

Examining the Moderating Role of Self-Compassion in the Relationship between Negative Emotions and Psychological well-being in Individuals with OCD

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Abstract

Obsessive-Compulsive Disorder (OCD) is a distressing mental health condition with a significant global prevalence. This study investigates the interplay between negative emotions, self-compassion, and psychological well-being in individuals with OCD. In this study we examined the impact of functional and dysfunctional negative emotions alongside self-compassion on psychological well-being. The results reveal that negative emotions affect well-being, with self-compassion moderating this relationship. Self-compassion emerges as a crucial factor in mitigating the adverse effects of negative emotions in OCD. Addressing both negative emotions and promoting self-compassion in treatment strategies may improve the lives of individuals with OCD. This study highlights the potential for more compassionate and effective approaches to OCD treatment.

Keywords: Negative emotions, Obsessive-Compulsive Disorder (OCD), psychological well-being, self-compassion,

Introduction

Obsessive-Compulsive Disorder (OCD) is an intricate and incapacitating mental health issue that impacts numerous individuals globally. It is distinguished by the existence of distressing and intrusive obsessions, which are recurring and unwanted thoughts, images, or urges, and compulsions, which involve repetitive actions or mental rituals carried out in reaction to the obsessions. OCD can profoundly disrupt an individual's daily life, leading to significant distress, impairment in functioning, and reduced quality of life.

The prevalence of OCD is substantial, with estimates suggesting that it affects approximately 1-3% of the global population (Ruscio et al., 2010). This prevalence underscores the significance of OCD as a mental health concern. Individuals grappling with OCD frequently encounter a diverse array of obsessions and compulsions, including but not limited to excessive hand washing, checking, counting, or intrusive thoughts linked to harm, contamination, or symmetry. These symptoms can be time-consuming, distressing, and have the potential to disrupt daily activities, work, and relationships.

OCD is a highly heterogeneous condition, with variations in symptom presentation, severity, and comorbidities. The exact etiology of OCD remains complex and not fully understood, likely involving a combination of genetic, neurobiological, and environmental factors. Recent advances in neuroscience have shed light on the role of brain circuitry, particularly the cortico-striatal-thalamo-cortical (CSTC) circuit, in the pathophysiology of OCD (Menon, 2011).

Negative emotions are central to the experience of Obsessive-Compulsive Disorder (OCD), a psychiatric condition characterized by intrusive obsessions and compulsive behaviors. Individuals with OCD grapple with a spectrum of negative emotions, broadly categorized as functional and dysfunctional. Functional negative emotions represent natural emotional responses triggered by the distressing and unwanted obsessions in OCD, while dysfunctional negative emotions encompass exaggerated or maladaptive emotional reactions that exacerbate the condition (Abramowitz et al., 2010).

These negative emotions, including anxiety, fear, guilt, shame, and disgust, are defining features of OCD. Functional negative emotions, such as anxiety, can serve as adaptive responses that alert individuals to potential threats, propelling them to engage in compulsions to alleviate their distress. However, in the context of OCD, these emotions often become disproportionate and debilitating, hindering daily functioning. Dysfunctional negative emotions, conversely, involve heightened emotional responses that may lead to avoidance behaviors, excessive rituals, or profound emotional distress, perpetuating the OCD cycle (Abramowitz et al., 2001).

These negative emotions can exacerbate the already substantial burden of OCD, potentially leading to greater impairment in psychological well-being. Understanding the intricate relationship between negative emotions and well-being in individuals with OCD is crucial for tailoring effective

interventions.

Self-compassion, a psychological construct rooted in self-kindness, common humanity, and mindfulness (Neff, 2003), is an emerging and noteworthy aspect of the experience of individuals with Obsessive-Compulsive Disorder (OCD). OCD, distinguished by intrusive obsessions and compulsive behaviors, frequently subjects individuals to heightened levels of distress, guilt, and self-criticism. In this context, self-compassion offers a unique lens through which to understand and potentially alleviate some of the emotional and psychological burdens associated with OCD.

Studies have indicated that individuals with OCD often exhibit lower levels of self-compassion compared to the general population (Braunstein et al., 2019). This deficiency in self-compassion may contribute to the perpetuation of OCD symptoms, as individuals engage in self-criticism and harsh self-judgment. Understanding the role of self-compassion in OCD is not only essential for comprehending the condition's psychosocial dynamics but also for informing therapeutic strategies that promote self-compassion as a means to improve well-being and reduce symptom severity. Recent research has recognized the importance of self-compassion as a potential mitigating factor in the context of OCD (Kelly et al., 2014). Self-compassion is a mental health construct that involves treating oneself with kindness and understanding in times of suffering or perceived inadequacy (Neff, 2003). It encompasses elements of self-kindness, common humanity, and mindfulness, offering individuals a more balanced and compassionate approach to their own struggles.

This research paper aims to delve into the intricate interplay between negative emotions, self-compassion, and psychological well-being in individuals living with OCD.

Method

Participants and procedure: For the research, 150 people who met the ICD-10 criteria for OCD diagnosis were selected for the study. Participants filled out an informed consent form and provided basic demographic data (such as age, gender, and ethnicity) before being assessed to determine their scores on resilience Functional & Dysfunctional Negative emotions, and Wellbeing.

The Yale-Brown Scale for Obsessive-Compulsive Disorder (Y-BOCS) (Goodman et al., 1989). The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) was established in 1989 as a clinician-administered question-

naire to assess the existence and intensity of symptoms related to obsessive-compulsive. The severity scale consists of 10 items; these items are 5-point Likert-type scales.

Functional and Dysfunctional negative emotion scale FADNES (Mogoașe & Stefan, 2013). This 10-item questionnaire is designed to assess functional and dysfunctional negative emotional states. Each question contains four possible responses: a functional emotion (e.g., worried), a dysfunctional emotion (e.g., anxious), both (e.g., I felt both concerned and anxious), or neither (i.e., "I have not been experiencing this emotion"). On a 4-point Likert scale ranging from 1 ('A little') to 4 ('very much').

Self-Compassion Scale - Short Form - The internal reliability of the SCS has been shown to be consistently excellent across a broad range of demographic investigations, indicating that all SCS components are inter-correlated well (Raes et al., 2011).

Wellbeing (Ryff Psychological Wellbeing Scale: 18 items):- It assesses six aspects of well-being and happiness: autonomy, environmental mastery, personal development, positive relationships with others, life purpose, and self-acceptance. The reliability coefficient is 0.78 (Ryff & Keyes, 1995).

Statistical analysis were conducted using the SPSS software, version 22.0, for all computations. Descriptive statistics were calculated for Mean age, percentage distribution of scores of functional, dysfunctional negative emotion. Moderation analysis was employed using PROCESS macro, version 4.

Result

Table 1- Self Compassion as moderator between functional negative emotion (F) and psychological wellbeing (PW).

Model	Unstandardized Coefficients		t	sig
	B	Std Error		
Constant	-1.091	1.147	.951	.345
F	.666	.396	1.683	.097
SC	1.851	.416	4.448	.000
Int_1	-.465	.223	2.089	.041

R-sq = .512, MSE =1.804, F= 23.398

This study explored the factors influencing Psychological Wellbeing (PW). **Table 1**, shows the relationship between PW and Functional Negative Emotions (F) alongside Self-Compassion (SC), a moderate positive association was identified ($R \approx 0.715$). Approximately 51.2% of the variance in PW was explained by these variables, with the finding deemed statistically significant ($F = 23.398$, $p < 0.001$). The introduction of an interaction term, Int_1, unveiled that the impact of F on PW was moderated by SC (coefficient = -0.465 , $p = 0.041$), indicating a combined effect differing from their individual impacts.

Table 2- Self Compassion as moderator between dysfunctional negative emotion (F) and psychological wellbeing (PW).

Model	Unstandardized Coefficients		t	sig
	B	Std Error		
Constant	-4.957	1.642	-3.018	.009
DNE	1.602	.525	3.052	.009
SCS	3.007	.500	6.017	.000
Int_1	-.761	.241	-3.152	.007

R-sq = .967, MSE = .180, F= 137.613

Table 2 shows PW in relation to Dysfunctional Negative Emotions (DNE) and Self-Compassion (SCS). It demonstrates a robust positive relationship between the predictor variables and PW ($R \approx 0.983$), with high statistical significance ($F = 137.613$, $p < 0.001$). Both DNE (coefficient = 1.602 , $p = 0.009$) and SCS (coefficient = 3.007 , $p = 0.000$) had significant positive effects on PW. The interaction term, Int_1, indicated that the impact of DNE on PW was moderated by SCS (coefficient = -0.761 , $p = 0.007$).

Table 3- Self Compassion as a moderator between YBCOS severity and psychological wellbeing (PW).

Model	Unstandardized Coefficients		t	sig
	B	Std Error		
Constant	-.271	.658	-.412	.681
YS	.008	.039	.209	.835
SC	1.494	.263	5.674	.000
Int_1	-.013	.019	-.666	.507

R-sq = .661, MSE = 1.297, F= 94.140

Table 3 investigates PW with Y-bocs Score (YS) and SC, a strong positive relationship was found ($R \approx 0.813$), with high statistical significance ($F = 94.140$, $p < 0.001$). However, the coefficient for YS (coefficient = 0.008, $p = 0.835$) suggested a non-significant effect, whereas SC (coefficient = 1.494, $p = 0.000$) had a significant positive impact on PW. The interaction term, Int_1, indicated a potential moderation effect of SC on the relationship between YS and PW, although it was not statistically significant (coefficient = -0.013, $p = 0.507$).

Discussion

The findings of this study provide valuable insights into the complex interplay between negative emotions, self-compassion, and psychological wellbeing in individuals living with Obsessive-Compulsive Disorder (OCD). The study's focus on the moderating role of self-compassion sheds light on potential avenues for understanding and supporting individuals dealing with the challenges of OCD. The findings in present study resonate with and extend upon previous research in the field of OCD and its relationship with negative emotions and self-compassion.

Table 1 demonstrates a positive association between Functional Negative Emotions (F) and Psychological Wellbeing (PW) in individuals with OCD (Foa et al., 1996). These results align with the idea that functional negative emotions, such as anxiety, may motivate individuals to engage in compulsive behaviors to reduce distress (Craske et al., 2010). However, the introduction of self-compassion as a moderator adds a novel dimension to the understanding of this relationship. The significant moderating effect of self-compassion in this study is consistent with research emphasizing the importance of self-compassion in alleviating the negative impact of anxiety and distress in various clinical populations (Kelly et al., 2014). Study suggests that individuals with OCD who experience functional negative emotions may still maintain a reasonable level of psychological wellbeing. However, the introduction of the interaction term, Int_1, indicates that this relationship is not straightforward. Self-compassion (SC) appears to moderate the impact of functional negative emotions on PW, and this moderation is statistically significant. The negative coefficient of the interaction term (-0.465) implies that, in the presence of higher self-compassion, the detrimental effect of functional negative emotions on psychological wellbeing is mitigated. Suggesting that moderating effect of self-compassion in individuals with higher levels of self-compassion may mitigate the detrimental impact of functional negative emotions on psychological well-being. This result suggests that interventions aimed at

enhancing self-compassion may be specifically beneficial for individuals with OCD who experience functional negative emotions.

In Table 2, the examination of Dysfunctional Negative Emotions (DNE) and Self-Compassion (SCS) reinforces previous research highlighting the adverse impact of dysfunctional negative emotions on psychological well-being in individuals with OCD (Abramowitz et al., 2010). The significant moderating effect of self-compassion aligns with emerging literature emphasizing the role of self-compassion as a protective factor against emotional distress and psychopathology (Braunstein et al., 2019). The robust positive relationship found here suggests that individuals with greater levels of dysfunctional negative emotions typically experience higher psychological wellbeing challenges. Importantly, self-compassion (SCS) also has a pivotal role, with individuals exhibiting higher self-compassion reporting better psychological wellbeing. The significant moderation impact of self-compassion (SCS) on the relationship between DNE and PW implies that higher levels of dysfunctional negative emotions are associated with greater challenges in psychological well-being and individuals with higher self-compassion may experience better psychological well-being despite experiencing dysfunctional negative emotions.

Table 3 shows the relationship between Y-bocs Score (YS), a measure of OCD symptom severity, and Self-Compassion (SC) along with Psychological Wellbeing (PW), provides valuable insights into the capable role of self-compassion as a protective factor. The non-significant YS coefficient aligns with previous research suggesting that OCD symptom severity alone may not be the sole determinant of psychological wellbeing (Tallis et al., 1995). However, the significant positive association between SC and PW reinforces the idea that self-compassion may serve as a resource that promotes overall psychological wellbeing (Neff, 2003). However, it is noteworthy that the YS coefficient is not statistically significant, suggesting that the severity of OCD symptoms alone may not directly influence psychological wellbeing. The non-significant interaction term (Int_1) implies that self-compassion does not significantly moderate the relationship between YS and PW in this sample.

In summary, this study's findings align with prior research by highlighting the detrimental impact of negative emotions, both functional and dysfunctional, on psychological wellbeing in individuals with OCD (Abramowitz et al., 2010). Furthermore, the study contributes novel insights by emphasizing the moderating role of self-compassion in alleviating the adverse effects of these negative emotions (Kelly et al., 2014). These results suggest

that incorporating self-compassion-focused interventions in OCD treatment may hold promise for improving overall wellbeing.

Conclusion:

In summary, this study's findings underscore the importance of addressing both negative emotions and self-compassion in the context of OCD treatment. They suggest that interventions focused on enhancing self-compassion may hold promise for improving the lives of individuals with OCD by mitigating the adverse effects of negative emotions. Future research should explore the efficacy of self-compassion-focused interventions and their integration into OCD treatment strategies. Ultimately, these insights pave the way for more compassionate and effective approaches to OCD treatment, with the goal of enhancing the quality of life for those living with this challenging disorder

Clinical Implications and Future Directions

For clinicians working with the OCD population, these findings offer valuable insights into potential areas of focus during treatment. Incorporating self-compassion techniques and emotional regulation strategies could enhance the effectiveness of therapeutic interventions. Furthermore, considering the unique profiles of individuals within the OCD population and tailoring interventions to their specific emotional experiences and self-compassion levels may optimize treatment outcomes.

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