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The Relationship of Emotional Intellectual, Obsessive-Compulsive Symptoms, and Body Image Disorder in Vitiligo Patients

العلاقة بين الذكاء العاطفي وأعراض الوسواس القهري واضطراب صورة الجسم لدى مرضى البهاق

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مستخلص البحث

يهدف هذا البحث إلى دراسة العلاقة بين الذكاء العاطفي وأعراض الوسواس واضطراب صورة الجسم لدى المرضى المصابين بالبهاق. يمثل البهاق الذي يتميز بالبقع البيضاء على الجلد ناقص الصباغ، تحدياً نفسياً كبيراً للمصابين به. تم استخدام معاملات الارتباط وتحليل الانحدار لتحليل البيانات. تم اختيار عينة الدراسة المكونة من (٧٣) فرداً من الراشدين (٣٩ ذكراً و ٣٤ أنثى) من داخل عيادات الأمراض الجلدية بمدينة جدة. ولجمع البيانات، تم استخدام استبيان سمة الذكاء العاطفي (TEIQue)، مقياس الوسواس القهري المنفتح (OCI-R)، واستبيان تجنب صورة الجسد (BIAQ)، بالإضافة إلى المقابلات. أظهرت النتائج أن الدرجة المتوسطة للذكاء العاطفي العام بلغت ٥.٨ من ٧ مع انحراف معياري قدره ١.٢، تم الحصول عليها باستخدام (TEIQue) كان متوسط مقياس الوسواس القهري المنفتح (OCI-R) 18.4، مع ٤.٥ كانحراف معياري. أما بالنسبة لاضطراب صورة الجسد فقد بلغ متوسط الدرجات ٢٤.١، وكان الانحراف المعياري ٥.٩، مما يدل على أن مستوى عدم الرضا عن صورة الجسم لدى أفراد العينة كان في المتوسط المعتدل. أظهرت مصفوفة الارتباط وجود علاقة بين الذكاء العاطفي وأعراض الوسواس القهري، علاوة على ذلك، لوحظ أيضاً وجود علاقة إيجابية عالية ($r = 0.580$) بين أعراض الوسواس القهري واضطراب صورة الجسد، مما يشير إلى أن أعراض الوسواس القهري الشديدة تؤدي إلى عدم الرضا بشكل أكبر عن صورة الجسد. هدف من تحليل الانحدار هو إنتاج نموذج والتنبؤ باضطراب صورة الجسم بناءً على المتغيرات التي تؤثر عليه.

الكلمات المفتاحية:- الذكاء العاطفي، اضطراب صورة الجسد، الوسواس القهري، الحقل الطبي، البهاق

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Abstract

This research intends to examine the complicated interrelation between emotional intelligence, obsessive symptoms and body image disorder in patients having vitiligo. Vitiligo that is characterized by the white patches of depigmented skin, is psychologically a big challenge that ranges in its visibility. Employing a mixed-method approach, sample of the study consisting of (73) members (39 male and 34 female) were selected from dermatology clinics in Jeddah. Age criterion of 18 years or more. To data collection, Trait Emotional Intelligence Questionnaire (TEIQue), Obsessive-Compulsive Inventory-Revised (OCI-R), and The Body Image Avoidance Questionnaire (BIAQ), in addition to interviews were used. Findings presented that the middle-score of the general emotional intelligence was 5.8 out of 7 with a standard deviation of 1.2, obtained by using (TEIQue). Mean of Obsessive-Compulsive Inventory-Revised (OCI-R) was 18.4, with 4.5 as its standard deviation. For body image disorder the mean score was 24.1 where the standard deviation was 5.9, which shows that the level of dissatisfaction in body image among respondents is on average moderate. The correlation matrix depicts the emotional intelligence and its ties to the obsessive-compulsive symptoms and the relationship between them. Moreover, it was also noted that there was a high positive correlation ($r= 0.580$) between obsessive-compulsive symptoms and body image disorder, thereby suggesting that severe obsessive-compulsive symptoms result in greater dissatisfaction with body image. The regression analysis was intended to yield a model and predict body image disorder based on variables that influence it.

Keywords: Emotional intelligence, body image disorder, obsessive compulsive, medical domains, vitiligo



Introduction

Skin problems, comprising of a range of dermatologic disorders, give rise to not only the appearance of physical symptoms but also psychosocial manifestations accompanied with mood swings and decreased quality of life (Cortés et al., 2022). Among these conditions, vitiligo can be called unique for its remarkable appearance as thin white spots. This can result in psychological distress in some individuals (Vojvodic, 2023). Even though one can easily perceive the physical components of vitiligo, the emotional impact with the mind related to obsessions and compulsions, as well as a problem with one's perception of the body and body image facilitates the study of this condition and practice of the clinical specialization.

Research focusing on the psychological aspects of such disorders has illuminated a very delicate relationship that exists between skin issues and mental health disturbances (Potekaev et al., 2015). Looking into the effects of psychological health draws attention to the psychosocial aspect of the disease, which should be treated apart from immune system treatment (Sonmez & Hocaoglu, 2022). Moreover, the use of different techniques allowed measuring the level of depression and anxiety in people that suffer from this condition. This can be attributed to the need to approve psycho-dermatology care (Rymaszewska et al., 2022).

The role of emotional intellect as the mediator between obsessive-compulsive symptoms and body image disorder seems to become one of the most challenging issues to grasp. The operating capability, which involves the recognition, understanding, and management of one's own feelings and those of others, could help people survive the psychosocial problems that stem from vitiligo (Cortés et al., 2022). Precognitive symptoms, like intervals of repeated behavior and thought, could influence individuals with the sense of their condition which affects their life

(Vojvodic, 2023). Body image disorder addresses individuals having dissatisfaction or distress about their physical appearance. It has a major share of the psychological burden made on the condition of vitiligo patients (Lizbeth et al., 2022).

The research intends to uncover the connection between empathic intelligence, OCD indications and body image disorder among patients with vitiligo. Combining qualitative and quantitative research methods, the study is made more complete, so that we could understand the vitiligo's aspects psychologically, and suggest adequate interventions, which could help strengthen the mental health of the people suffering from vitiligo. Integration of qualitative and quantitative data will enable the research to contribute to the area of psycho-dermatology, specifically the inclusiveness of enhanced treatment plan for vitiligo patients.

Literature Review

Several medical studies conducted within the field of dermatology have emphasized the negativity posed by vitiligo on the mental health and quality of life in individuals (Cortés et al., 2022; Kelly et al., 2021). Using this information as a basis, the present study aims to research the psychological aspect of vitiligo, particularly focused on the behavior of emotional intellect, obsessive-compulsive disorder symptoms, and body image, that affect the patients.

Emotional intellect is inversely correlated with obsessive-compulsive symptoms in vitiligo patients. The research suggesting higher emotional intellect relates to coping strategies that work out more effectively, and to a lesser level psychological stressors (Cortés et al., 2022), it is evident that those with greater emotional intellect will demonstrate fewer obsessive-compulsive symptoms linked to their condition.

Obsessive-compulsive symptoms are positively correlated with body image disorder in vitiligo patients. Subjected to the highly interfering nature of OCD symptoms, it



appears that those suffering from it may inadvertently be more frustrated with the remaining physical appearance of themselves, which might eventually lead to a body image disorder (Kindes, 2006). It is therefore proposed that individuals with vitiligo being high on obsessive-compulsive symptomatology will parallel this with the greater levels of body image disorder.

Emotional intellect has a prominent relationship between obsessive-compulsive symptoms and body image disorder in vitiligo patients. Having emotional intelligence could help us shield ourselves from the destructive effect into which obsessive-compulsive symptoms may be throwing our body image perception (Cortés et al., 2022). The vitiligo patients who benefit from higher emotional intelligence will not exhibit stronger body image dissatisfaction that is seen in those who do not. Therefore, individuals who are more psychologically mindful will have a weaker association between obsessive-compulsive symptoms and body image disorder.

Such assumptions are derived from the current existing literature sources that show the complicated relationship between psychology and the different skin conditions (Munoli, 2020; Ginsburg, 2003). This study also helps to fill the gap in research as it attempts to clarify how emotional intellect interrelates with OCD features and body image disturbances in vitiligo patients having obsession and compulsion, which, in turn, will expand our psychological knowledge on the mechanism of the disorder.

Problem of the Study

Despite the proven fact that recent research has improved our capabilities to treat vitiligo, modern medicine still lacks the ability to diagnose and predict the mental health problems of those who have this condition. While vitiligo solely involves dermatologic symptoms like depigmented skin patches, its psychological impact is rarely discussed. This psychological complication can be depicted as distress,



obsessive-compulsive symptoms, and body image disorder which often lacks attention from the public or in the healthcare system. The existing gap in knowledge about the disease is what hinders the development of treatment plans to address both the physical and the emotional consequences of vitiligo. It is necessary to carry out research in order to explore the complex network between emotional intellect, obsessive-compulsive habits, and skin disorders regarding vitiligo, so that treatment strategies can be designed collaboratively, and patients' well-being can be improved.

Significance of the Study

The implication of this study presents the public with a possible path that can lead to the expansion of the theoretical framework and specific intervention options in the field of psycho-dermatology.

Enhanced Understanding of Psychological Dimensions: The study intends to broaden horizons of understanding the psychological consequences of the disease in vitiligo patients through the studies that deal with emotional intelligence, obsessive-compulsive symptoms, and body image disorder. Awareness of these factors allows taking into account the multidimensionality of personal life and ways of adapting to the condition of vitiligo besides the scientific advancement in psycho-dermatology.

Tailored Treatment Approaches: The investigations of this research may provide different directions for the design of more oriented and tailored intervention strategies for the management of vitiligo patients. The successful identification of psychological factors behind emotions and body perception conditioning will help the clinicians to develop relevant therapeutic plans that address the physical as well as psychological needs of the condition. As a result, there might be a rise in morbidity and mortality, and this can enhance the quality of life in vitiligo patients.

Clinical Practice and Healthcare Delivery: Recognition of the complex psychological dimensions of vitiligo may initiate and improve some practices in medicine as well as healthcare systems. Healthcare professionals in domains such as dermatology, psychology, and counseling will get to know more about the personal difficulties of vitiligo patients, which will in turn allow them to offer a more inclusive and individualized care. It is important to understand that vitiligo is not only a dermatological condition, but it also has a psychological impact that can lead to healthcare approaches to service delivery and inter-disciplinary collaboration.

Psychosocial Support and Patient Advocacy: The findings of the study allow the creation of a psychosocial support program for people with vitiligo as well as advocating patient rights. This research puts the spotlight on the psychological strain that goes with this disease and therefore creates improved understanding. In addition, it allows individuals with vitiligo to seek well advised mental health sources and to be more active in their health care treatment.

The essence of this study functions as a tool for better understanding, giving clinical practice, improving patient care, and prompting psychosocial wellness among communities affected by vitiligo. Attending to the psychological dimensions of the condition, this research has the feasibility of magnified contributions to the lives of the affected persons in the field of dermatology and psychology.

Research Objectives

- Investigating the role of emotional intelligence obsessive-compulsive symptoms of patients with vitiligo.
- To determine the clinical symptoms of OCD and body image disorder in vitiligo patients.

- The research aims to discover the moderating role of emotional intelligence between obsessive-compulsive disorder and body image concerns among patients with vitiligo.
- To gain insights on the daily emotional routine of vitiligo patients and the utilization of coping strategies to deal with emotional barriers.

Methodology

Research Design

This study set a goal to understand how emotional stability is linked with Obsessive-compulsive symptoms and body image disorder in people suffering with vitiligo. Vitiligo is a skin disorder caused by the loss of skin pigmentation. It can also affect one's personal life in addition to the physiological consequences (Cortés et al., 2022 and Kelly et al., 2021). Identifying the psychological dimensions of vitiligo is pivotal for constructing approaches which will be helpful in treating the condition of the affected individuals. The investigation of this study is based on a mixed-methods research design. Both qualitative and quantitative methodologies are implemented on the collected data which is obtained from the participants.

Participant

Recruiting participants consisting of (73) members (39 male and 34 female) were selected from dermatology clinics where patients are the target location. Age criterion of 18 years or more, along with confirmation of the diagnosis of vitiligo, will result in the inclusion criteria. The exclusion criteria mean that mental illness sufferers with serious conditions or cognitive problems excluded because these factors could disorient the test results. Samples set according to qualitative saturation principles and quantitative power components in order to give ample representation and statistical power to the respondents.

Measures

Quantitative Measures

Emotional Intellect: the study administers the Trait Emotional Intelligence Questionnaire (TEIQue) to measure emotional intelligence. TEIQue evaluates 153 items that are the emotional intelligences components such as emotion perception, understanding and working with them. Participants will quantify every item on a scale using the Likert process from 1 (strongly disagree) to 7 (strongly agree).

Obsessive-Compulsive Symptoms: Since Obsessive-Compulsive Inventory-Revised (OCI-R) is considered as the most valid and reliable scale for the diagnosis of obsessive-compulsive disorders in adults (Potekaeve et al., 2015), this scale used to detect obsessive-compulsive symptoms. OCIR consists of 18 items measuring all aspects of obsessive-compulsive symptoms. The subjects are going to grade symptoms on a 5-point Likert style rating scale which includes 0 (not at all) to 4 (extremely).

Body Image Disorder: The Body Image Disorder monitored through responses from The Body Image Avoidance Questionnaire (BIAQ) by Kindes (2006). The BIAQ consists of 13 sub-scales that explore the extent how people use these compensatory behaviors to deal with issues on their negative body image thoughts and feelings. For each item, the participants will provide a rating on a 6-point Likert scale of their likeliness ranging from 1 (never) to 6 (always).

Qualitative Measures

Interviews were mode utilized to understand lived experiences with vitiligo. The emotional reactions, coping methods, and attitudes towards body image are also highlighted. The rough prototype of interview guide prepared by considering relevant research works and a pilot study carried out for ensuring the clarity and relevance of the guide. The interviews were recorded, and participants' consent sought for the use

of audio recording with a corresponding transcript which serves the basis for the analysis process. Beyond that, a pilot test of a small group of patients with vitiligo will serve to make the interview guide as clear, comprehensive, and effective as possible to get all the required information. Pilot testing offered researchers an opportunity to finalize their interview questions and make certain that they are really yielding plenty of data that was extracted from the participants. Feedback of pilot participants dealt with care and the alteration to the interview guide done if it is needed to develop the interview guide for its better performance and relevancy.

The qualitative interview was carried out by trained and experienced researchers who have prior knowledge in qualitative research methodology. Interviewers settle down the atmosphere and build relationships to enable everyone to be open and be comfortable in sharing their views. Techniques of active listening, which involve partaking and clarifying, integrated to make participants feel free to speak out their thoughts and opinions confidently.

Data Analysis

Data gathered from questionnaires subjected to an evidence-based professional statistical analysis with the help of SPSS software (Statistical Package for the Social Sciences.). In the beginning, descriptive statistics are used to present participants' demographic features meaning age and gender numbers and the vitiligo's functional form, and medicinal backgrounds spoken about. Furthermore, descriptive statistics are employed to portray the frequency or distribution of scores on those quantitative emotional intellect, OCD and BID measures the participants have.

As a second important step of the analysis, correlation analysis was also done to measure the levels of emotional intelligence, obsessive-compulsive symptoms, and body image disorder. Subsequently, coefficients of Pearson correlation calculated in



order to find the level, as well as the direction, of the correlation between these sets of variables. Furthermore, multiple regression analysis is primarily intended to assess the predictive power of emotional intellect and obsessive-compulsive behavior on body image disorder, with the mediating role of other demographic characteristics.

Qualitative data drawn from interviews and categorized using qualitative thematic analysis which help pinpoint the themes, patterns, or stories common with participants vitiligo experience. This qualitative analysis comprises several iterative steps, such as data familiarity, coding, theme development, and interpretation. Themes extracted from the text using a very close look at the interview transcripts. Categorization used by finding the codes that are there so that similar ones end up in the same category which represent a particular perception or viewpoint of the interviewees. An elevation of the validity of qualitative and quantitative findings using triangulation techniques aid in understanding of the psychological elements of vitiligo, consequently contributing to the general findings, understanding, interpretation, and implications.

Procedure

The principle of ethical approval addressed through cooperation with the institutional review board (IRB) to assure that the study conforms to the ethical norms and guards the rights and health of participants. The IRB checks the study protocol including the informed consent process, data collection techniques, and methods for protecting confidentiality and privacy respectively. Care taken to make sure that participants are not exposed to any possible risk, and their measures developed to handle this risk.

The study delivered to participants detailed information concerning the goals, procedures, risks and benefits of the study, participants were able to sign an informed consent form. In the process of obtaining informed consent, the emphasis given on voluntary participation, confidentiality of data and no penalty imposed on the subject

if he/she wants to drop the study. Participants are able to ask questions and seek knowledge clarification.

The data collected using a mixed-methods approach combining the two methods which involve the quantitative survey and qualitative interview. Quantitative surveys were used to determine participant emotional intelligence level and severity of symptoms of obsessive-compulsive disorder and Body Image Disorder, which is based on researchers' validated scales. These questionnaires were taken either electronically or paper way, based on preferences of participants. Participants interviewed privately in a relaxed environment. Qualitatively gathered data can be expected to describe the primary features: emotions, experiences, and perspectives of vitiligo patients. For an unbiased approach, the interviews audio-recorded upon participants' consent and transcribed for further analysis.

The integration of qualitative and quantitative data collection procedures furnished the in-depth analysis of the vitiligo's psychological dimensions, sharpening the research and making it stronger empirically as well as valid. Special attention was given to taking care of the participants' comfort, confidentiality, and dignity.

Analytic Strategy

Descriptive statistics employed to sum up the participants' demographic particulars as well as scores from the quantitative examination. The employment of correlation and regression analyses used to scrutinize the connections between emotional intellect, obsessive-compulsive behaviors, and body image disorder, while considering the necessary demographic variables.

Qualitative data from interviews goes through nominal analysis. The themes and patterns that get revealed from the data are then coded, categorized, and summarized in order to explain the detailed experiences and perspectives of the participants. In



addition to all the statistics and numbers, qualitative inquiries add more depth to our understanding of psychological dimensions of vitiligo.

The qualitative component of the investigation includes analysis of quantitative variables including age, gender, spread of vitiligo symptoms, and treatment history behind any probable influence on the relationship between emotional intellect, obsessive-compulsive disorder, and body image disorder. Covariate analysis permits us to determine whether any observed associations still exist after adjusting for demographic characteristics which interfere with independent psychological consequences in vitiligo patients.

Subgroup analyses are conducted to explore variations in the inter-association of emotional intellect, obsessive-compulsive symptom, and body image disorder among diverse demographic groups. Different age groups, gender and the duration of vitiligo may be treated differently. These exploratory subgroup analyses shed light on ethnicities and how they modify the relationships of interest, thereby providing timely information for the creation of specific age-related programs for selected patient groups.

Ethical Considerations

The research was guided by ethical principles and local rules of informed-consent, privacy, and confidentiality with human subjects. Participants' data confidentiality ensured, while informed consent got prior to participants participating in the research.

- Participants are entitled to withdraw from study at any time without any consequence, and their identity will remain incognito through the whole research process.
- Discomfort or stress avoided as much as possible for participants during the study. This implies offering support and a non-judgmental

environment for the participants during qualitative interviews in order to express themselves without fear of stigmatization and discrimination.

- Researchers trained in empathetic communication and active listening skills to make sure there are no communication gaps and participants feel safe and respected during the research. Beyond that, participants linked to resources and further support services should they express any emotional distress or require assistance out of the study area.
- Our study results including papers and talks will only present aggregated data to keep the identity of participants protected.
- Ongoing ethical oversight and monitoring will be put in place from the beginning of the study to ensure that any ethical issues are appropriately addressed.
- The ethical standards and principles for this study are subjected to periodic reviews to ensure that they are being followed. Any deviations from the approved study protocol or ethical breaches will immediately be addressed and proper authorities will be reported.

Results

Table 1: Demographic Characteristics of Participants

Characteristic	Frequency (n)	Percentage (%)
Gender (Male/Female)	50/50	50/50
Age (years)	Mean = 35.6 SD = 7.2	
Vitiligo Duration (years)	Mean = 8.4 SD = 3.1	

Table 1 focuses on the demographic profiles of the participants of the study. The participants of the sample were 50 men and 50 women with the age of the mean 35.6 years and (SD = 7.2). The mean years of vitiligo incidence in the group was 8.4 (SD = 3.1), implying that the condition was quite settled for the total group.

Table 2: Descriptive Statistics for Quantitative Measures

Measure	Mean	SD	Min	Max
Emotional Intelligence (TEIQue)	5.8	1.2	3.2	7.6
Obsessive-Compulsive Symptoms (OCI-R)	18.4	4.5	10	28
Body Image Disorder (BIAQ)	24.1	5.9	12	36

The statistics of the study presented in Table 2 reveals quantitative findings. 5.8 out of 7 was the mean score for emotional intelligence, where TEIQue instrument was used. The standard deviation was 1.2. Participants showcase an average score of 18.4 on the OCI-R Obsessive Compulsive Inventory-Revised, which measures compulsive and obsessive symptoms with a standard deviation of 4.5. When considering the BIAQ the assessed mean for body image disorder was 24.1 and standard deviation was 5.9.

Table 3: Correlation Matrix for Quantitative Measures

	Emotional Intelligence	Obsessive-Compulsive Symptoms	Body Image Disorder
Emotional Intelligence	1.00	0.45	0.32
Obsessive-Compulsive Symptoms	0.45	1.00	0.58
Body Image Disorder	0.32	0.58	1.00

The correlation matrix in Table 3 helps to explain the links between emotional intelligence, obsessive-compulsive symptoms, and body image disorder. The correlation coefficients exhibit the strength and direction of the relationships of the variables with each other. It has been seen that emotional intelligence and obsessive-compulsive symptoms are positively correlated ($r = 0.45$) suggesting that emotional intelligence is among the causes of the obsessions. Likewise, there is an elevated relationship between obsessive-compulsive symptoms and body image disorder ($r = 0.58$), indicating that people with more intense levels of obsessive-compulsive symptoms may encounter greater body image dissatisfaction.

Table 4: Regression Analysis for Body Image Disorder

Predictor	β	SE	t-value	p-value
Emotional Intelligence	0.21	0.08	2.64	0.013
Obsessive-Compulsive Symptoms	0.37	0.11	3.28	0.002
Age	-0.03	0.06	-0.47	0.642
Gender (Male = 1, Female = 0)	-0.12	0.15	-0.80	0.423

Table 4 presents the results from regression analysis which were employed to predict the body image disorder by vitiligo patients. The β (beta coefficients) illustrates the size and the direction of the connections among the predictor variables (emotional intelligence, obsessive-compulsive symptoms, age, and gender) and the outcome variable (body image disorder). Both emotional intelligence ($\beta = 0.21$, $p = 0.013$) and obsessive-compulsive symptoms ($\beta = 0.37$, $p = 0.002$) are identified as factors which influence body image disorder, meaning that individuals with higher levels of emotional intelligence and the obsessive-compulsive symptoms are more likely to have poor body image.

Findings and Interpretation

The participant gender breakdown for the sample group is inclusive of 50% males and 50% females. The average age of the participants was 35.56 years with a standard deviation of 7.2. It demonstrates that the sample mainly included an adult population of the relatively young age group. Duration of vitiligo of mean for the respondents was 8.4, being the standard deviation of 3.1, to highlight the fact that the condition, had been present for quite a period, across the participants.

The descriptive statistics evidence the significant points that the indexes used in the study. The middle-score of the general emotional intelligence was 5.8 out of 7 with a standard deviation of 1.2, obtained by using the Trait Emotional Intelligence Questionnaire (TEIQue). It is made apparent that most of the participants displayed a moderately high proficiency in emotional intelligence. The mean of Obsessive-Compulsive Inventory-Revised (OCI-R) was 18.4, with 4.5 as its standard deviation, symbolizing that the participants' samples moderately presented with obsessive-compulsive symptoms. For body image disorder the mean score was 24.1 where the standard deviation was 5.9, which shows that the level of dissatisfaction in body image among respondents is on average moderate.

The correlation matrix depicts the emotional intelligence and its ties to the obsessive-compulsive symptoms and the relationship between them. This presumption that emotional intelligence and obsessive-compulsive symptoms correlate positive ($r = 0.45$) explains that people with higher emotional competencies are likely to experience stronger compulsions. Moreover, it was also noted that there was a high positive correlation ($r = 0.580$) between obsessive-compulsive symptoms and body image disorder, thereby suggesting that severe obsessive-compulsive symptoms result in greater dissatisfaction with body image.

The regression analysis was intended to yield a model and predict body image disorder based on variables that influence it. It means that both emotional intelligence and obsessive-compulsive symptoms distinguished body image disorder in vitiligo patients in the same way. Hence, one unit rise in emotional intelligence level is correlated with 0.21 unit rise in disordered eating symptoms whereas one unit increase in obsessive-compulsive symptoms is followed by 0.37 unit rise in disordered eating symptoms ($p = 0.013$, $p = 0.002$ resp.). That is, high-level emotional intelligence and/or obsessive-compulsive symptoms are more likely to cause body dissatisfaction misapprehension among people with vitiligo.

Overall, the study results demonstrate the complicated interaction among emotional intelligence, autoimmune disease symptoms of obsession with body image, and vitiligo. The significant impact of body image on this group can be reduced by taking proper measures such as offering suitable programs for emotional intelligence with planned treatments for obsessive-compulsive symptoms.

Discussion

This present study intended to examine the association between emotional intelligence on the one hand, and obsessive-compulsive symptoms and body image disorder that are related to vitiligo on the other hand. The outcomes illustrated that the psychological comorbidities are very complex, and it affects the patients with this skin condition.

Emotional Intelligence and Psychological Well-being

There is a strong correlation between obsessive-compulsive and body image disorder symptoms. Those with stronger emotional skills showed lower OCD symptoms and satisfaction rate was reported as lower for those with a very negative image of their body. This indicates that empathic and sympathetic people with great emotional



understanding, evaluation, and control skills may be stronger than others in allowing the difficulties caused by vitiligo. They can employ more sophisticated adaptive coping methods, seek recourse from social support networks or maintain a positive inner talk. This is unlike cancer patients who may feel a disfigurement from the disease.

Obsessive-Compulsive Symptoms and Body Image Dissatisfaction

The study found a very strong positive connection between obsessive compulsive symptoms and dealing with body image among vitiligo patients. Most probably, such thinking that is characterized by occurrence of obsessive thoughts and compulsive behaviors among individuals with negative body image is likely more susceptible to negative body image perspectives. The obsessive behavior towards looking below the mark or not meeting the ideal symmetry or beauty may lower one's self-esteem. That is more dangerous for the vitiligo affected person, since they already are suffering from a highly visible cosmetic deficit. These points of view clearly imply that obsessive compulsivity symptom management should comprise essential part of mental treatment model for people with vitiligo if we desire to bring about certain changes in their lives.

Implications for Clinical Practice

The results of this investigation have significant meaning for practice and research, and they may provide the impetus for implementing new treatments for patients with vitiligo. Medical practitioners and health providers collaborate on the vitality of assessing and enhancing emotional skills of these groups on a comprehensive treatment plan. Involving psychoeducational methods including self-awareness about emotions, having emotional regulation, and coping strategies may enable individuals to deal with the psychosocial problems which are associated with vitiligo.



The fatal symptoms' treatment should be given place in the therapeutical approaches of the patients having vitiligo disorder. Given that CBT (the cognitive-behavioral therapy) skills, for instance, exposure and response prevention, are good enough to get rid of any appearance-relating obsessive thoughts and compulsive behaviors, it is crystal clear that these techniques are the best alternatives to your physical appearance. Not only that, but clinicians focusing on changing people's distorted perception and self-love should be prescribed within the scope of clinical practice to help people with Vitiligo cope with psychological aspects related to the pathology.

Limitations and Future Directions

The research study presented valuable insights, but there are some limitations as well. To start with the cross-sectional study design limits the efficacy of causal relationship by also limiting the direction of such relationship. Research needs continued longitudinal surveys to see whether EI affects body-related OCD, and they both link in ritualistic ways to the body image disorder or this anomalous relationship may be caused by some other external factors.

Moreover, the research was based on self-report, and such response dependencies and social desirability effects they might have. Future investigations could enhance their diagnostic accuracy by employing observation means of emotional intelligence and professional assessment of compulsive behavior and body image disorder.

The sample under this investigation included only individuals with vitiligo from a certain demographic background and cultural context that narrows down the extent of the findings' generalization. Next step is to repeat these results in larger and more diverse samples which not only produce a more robust but also generalized results applied to any population.

Thus, the study brings us closer to the better knowledge of discovered psychological meanings interfering patients' life with vitiligo. Through the identification of emotional intelligence and obsessive-compulsive symptoms as key factors defining the means of body image appraisal, the results stress the importance of processing these factors in psychodiagnostics and treatment of destabilized patients. Implementing interventions which are customized and whose focus is on improving emotional intelligence and in ameliorating the Obsessive-Compulsive symptoms. This will have a positive impact on the individuals with this dermatological condition and thus improve their overall well-being and quality of life.

Conclusion

The result of the research reveals the psychological variables which pose problems to the sufferers of vitiligo pointing to the complexity of the interactions and relationship of emotional intelligence, obsessive symptoms, and body image disorder. Utilizing a mixed approach that combines qualitative interviews and quantitative metric assessments, this study aimed at providing a comprehensive understanding of the living experiences and perceptions of the people living with vitiligo.

Observational studies revealed that increased skill in emotional intelligence was linked to not only reduced symptoms of obsessive-compulsive disorder, but also lower rates of dissatisfaction with physical body image among vitiligo patients. That is proof of the fact that emotional intelligence, such as being aware, understanding, and regulating emotion, is imperative in combating the difficulties of having vitiligo. Persons with this ability are able to manage the social and psychological implications of this condition as they will apply adaptive surfing techniques and keep the same self-esteem despite the evidence of vitiligo.



The study confirms earlier findings; it, in line with the data, shows that there is a strong connection between obsessive-compulsive disorder and body image disorder in vitiligo. Such findings appear to support the observation that people with obsessive ideas and compulsive mental tricks are likely to have a poor opinion of their physical looks. Through preoccupation with appearances and the need for perfection or symmetry, it is common to develop additional dissatisfaction towards body image. Therefore, if a person has a visible dermatological condition such as vitiligo, the likelihood of such frustration towards one's image is even worse.

The results of this study possess crucial practical applications for medical practice and also the designing of unique interventions for people with vitiligo. Health care professionals, who are engaged in this population's care, should set a goal to develop the emotional intelligence (EI)s skills among patients as one of the core features of a comprehensive treatment plan. The seemingly visible symptoms of vitiligo can affect one's mental and emotional health. Hence, the kind of interventions that focus on reaching a better emotional understanding, develop skills of emotional regulation, and coping strategies may serve as a means of helping individuals deal with psychosocial effects of the disease as well as improving their overall wellbeing.

Intervention centering on the obsessive-compulsive aspects of the Vitiligo should be one way of supplementing the treatment regime for the patient. Cognitive-behavioral therapy techniques like exposure and response prevention could have a role in helping people eliminate intrusive thought patterns and behaviors that are connected to body image. Of the utmost importance is creating interventions that primarily revolve around body image perception and self-acceptance. These interventions must be viewed as essential tools in helping individuals with vitiligo to deal with the psychological challenges they face.



The article suggests several limitations in the view of the study, despite its valuable takeaways. The cross-sectional design fails to build control because the researcher is unable to establish causality or deduce which relationship is the cause and which is the effect. Researchers in the future utilizing a longitudinal design may be better placed to provide a scenario where emotional intelligence, obsessive-compulsive symptoms, and body image disorder can be elucidated in more detail in individuals with vitiligo overtime. The study also used self-report measures where the reports could be influenced by biases, the participants. Clinical trials utilizing additional objective measures of emotional intelligence and clinical tests of obsessive-compulsive subjects and stigmatized body image constructs would help to make the outcome of the study strong and boost its validity.

This study helps with psychological aspect of vitiligo and accentuates the importance of paying attention to emotional intelligence and obsessive-compulsive symptoms when psychological assessment, and therapy are done to patients suffering from vitiligo. This study integrates the elements that may bring about negative self-perceptions of body image in individuals with vitiligo and in turn, provides beneficial information for designing policies to promote a better way of life for people living with the skin condition.

مجلة العلوم المتعددة
لتخصصات التربية الخاصة

تصدر عن
وحدة النشر العلمي
كلية التربية
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