the sample. The current study sample was comprised of N=80 diagnosed Individuals with OCD that was further divided into n=40 male, n=40 female Individuals with OCD. The age range of participant was taken from 20 to 55 years $M=37.5$, $SD=10.1$. The participants having education middle standard from all socioeconomic status were included in the sample. The sample data was taken from outdoor in indoor Individuals with OCD from psychiatric ward of different government and private clinics and hospitals of Faisalabad.

Study Design

The current study design is Correlational / Comparative and within group

Measures

Emotional Empathy Scale (Ashraf, 2004)

The Urdu version of EES is translated by Ashraf (2004) that have tendency to experience vicariously positive and negative emotional experiences of others. It has 26-items that is self-report measure to check the. To reduce response bias, 17 items were worded positively, and 9 items were worded negatively. The alpha coefficient for EES is .85 and split-half reliability coefficient is .82.

Traits psychological resilience checklist (Mahmood and Ghaffar, 2014)

In current study, translated Urdu version of psychological resilience by Mahmood and Ghaffar (2014) that is originally given by Hiew's et al., (2000) was used to approach psychological resilience of the patients of Obsessive-Compulsive Patients. Traits psychological resilience checklist comprised of eighteen items and on a 5- point scale Traits psychological resilience checklist has two sub scales which are named as inter- trait psychological resilience scale and intra-trait psychological resilience scale.

Quality of life scale (WHOQoL –Bref, 1998)

The WHOQOL-bref is a likert-type scale which produces different type of scores such as Quality-of-life profile, four domain scores, 24 specific facet scores and one general facet score that measures overall quality of life. Most of the facets are scaled in a positive direction but facets like pain and discomfort, negative feelings and dependence on medication are not scaled in a positive direction (World Health Organization, 1998).

Procedure

Individuals with OCD were taken from outdoor in indoor from psychiatric ward of different government and private clinics and hospitals of Faisalabad through a purposive sampling technique. For getting better acquaintance about disorder and the patients who are suffering from OCD to fit them criteria of the participants of the study concerning psychologists was consulted. The instructions about the test questionnaires were clearly delivered to the Obsessive-Compulsive Patients. The informed consent was taken from the participants before data collection for the administration of questionnaire. The demographic information about the variables such as age, gender and socioeconomic status among the Obsessive-Compulsive Patients was gathered. Emotional Empathy Scale, Trait psychological resilience Scale, Quality of life Scale was used in the current study. Informed consent was taken from the participants and quarries were handled before, during and after the form completion. At the last participants was thanked for the valuable contribution in the study. The data was entered in the Statistical Package for Social Sciences (SPSS) 21.0.

Table 1

Demographic Characteristics as a percentage of the sample (N=80)

| Characteristics | N | Percentage | M | SD |
|--|----------|-------------------|----------|-----------|
| Gender | | | | |
| Male | 40 | 50% | | |
| Female | 40 | 50% | | |
| Age | | | | |
| | | | 37.5 | 10.1 |
| Young Adults (20-39) | | | | |
| Older Adults (40-55) | | | | |
| Education | | | | |
| Less Educated (Middle to intermediate) | 45 | 56% | | |
| Highly Educated (Bachelor to M. Phil) | 35 | 43% | | |
| Marital Status | | | | |
| Unmarried | 33 | 42% | | |
| Married | 47 | 58% | | |
| Having Kids | 29 | 36% | | |
| No Kids | 14 | 22% | | |
| Socioeconomic Status | | | | |
| Lower Class | 27 | 33% | | |
| Middle Class | 28 | 35% | | |
| Upper Class | 15 | 18% | | |
| Sectors | | | | |
| Government Sector | 55 | 68% | | |
| Private Sectors | 25 | 31% | | |

The table shows that percentage of demographic characteristics such as gender, age, education level, socioeconomic status, marital status and Sectors of the Individuals with OCD.

Results

Table 2

Relationship between Emotional Empathy, Psychological resilience and quality of life among Individuals with OCD (N=80)

| Scale | 1 | 2 | 3 |
|-----------------------------|---|-------|-------|
| 1. Emotional Empathy | — | .96** | .81** |
| 2. psychological resilience | | — | .81** |
| 3. Quality of life | | | — |

** Correlation is highly significant at the 0.01 level (2 tailed)

There was significant positive relationship between the scores of Emotional Empathy, Psychological resilience and Quality of Life among Obsessive Compulsive patients. The results indicated level of Emotional Empathy decreases as level of psychological resilience and Quality of Life lower level among Obsessive Compulsive patients.

Table 3

Independent Sample t-Test for Gender differences on Emotional Empathy, Psychological resilience and quality of life scale among Individuals with OCD (N=80)

| Scale | Male | | Female | | df | t | p | CI 95% | | Choen's d |
|---------------------------------|-------|------|--------|-------|----|------|------|--------|-------|-----------|
| | M | SD | M | SD | | | | LL | UL | |
| Emotional Empathy | 70.15 | 5.57 | 75.32 | 5.62 | 78 | 4.06 | 0.00 | 2.64 | 7.70 | 0.92 |
| Psychological resilience | 36.37 | 5.44 | 40.92 | 4.72 | 78 | 3.99 | 0.00 | 2.28 | 6.82 | 0.89 |
| Quality of Life | 83.65 | 4.42 | 92.22 | 10.02 | 79 | 8.39 | 0.00 | 11.12 | 18.12 | 1.87 |

($p < 0.00$)

The results presented that there is a significant gender level difference on the scores of Emotional Empathy, Psychological resilience and Quality of Life among Individuals with OCD. The results indicated that male Individuals with OCD show lower level of Emotional Empathy, Psychological resilience and Quality of Life.

Table 4

Independent Sample t-Test for Age-related differences on Emotional Empathy, Psychological resilience and quality of life scale among Individuals with OCD (N=80)

| Scale | Older Adults | | Younger Adults | | df | t | p | CI 95% | | Choen's d |
|-------|--------------|----|----------------|----|----|---|---|--------|----|-----------|
| | M | SD | M | SD | | | | LL | UL | |

| | | | | | | | | | | |
|---------------------------------|------|-----|------|-----|---|-----|------|-----|------|------|
| Emotional Empathy | 69.2 | 4.4 | 75.7 | 6.0 | 7 | 5.2 | 0.00 | 4.1 | 8.88 | 1.22 |
| | 4 | 2 | 4 | 2 | 8 | 0 | | 1 | | |
| Psychological resilience | 35.6 | 4.1 | 41.2 | 5.2 | 7 | 5.4 | 0.00 | 3.4 | 7.78 | 1.19 |
| | 2 | 9 | 5 | 9 | 8 | 1 | | 8 | | |
| Quality of Life | 87.2 | 9.4 | 94.0 | 10. | 7 | 2.9 | 0.04 | 2.2 | 11.3 | 0.66 |
| | 9 | 7 | 6 | 8 | 8 | 2 | | 4 | 0 | |

($p < 0.00$, $p < 0.05$)

The results presented that there is a significant age-related difference on the scores of Emotional Empathy, Psychological resilience and Quality of Life among Individuals with OCD. The results indicated that Older Adults OCD patient shows lower level of Emotional Empathy, Psychological resilience and Quality of Life.

Table 5

Independent Sample t-Test for Educational differences on Emotional Empathy, Psychological resilience and quality of life scale among Individuals with OCD(N=80)

| Scale | Less Educated | | Highly Educated | | df | t | p | CI 95% | | Choen's d |
|---------------------------------|---------------|------|-----------------|------|----|-------|------|--------|-------|-----------|
| | M | SD | M | SD | | | | LL | UL | |
| Emotional Empathy | 69.15 | 4.24 | 77.3 | 5.29 | 78 | -7.66 | 0.00 | - | -6.06 | 1.73 |
| | | | 4 | | | | | 10.30 | | |
| Psychological resilience | 35.60 | 4.09 | 42.5 | 4.69 | 78 | -7.08 | 0.00 | -8.82 | -5.01 | 1.59 |
| | | | 7 | | | | | | | |
| Quality of Life | 87.22 | 8.07 | 95.7 | 10.9 | 78 | -3.83 | 0.00 | - | -4.08 | 0.88 |
| | | | 1 | | | | | 12.89 | | |

The results presented that there is a significant educational difference on the scores of Emotional Empathy, Psychological resilience and Quality of Life among Individuals with OCD. The results show that less Educated OCD patient shows lower level of Emotional Empathy, Psychological resilience and Quality of Life.

Table 6

Independent Sample t-Test for Marital Status differences on Emotional Empathy, Psychological resilience and quality of life scale among Individuals with OCD (N=80)

| Scale | Married | | Unmarried | | df | t | p | CI 95% | | Choen's d |
|---------------------------------|---------|------|-----------|------|----|-------|-----|--------|-------|-----------|
| | M | SD | M | SD | | | | LL | UL | |
| Emotional Empathy | 70.00 | 4.99 | 76.6 | 5.75 | 78 | -5.49 | 0.0 | -9.04 | -4.22 | 1.23 |
| | | | 3 | | | | 0 | | | |
| Psychological resilience | 36.06 | 4.30 | 42.3 | 5.08 | 78 | -5.94 | 0.0 | -8.36 | -4.17 | 1.54 |
| | | | 3 | | | | 0 | | | |
| Quality of Life | 87.14 | 10.0 | 96.3 | 7.09 | 78 | -4.17 | 0.0 | - | -4.80 | 0.97 |
| | | 7 | 3 | | | | 0 | 15.56 | | |

The results presented that there is a significant marital difference on the scores of Emotional Empathy, Psychological resilience and Quality of Life among Individuals with OCD. The results indicated that married OCD patient shows lower level of Emotional Empathy, Psychological resilience and Quality of Life.

Table 7

Multivariate analysis of Socio-Economic differences on Emotional Empathy, Psychological resilience and Quality of life Scales among Individuals with OCD (N=80)

| Source | | SS | df | MS | F | p |
|---------------------------------|----------------|---------|----|--------|-------|-----|
| Emotional Empathy | Between Groups | 875.48 | 2 | 473.74 | 15.40 | .00 |
| | Within Groups | 2188.00 | 77 | 28.41 | | |
| Psychological resilience | Between Groups | 678.45 | 2 | 343.72 | 15.08 | .00 |
| | Within Groups | 1754.74 | 77 | 22.78 | | |
| Quality of life | Between Groups | 1141.61 | 2 | 570.80 | 5.63 | .00 |
| | Within Groups | 7805.07 | 77 | 101.36 | | |

($p < 0.00$)

Discussion

The present research explored the relationships among quality of life (QoL), psychological resilience, and emotional empathy in patients with obsessive-compulsive disorder (OCD). The research also explored whether these psychological traits were influenced by demographic variables such as age, gender, education, marital status and socioeconomic level (SES). The findings revealed a high positive correlation between quality of life (QoL), emotional empathy, and psychological resilience, which means that individuals with greater levels of empathy and psychological resilience usually also have good QoL. The disparities based on gender were also observed, as female participants had higher scores on emotional empathy and psychological resilience. Education level differences were also seen, with the less educated patients scoring lower than educated one and unmarried patients scored higher for emotional empathy and psychological resilience. Similarly, younger individuals reported greater psychological resilience and quality of life compared to older people. Socioeconomic status disparities were also seen, with individuals from more affluent backgrounds reporting more psychological resilience, empathy, and quality of life.

The robust positive correlation among emotional empathy, psychological resilience, and quality of life (QoL) validates previous research that these are interrelated and collectively influence psychological well-being in groups with mental illness (Zhao et al., 2024). For individuals suffering from OCD, who often experience social withdrawal and stigmatization, emotional empathy, the ability to sympathize and share others' feelings and is very important in the development of supportive relationships. Higher levels of social connectedness that are facilitated through increased empathy can protect against the negative impact of OCD distress on quality of life (Bora, 2022).

Female participants in this study showed higher emotional empathy and psychological resilience than male participants, as has been found in earlier research. Women are more emotionally reactive and prosocial by nature, as has been strongly documented in gender differences in

empathy (Ricciardi et al., 2019). These patterns might be due to both cultural and biological tendencies favoring women's emotional expression. Women are likely to be more resilient because of their greater dependence on social support systems and affect-focused coping, which act as buffers against stress (Uzunoğlu et al., 2025). In order to overcome these differences, these results indicate that male patient therapies may be modified to emphasize psychological resilience-building techniques and empathy training.

The results pointed out that younger participants were stronger in psychological resilience and quality of life than older participants, as mentioned in research showing that cognitive flexibility and adaptive coping get weaker with age (Çetin et al., 2023). Older individuals with OCD may have their psychological resilience and well-being undermined by other burdens such as physical health conditions, isolation, and limited access to treatment (Fineberg et al., 2022). The results indicate that education is significant in influencing the way Individuals with OCD' psychosocial outcomes turn out, as higher levels of education were linked with greater emotional empathy, and this could be attributed to improved cognitive flexibility and greater contact with a range of social contexts (Zhao et al., 2024).

Education facilitates empathetic relationships and improves communication skills, problem-solving abilities, and emotional understanding (Ricciardi et al., 2019). Further, as they have more coping abilities, service access, and mental health awareness, educated people tend to have better psychological resilience (Brueggerhoff-Batel et al., 2025). As education is commonly linked with improved career prospects, financial independence, and social support, all these factors add up to facilitate quality of life (QoL) (Çetin et al., 2023).

On the other hand, those with lower education would perhaps have fewer coping resources available, lower health literacy, and greater susceptibility to stress, which would result in worse psychological resilience and quality of life (Uzunoğlu et al., 2025). These results strengthen the need for psycho-educational therapies for lower education Individuals with OCD to improve psycho-social function and coping ability.

Further, the findings indicated that unmarried Individuals with OCD had significantly higher emotional empathy, psychological resilience, and quality of life than married ones. This result might seem contradictory to the conventional perception of marriage as a source of social support. The finding might, however, be in line with the evidence that marital stress was identified to aggravate OCD symptoms and take a toll on emotional well-being (Subramaniam et al., 2022). Because of their compulsive activities and the resultant emotional strain on their spouses, married persons with OCD are likely to have more relational distress (Fineberg et al., 2022). Reduced psychological resilience and lower quality of life can result from this strain.

Otherwise, solo individuals might be more at liberty to control their symptoms and encounter fewer interpersonal concerns, which would enable them to employ improved coping mechanisms (Tiwari et al., 2023). Besides, OCD sufferers may encounter greater stress induced by cultural expectations of marital roles, especially when relational and domestic activities are important (Park et al., 2021). According to these findings, in order to treat relationship stress and improve psychological resilience among married couples, the OCD treatment protocols would need to incorporate family-based therapies and marriage counseling.

Moreover, SES was a significant predictor of psychological outcomes. Participants with higher SES reported greater empathy, psychological resilience, and quality of life (QoL), likely due to improved social support, greater mental health resource accessibility, and reduced environmental stresses (Brueggerhoff-Batel et al., 2025). These findings underscore the interaction between environmental and individual variables in the prediction of mental health outcomes.

Theoretical and Practical Implications

Theoretically, this research lends support to the utility of psychosocial psychological resilience models in understanding the mental health outcomes of Individuals with OCD. Outside symptom intensity, emotional empathy and psychological resilience contribute to long-term functioning and satisfaction with life as well as serving as protective ones. From a pragmatic perspective, such findings validate multi-dimensional interventions going beyond traditional symptom-oriented treatments like ERP and CBT. Social functioning, coping, and quality of life can potentially be improved through application of mindfulness-based interventions, empathic training, and psychological resilience programming (Zhao et al., 2024).

Population differences in psychological resilience and empathy also indicate the need for specially designed interventions. Male patients, for example, may learn from specific empathy-increasing strategies, while older patients would require interventions addressing age-related vulnerabilities such as physical comorbidities and social isolation. It's also important to apply community-level interventions that reduce stigma and enhance low-SES populations' entry into mental health care.

Limitations of the Study

The current study has limitations in its implications, even with its contribution. Establishing whether psychological resilience and empathy predict QoL or vice versa is constrained by the cross-sectional research design, which does not allow causal inference. Future longitudinal studies may shed light on the correlations. Additionally, relying too heavily on self-report measures puts one at risk of potential biases such as response distortion and social desirability. Future research could enhance validity by incorporating clinician-rated measures and behavioral ratings. Finally, generalizability is constrained since the sample was drawn from a given cultural setting. To determine whether these findings generalize to a range of populations, cross-cultural studies are necessary.

Future Research Directions

Future studies need to investigate the interrelations among QoL, empathy, and psychological resilience in OCD individuals, with possible mediators such as cognitive flexibility and social support. These pathways may be clarified by more sophisticated statistical methods like structural equation modeling (SEM). Further, intervention research needs to be performed to determine whether increasing empathy and psychological resilience results in durable quality of life benefit. Incorporating neurobiological measurement may shed light on underlying mechanisms and guide targeted interventions.

Conclusion

The results indicated that Emotional Empathy, Psychological resilience and Quality of Life negatively correlate in patients of OCD. Also, it was found that there was significant gender, marital, educational, age-related, socio-economical differences on the degree of Emotional

Empathy, Psychological resilience and Quality of Life in patients with OCD. Based on the result it was found that male, elderly, married and lower SES Individuals with OCD have lower score of Emotional Empathy, Psychological resilience and Quality of Life.

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<https://doi.org/10.1080/17439760.2024.1965874>

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| 1. | Aysha Zummer | Lahore Garrison University | Conceptualization Planning and execution Project management and coordination Data Curation Methodology Statistical Analysis Writing and editing- Initial write up draft, final write up |
| 2. | Fozia Akram | Government College University Faisalabad | Supervisor Investigation Formal analysis Reviewing all drafts |
| 3. | Zuhaa Hassan | Lahore Garrison University | Writing – review & editing write up Analysis of Methodology Statistical Analysis |