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Breaking The Silence: How Self-Compassion Reduces Fear Of Self Disclosure In Women With Obsessive Compulsive Disorder

Saba Sarwar *

MS Scholar, Department of Clinical Psychology, The Superior University, Lahore.

su92-mscpw-f23-036@superior.edu.pk

Zahra Ijaz Alimirza

Lecturer, Department of Clinical Psychology, The Superior University, Lahore.

zahra.ijaz@superior.edu.pk

Umm-e-Habiba

MS Clinical and Professional Psychology, Department of Clinical Psychology, Riphah International University, Lahore.

humme3020@gmail.com

***Corresponding Author**

ABSTRACT

The purpose of this study was to investigate the relationship between women with obsessive compulsive disorder (OCD) and their self-compassion and fear of self-disclosure. The study investigated whether self-compassion could act as a protective factor that lessens the emotional avoidance connected to distress disclosure, using the framework of Compassion-Focused Therapy as a foundation. The study included a sample of 100 women who self-reported having OCD, using a correlational research design. The Self-Compassion Scale–Short Form (SCS-SF) and the Distress Disclosure Index (DDI) were used to gather data. SPSS was used to perform independent samples t-tests, linear regression, descriptive statistics, and Pearson correlation. Self-compassion and distress disclosure were found to be statistically significantly positively correlated ($r = .318$, $p = .001$), suggesting that women who were more self-compassionate were also more likely to express suffering. Distress disclosure was significantly predicted by self-compassion, according to linear regression analysis, which explained 10.1% of the variation (R^2

=.101, $p = .001$). Although there was no discernible difference in self-compassion between treatment groups, participants in therapy also reported noticeably higher levels of distress disclosure than those not receiving treatment ($p = .010$). These results imply that in order to help women with OCD become less emotionally reticent and more open, self-compassion may be crucial. The study emphasizes how beneficial it may be to incorporate self-compassion-focused therapies into therapeutic environments.

Keywords: Self-compassion, OCD, Fear of self-disclosure, Distress Disclosure, Women, Pakistan

INTRODUCTION

Recurrent intrusive thoughts, or obsessions, that lead to the performance of neutralizing routines, or compulsions, are the hallmark of obsessive-compulsive disorder. Themes of contamination, dirt, or illness (the dread of catching or spreading a disease) and uncertainties about carrying out certain tasks (such as an obsessive preoccupation that one has forgotten to switch off a household appliance) are common obsessions (APA Dictionary of Psychology, n.d.). However, the behavioral and cognitive aspects of the disease have previously been covered. It is still necessary to talk about the interpersonal and emotional aspects.

The understanding of self-related processes like shame, internalized stigma, and self-disclosure in OCD has grown as a result of recent advancements in clinical psychology. According to one study, medication adherence was inversely connected with internalized stigma. Additionally, the severity of OCD symptoms demonstrated a significant negative correlation with medication adherence and a significant positive correlation with internalized stigma, underscoring the significance of interventions aimed at reducing shame and self-stigma (Ansari et al., 2020). It is challenging for individuals to communicate their emotions in front of others and the therapist, though, because of the stigma that surrounds them. Finally, instill in them a dread of criticism and self-concealment. Self-compassion and its use in therapy have already been covered. In this context, Professor Paul Gilbert's (2009) Compassion Focused Therapy (CFT) is a psychological therapy strategy that was initially created to assist individuals who exhibit significant levels of guilt and self-criticism. It might be quite beneficial in resolving problems like judgment and self-disclosure anxiety.

Despite the increasing body of research on self-compassion and its benefits, little is known about how it might be used to improve self-disclosure in OCD patients, particularly in Asian nations like Pakistan. Silence around mental health is primarily reinforced by gender-based and cultural norms, which makes it more difficult for women in particular to open out. The current study must investigate the supportive function of self-compassion in reducing OCD women's anxiety of self-disclosure in light of this developing issue.

Theoretical Framework

The present research is based on the theoretical frameworks of Compassion-

Focused Therapy (2009) and Self-Compassion Theory (Neff, 2003), which collectively provide a meaning lens to comprehend the idea of shame and fear of self-disclosure and how compassion acts as a buffer to support the therapeutic alliance in treatment for women with OCD.

Theory of Self-Compassion

A "healthy and balanced way of relating to oneself during moments of emotional struggle" is the definition of a hypothesis put forth by Kristin Neff in 2003. Having empathy for oneself is essentially the same as having empathy for other people. The word, which comes from Latin, describes how we are with (com) pain (passion).

These are the three main elements of compassion: kindness, attentiveness, and shared humanity. Being kind to oneself instead of being critical during difficult times in life is a key component of kindness. Instead of being overcome by loneliness, common humanity entails feeling that one's problems and flaws are a part of life and that everyone experiences them. Being mindful is being in the here and now while observing the circumstances objectively and openly without being overly invested in them. In the context of this study, self-compassion may work as a protective factor in lowering the dread of self-disclosure-like thoughts in treatment, as intrusive thoughts frequently contain guilt, humiliation, and fear of judgment toward oneself. Finally, make things simple for the person so that they feel empowered and secure in difficult situations.

Compassion-Focused Therapy

The therapeutic approach for this therapy, which was created by Paul Gilbert in 2009, aims to assist people who have high levels of guilt and self-criticism in developing self-compassion. While the majority of therapies are more solidly grounded in one field or philosophy, CFT pulls from a variety of disciplines, including evolutionary psychology, biology, neuroscience, and Buddhist ideas. CFT was first created to assist those people in developing a more sympathetic inner voice and affiliative attitudes toward oneself. CFT acknowledges that compassion can flow in three different ways: it can be directed towards oneself (self-compassion), it can be felt for another person or others, and it can be felt from others to ourselves. (Gilbert, 2014). Additionally, emphasize how crucial it is to maintain a balance between the brain's danger, drive, and relaxing systems (Leaviss & Uttley, 2014). Overactive threat in the context of OCD causes increased anxiety and avoidance behaviors, such as avoiding sharing unwanted ideas. The goal of CFT is to run the calming system that encourages acceptance and emotional safety.

Hypothesis

- Self-Compassion is negatively correlated with the Fear of self-disclosure among women with Obsessive Compulsive Disorder.
- Higher level of self-compassion significantly predicts the lower level of fear of self-disclosure among women with OCD.

LITERATURE REVIEW

Research showed women are more likely than males to experience OCD in their lives. With lifetime prevalence rates of 15% for women and 10% for men, OCD was 16 times more common in women than in men in a typical sample (Fawcett et al., 2022). Farber et al. (2004) multimethod study to investigate client perceptions of the process, benefits, difficulties, and consequences of disclosing and withholding material in psychotherapy sessions. According to the results, the majority of clients believe that therapy is a safe place to disclose, especially because of the positive therapeutic relationship; that the disclosure process causes feelings of shame and anticipatory anxiety at first but eventually leads to feelings of safety, pride, and authenticity.

Werner (2021) investigated the communication and disclosure of information about OCD by those who suffer from the illness. The study's findings showed that both positive and negative effects on disclosure were caused by the stigmatization and misinterpretation of OCD. Additionally, the Communication Privacy Management (CPM) Theory was used to explain the findings. Before revealing their OCD, people did not specifically set boundaries, and they created privacy control by characterizing their OCD with labels and lies. Robinson et al. (2017) sought to determine the obstacles to treatment and the elements (including positive and negative enablers) that motivate or drive individuals to seek treatment for their OCD. The following barriers were noted: stigma, "internal / cognitive" problems, uncertainty about the nature of their issue, concerns about their general practitioner or treatment, and fear of criminalization. Positive facilitators were confidence in their general practitioner, information and firsthand stories of OCD in the media, and encouragement to seek therapy. Negative enablers were at a crisis point, and some participants felt compelled to seek treatment because of the intrusive thoughts they were having about hurting children—that is, seeking help to stop the "harm" they feared they were capable of committing.

Crisan et al. (2022) examine how self-compassion and unconditional self-acceptance training affect self-blame, empathy, guilt and shame proneness, and task performance. Result showed both groups experienced an increase in self-compassion and unconditional self-acceptance. There were no discernible variations in the two groups' degrees of empathy or self-blame. Both groups' levels of shame-proneness decreased. Eichholz et al. (2020) using self-report questionnaires, researchers examined the relationship between obsessive beliefs, self-compassion, emotion regulation issues, and the intensity of obsessive-compulsive symptoms in 90 OCD patients. The findings offer early evidence that focusing on self-compassion and highlighting deficiencies in emotion regulation may be effective therapy strategies for OCD patients. Another study result provides credence to the idea that self-criticism can be decreased through the use of compassion-based treatment, which can then improve emotional resilience and lessen judgmental anxiety. The transdiagnostic notion of self-criticism makes this piece pertinent to the study even

though the population is diverse (Pol et al., 2023).

Another study finding demonstrate how self-compassion or self-esteem-boosting therapies may be useful in encouraging people to disclose upsetting experiences that jeopardize their sense of value (Dupasquier et al., 2019). Yildiz (2022) investigated the potential mediating role of self-compassion and intolerance of uncertainty in the link between self-differentiation and self-concealment. The findings of this research emphasize the importance of self-compassion as a protective factor in enhancing emotional openness and reducing self-disclosure, directly aligns with the current study exploring how self-compassion mitigates fear of self-disclosure in women with OCD.

METHODOLOGY

Research Design

This study examined the association between self-compassion and fear of self-disclosure in women with obsessive compulsive disorder using a quantitative, correlational, and cross-sectional research methodology. This approach was used to examine the correlation between the variables (correlational) and collect data from pertinent departments and sites in a single take (cross-sectional).

Population and Sample

Women with obsessive compulsive disorder were among the population. Purposive sampling was employed to gather data from the participants because the study's goal was to gather data from exclusively OCD-afflicted women. Additionally, about 100 female participants who met the inclusion criteria made up the data.

Tools for Measurement

The self-compassion and distress disclosure of OCD-afflicted women were evaluated using the assessment instruments.

Short Form of the Self-Compassion Scale

In 2011, Kristin Neff and colleagues created the Self-Compassion Scale, or SF. Twelve items on the scale were inverted, including 2, 4, 5, 9, and 10. Item scoring in reverse (1=5, 2=4, 3=3, 4=2, 5=1). A Likert scale with 1 denoting "Almost Never" and 5 denoting "Almost Always" is used to rate the items.

Distress Disclosure Index

A 12-item test that assesses a person's propensity to reveal (as opposed to keep) personally upsetting material in various contexts and over time. The creators of this scale were Kahn and Hessling (2001). Items 2, 4, 5, 8, 9, and 10 were inverted on the scale. Next, add up all twelve items. stronger concealing of distress is indicated by lower scores, while higher scores indicate a stronger tendency to disclose distress.

Demographic Sheet

A form used to collect the basic information including age, education, occupation, marital status, diagnosis and therapy history.

Procedure

The supervisor and university officials gave their consent for the study to be carried out. The data was collected via WhatsApp, online forums, online support

groups, and hospitals, including outpatient and indoor departments. The participants were asked to sign the informed consent form after being asked if they were willing to do it. The self-compassion scale, the distress disclosure index, and a demographic sheet were among the forms that participants were asked to complete. It was predicted that the entire form would take ten to fifteen minutes. Participants were given the assurance that their answers would be kept private. The information was gathered for scholarly and instructional objectives.

Statistical Analysis

Data analysis was done through Statistical Package for Social Sciences (SPSS). Analysis include computing frequencies for categorical variables like marital status, Occupation, Education and Treatment. Descriptive statistics for variables like age and duration of diagnosis, the mean of both scales was used. Reliability was checked for both scales. Correlation was found out to check the first hypothesis and Independent T- samples were applied to check the second hypothesis.

Ethical Considerations

Written consent was obtained from the participants. All the responses were anonymized and the personal information was kept confidential. No psychological, physical and emotional harm was posed to the participants.

RESULTS

The analysis includes descriptive statistics, reliability of scales, correlation, regression analysis, and group comparisons to test the stated hypotheses.

Descriptive Statistics

Descriptive statistics were conducted to understand the demographic profile and key variables of the sample (N = 100).

Table 1: Descriptive Statistics of Key Variables

Variable	Mean	SD	Min	Max
Age (years)	31.30	9.389	18	59
Duration of OCD Diagnosis (months)	12.67	13.263	0	60
Self-Compassion (SCS)	2.6400	0.43871	1.75	3.83
Distress Disclosure (DDI)	2.4142	0.66027	1.00	4.00

Reliability Analysis

Cronbach's alpha was calculated to assess the internal consistency of the scales.

Table 2: Internal Consistency of Scales

Scale	Cronbach's α	N of Items
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Scale	Cronbach's α	N of Items
Self-Compassion Scale (SCS)	0.681	12
Distress Disclosure Index (DDI)	0.903	12

Pearson Correlation Analysis

To test Hypothesis 1, Pearson product-moment correlation was computed between self-compassion and distress disclosure.

Table 3: Correlation Between SCS and DDI

Variables	SCS Mean	DDI Mean
SCS Mean	1	.318
DDI Mean	.318	1

$p < .01$ (2-tailed)

A statistically significant positive correlation was found ($r = .318$, $p = .001$), indicating that higher self-compassion is associated with greater distress disclosure.

Linear Regression Analysis

To test Hypothesis 2, a linear regression was conducted with self-compassion as the predictor and distress disclosure as the outcome variable.

Table 4: Regression Summary Predicting DDI

Predictor	B	SE B	β	t	*p*
Constant	1.149	0.386	-	2.979	.004
SCS Mean	0.479	0.144	.318	3.326	.001

Model Summary: $R = .318$, $R^2 = .101$, Adjusted $R^2 = .092$, $F(1,98) = 11.060$, $p = .001$

Self-compassion significantly predicted distress disclosure, explaining 9.2% of the variance (adjusted R^2).

Independent Samples T-Test

An independent samples t-test examined differences in SCS and DDI scores based on treatment status. Levene's tests indicated unequal variances for both variables ($p < .05$), requiring adjusted t-values.

Table 5: Group Differences Based on Treatment Status

Variable	Group	n	Mean	SD	t	df	p	Cohen's d
Self-Compassio	No	5	2.673	0.4839	0.80	96.81	.42	0.16
	Treatmen	3	0	4	7	3	1	

Variable	Group	n	Mean	SD	t	df	p	Cohen's d
n (SCS)	t							
	Treatment	4	2.602	0.3831				
	t	7	8	5				
Distress Disclosure (DDI)	No Treatment	5	2.256	0.7012	-	97.20	.00	
	t	3	3	0	2.64	6	9	-0.52
	Treatment	4	2.592	0.5668				
	t	7	2	6				

Notes:

- SCS Levene's $F= 4.004$, $p = .048$; DDI Levene's $F= 4.048$, $p = .047$ (Page 19).
- Cohen's d values match Page 21 of SPSS output.

4.6 Summary of Results

- **Hypothesis 1** was supported: Self-compassion positively correlated with distress disclosure ($r = .318$, $p = .001$).
- **Hypothesis 2** was supported: Self-compassion predicted distress disclosure ($\beta = .318$, $p = .001$).
- **Treatment effects:** Participants receiving treatment reported significantly higher distress disclosure ($d = -0.52$, $p = .009$). No difference was found for self-compassion ($d = 0.16$, $p = .421$).
- These findings support the theoretical model in which self-compassion enhances distress disclosure in women with OCD.

DISCUSSION

The purpose of this study was to investigate the relationship between women with obsessive compulsive disorder (OCD) and their self-compassion and fear of self-disclosure. The study used the Distress Disclosure Index (DDI) and the Self-Compassion Scale–Short Form (SCS-SF) to investigate whether a lower propensity to hide emotional pain was linked to higher levels of self-compassion.

The findings showed a fairly positive and statistically significant relationship between self-compassion and distress disclosure, which is in line with the first hypothesis ($r = .318$, $p = .001$). This implies that women who expressed greater self-compassion were less afraid to disclose their distress and were therefore more inclined to do so. These results are consistent with other research (Neff, 2003) that suggests self-compassion fosters emotional resilience and encourages transparency in therapeutic and social contexts. Higher self-compassion individuals generally view their emotional experiences as a natural aspect of being human, which might lessen the shame or self-judgment that disclosure is frequently linked to.

In support of the second hypothesis, the regression analysis showed that self-compassion significantly predicted distress disclosure ($R^2 = .101$, $p = .001$). Although the model explained only 10.1% of the variance, this result confirms that self-compassion meaningfully contributes to a woman's willingness to disclose emotional distress. These results are consistent with earlier research by Neff and Germer (2013), who discovered that people with high levels of self-compassion are more tolerant of their emotional imperfections and, as a result, more willing to talk about them with others.

Furthermore, women who were currently receiving therapy disclosed discomfort at a considerably higher rate than those who were not, according to a comparison of treatment groups. In line with the body of research showing that treatment promotes emotional understanding and disclosure, this result implies that being in therapy may offer a more secure and affirming environment for discussing emotional challenges (Farber, 2003). It's interesting to note that there was no discernible difference in the two treatment groups' levels of self-compassion. This could suggest that, unless particularly addressed within therapy, general therapeutic approaches may not directly promote self-compassion.

The cultural context should be considered when interpreting these findings. Because of cultural traditions associated with honor, shame, and reputation, emotional openness and self-disclosure are frequently discouraged in collectivist nations like Pakistan, particularly for women. The stigma associated with mental illness may make people internalize their dread of disclosing psychiatric problems. Even in this constrictive cultural setting, there is a positive correlation between self-compassion and disclosing discomfort, which implies that cultivating self-compassion may lessen internalized stigma and enable women to more freely communicate their emotional difficulties.

Limitations

Despite of the fact that results were moderately significant, the study has various limitations. Firstly, the data was limited to 100 participants due to time constraints and other factors. Secondly, the use of alternative scale like Distress Disclosure Index which assessed the emotional factors, may lack the fear component of the study highlighted the use of exact scale to measure the constructs and get the actual results of the study. Thirdly, the use of cross-sectional design, taking data at one time, raised the concerns to conduct longitudinal study to assess both factors over time. Lastly, the reliability of Self compassion scale, which was nearly borderline was also the factor needed to be taken under consideration.

Implications and Future Directions

The statistically significant relationship between self-compassion and distress disclosure underscored the importance of self-compassion in therapy. Introducing therapy like, Compassion Focused Therapy can be beneficial for the client to disclose themselves and emotional resilience. Especially for those clients, who are unwilling to share their distressing feelings and thoughts to the therapist. The use of Fear of self-disclosure scale and Self-concealment scale should ne used to measure the

component of Fear. The scale which had been used was assessing the distressing component of the client issue, which might not capture the essence of the whole study.

Lastly, mixed methods designs should be applied to assess the various factors deeply which might not be possible using one method at a time. Also, longitudinal research method should be used to assess the client to overtime, whether self-compassion plays a role in reducing distress components in clients with OCD. Using diverse samples like use of urban and rural setting population, different age ranges must also be taken part in research to have more understanding of the overall mental health outcomes in OCD population.

CONCLUSION

The findings provided statistically significant evidence that self-compassion is positively related to distress disclosure and can meaningfully predict openness in sharing emotional difficulties. These findings support the idea that self-compassion serves as a protective psychological resource, potentially lowering internalized stigma and enhancing emotional communication in clinical and interpersonal settings. The study also found that participants currently receiving treatment for OCD reported significantly higher levels of distress disclosure compared to those not undergoing treatment. Although self-compassion may not be directly impacted by general treatment until it is addressed as a therapeutic focus, this shows that therapeutic contexts may promote emotional openness. Taken together, these findings demonstrate how cultural values, therapy involvement, and emotional self-awareness all influence how women with OCD disclose about themselves.

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