

Self-Compassion, Frustration Intolerance and OCD Symptoms among Spouse of OCD Patients

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Abstract

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The present research was conducted to investigate the relationship among self-compassion, frustration intolerance and obsessive compulsive disorder symptoms in spouses of OCD patients. Purposive sampling technique was used and sample comprised of 80 participants with the distribution of 40 males and 40 female spouses of OCD patients. The age range of spouses of OCD patients was 20 to 40 years ($M=1.50$, $SD=.50$). Self-compassion scale-short form (Raes, Pommier, Neff & Van Gucht, 2011), frustration discomfort scale (Harrington, 2005) and obsessive compulsive inventory-revised (Foa, 2002) were administered on the participants. The findings of the current study uncovered that self-compassion had a significant negative relationship with frustration intolerance ($r=-.80^{**}$, $p<.01$) and with obsessive compulsive disorder symptoms ($r=-.77^{**}$, $p<.01$). Findings also revealed that frustration intolerance had a significant positive relationship with obsessive compulsive disorder symptoms ($r=.98^{**}$, $p<.01$). Multiple regression analysis signified that self-compassion and frustration intolerance both found to be significant predictors of obsessive compulsive symptoms among spouses of obsessive compulsive disorder patients. Male spouse scored higher on self-compassion while scored lower on frustration intolerance and obsessive compulsive symptoms as compared to female spouse.

Keywords: *Self-compassion, Frustration Intolerance, OCD Symptoms and Spouse of OCD Patients*

Introduction and Literature Review

Around 14 percent of the diseases occur due to mental disturbances globally. It has drawn the attention of the people towards psychiatric disorders (WHO, 2005). Due to the stereotypes, people living in Pakistan do not focus much on mental illness but the reality is that these are highly important for physical health. Health contains physical as well as mental health (Katon et al., 2004). Mental health of every individual is considered to be the prior concern of each nation globally. Mental Health issues faced by individuals affect the behavior and psychological process of their caregivers especially their spouses. They act as support system for the person struggling with mental health issues (Grover, & Dutt, 2011).

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At times spouses of these individual experience burden while taking care of their partner and though encounter similar symptoms and mental health issues (Ghafoor, Schulz, & Mohsin, 2018). People suffering from obsessive compulsive disorder accustomed to severe distress due to obsessive/recurrent thoughts and significant interference with life by doing compulsions (O'Rourke, 2011). Spouses of the patients having OCD become tired and frustrated due to the demanding and perfectionist nature of their partner and hence develop psychopathologies within themselves (Masellis, Rector & Richter, 2003). Spouses with self-compassion develop less symptoms of frustration and hence refrain themselves from psychologically distressed symptoms. On contrary, higher level of frustration with less tolerance may leads to severe psychopathologies (Tuna & Gençoz, 2020).

This study merely intends to explore the problems experienced by the spouses of OCD patients and how self-compassion and frustration intolerance play a role in dealing with these symptoms. Spouse dealing with an OCD partner giving him the care, kindness and warmth in that struggle/suffering instead of humiliating and self-criticizing reflected to have self compassion (Neff & McGehee, 2010). It helps the spouses in boosting up their well-being, self-care and remain emotionally calm and stable (Gilbert, 2005). Spouses remain calm in the sufferings of their partner and acknowledge the reality instead of getting frustrated about it and tolerate it with patience (Stankovic & Vukosavljevic, 2011). Dysfunctional beliefs which are related to obsessive compulsive symptoms cause impairment in daily functioning, also affect the quality of life of the individual as well as for their partner (Stein et al., 2000). A study which aimed to reveal the relationship between quality of life and burden of caregivers of patients suffering from psychiatric disorders and its impact on the life of caregivers by taking care of their patient. 100 caregivers of 20 to 65 years were participated in this research from various hospitals in Rawalpindi and Islamabad. Data was collected through the Urdu versions of WHO Quality of Life Questionnaire and Caregiver Burden Assessment Checklist. Results of the study showed that these two variables are negatively correlated. Level of burden negatively affects quality of life (Bukhari, Abbasi, Ghani, Ashraf & Afzal, 2020).

Correspondingly, researcher conducted a qualitative framework to investigate the behavior and perception of the partners for their obsessive compulsive disorder patient. Data was collected from spouses of 30 diagnosed OCD patients from Mayo and Services Hospital, Lahore. Interview was used as a tool for collecting data. Parental and Familial Attitude, Belief Scale and Yale Brown Obsessive Compulsive Scale (YBOCS) was also utilized for this study. This survey revealed a positive and healthy attitude by the spouses towards OCD patients. Spouses also reported that they encounter more financial and domestic responsibility due to symptoms faced by OCD partners (Hamdani & Abiodullah, 2015). An international study was conducted to evaluate the dimensions of burden experienced by the caregivers of obsessive compulsive disorder patients. Cross sectional study was conducted in which 47 patients and their 47 caregivers were selected through convenient sampling. Results of this research study concluded that the caregivers of obsessive compulsive disorder patients encounter feeling related to intolerance and irritation. It was also deliberated that caregivers feel that the patient is dependent upon them so it creates a sense of burden on the caregivers. People around these patients have a feeling that they perform these behaviors intentionally. Accommodation given by the caregivers enhances their pain and suffering and it also has an impact on the treatment's outcome (Torres, Hoff, Padovani & Ramos-Cerqueira, 2012). Literature showed that the caregivers specially partners of obsessive compulsive disorder patients face various difficulties in taking care of their patient. It creates a burden on them and affects their personal, social and psychological domains (Lebowitz, Panza, Su & Bloch, 2012).

Rationale of the study

Mental health is the subject of primary global attention these days as these are responsible for our physical ailments sometimes. Patient's mental health has been given much

importance in the literature but a little focus has been given to the caregivers' mental health. Caregivers experience numerous health issues by taking care of their patients which are not addressed properly. If the health of caregiver is in jeopardy, then how can they deal with patient's needs? This study aims to uncover the emotional disturbances of caregivers so a management can be planned with them as well.

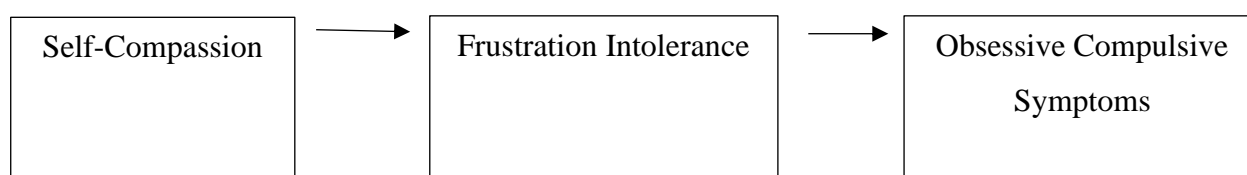
Objectives of the study

The objective of the study was to explore the effect of self-compassion and frustration intolerance on the development of obsessive compulsive symptoms among spouses of OCD patients.

Hypothesis of the Study

- i. There is a significant relationship between self-compassion, frustration intolerance and obsessive compulsive symptoms among spouses of OCD patients.
- ii. There is a significant gender difference in self-compassion, frustration intolerance and obsessive compulsive symptoms among spouses of OCD patients.
- iii. Obsessive compulsive symptoms are significantly predicted by self-compassion, and frustration intolerance in spouses of OCD patients.

Conceptual Framework



Method

Research design

Correlational research design was used to investigate the relationship of self-compassion, frustration intolerance and obsessive compulsive symptoms among the spouse of OCD patients.

Sampling Technique

Purposive sampling technique was used for the selection of the participants.

Sample

Sample consisted of 80 participants including both the male and female spouses of obsessive compulsive disorder patients. The age range of participants was between 20 to 40 years. Educated and married participants who had minimum education of matriculation and living with their clinically diagnosed obsessive compulsive disorder patient were chosen. Data was collected from various clinical settings, online groups and hospitals.

Instruments

Self Compassion Scale- short form (SCS-SF): Self compassionate scale was consisted of 12 items and the response ranges from almost never to almost always. The internal consistency of this scale was .89 (Raes, Pommier, Neff & Van Gucht, 2011).

Frustration Discomfort Scale (FDS): It is a multidimensional scale which measures the tendency of frustration intolerance among the individuals. This scale is consisted of 28 items on likert type scale. Items range from 1 to 5; 1 means absent, 2 means mild, 3 means moderate, 4 means strong and 5 means very strong. The value of Cronbach's alpha for the scale was .88 (Harrington, 2005).

Obsessive Compulsive Inventory-Revised (OCI-R): This scale assesses the level of distress caused due to obsessive compulsive symptoms. It consists of 18 items using 5 point Likert type rating scale. The response rate ranges from not at all to extremely. It measures total six groups of obsessive compulsive symptoms. These groups are excessive washing, checking, order, hoarding as well as neutralizing. Cut off scores for this scale is 21 (Woo, Kwon, Lim & Shin, 2010).

Procedure

Data were collected from online groups and other people through online questionnaire because of the COVID-19 pandemic. Informed consent was taken from the participants online. Self-compassion, frustration intolerance and obsessive compulsive symptoms were assessed through standardized instruments. After collecting, all the data were entered in the SPSS and were then analyzed and interpreted.

Statistical Analysis

Statistical analysis was performed on the data set which included reliability analysis to check the reliability of the scales, Pearson correlation was used to find out the relationship among variables. Multiple regressions analysis was employed to find out the predictors of obsessive compulsive disorder symptoms and the t-test was used to explore the gender differences on self-compassion, frustration intolerance and obsessive compulsive disorder symptoms.

Ethical Consideration

The official permissions for using scales were taken from the respective authors through e-mail before using the assessment tools. The aims of research and the nature of study was explained to the participants before conducting data collection. Participants were given the right to withdraw their participation at any time without any explanation or penalty. They were also ensured that their information will remain confidential and it will not be shared with anyone unless it is necessary.

Results

Inferential statistical analyses were conducted on self-compassion, frustration intolerance and obsessive compulsive symptoms among spouses of OCD patients.

Table 1

Pearson's Product Moment Correlation among Self-Compassion, Frustration Intolerance and Obsessive Compulsive Symptoms (N=80).

Variables	1	2	3
1. Self-compassion	-	-.80**	-.77**
2. Frustration intolerance		-	.98**
3. Obsessive compulsive symptoms			-
<i>M</i>	41.6	83.7	39.61
<i>SD</i>	9.52	29.26	21.30

Note: * $p < 0.05$; ** $p < 0.01$; *M* = mean; *SD* = Standard Deviation

The results from table 1 showed that there is a significant negative correlation between self-compassion and frustration intolerance ($r = -.80^{**}$, $p < .01$). Results also explored that there is a negative relationship between self-compassion and obsessive compulsive symptoms ($r = -.77^{**}$, $p < .01$). Results further investigated that there is a significant positive correlation between frustration intolerance and obsessive compulsive symptoms ($r = .98^{**}$, $p < .01$).

Table 2

Independent sample t-test between Males and Females on Self Compassion, Frustration Intolerance and Obsessive Compulsive Disorder Symptoms (N=80)

Variable	Males (n = 40)		Females (n = 40)		CI	
	M(SD)	M(SD)	t (p)	LL	UL	Cohen's D
Self compassion	49.30(6.42)	33.90(4.58)	12.34 .00	12.91	17.88	2.76
Frustration intolerance	54.95(4.05)	112.45(4.73)	-58.33 .00	13.05	59.46	55.54
OCD symptoms	18.95(3.65)	60.28(2.77)	-57.34 .00	12.75	42.77	39.88

*Note: M = Mean, SD = Standard Deviation, CI = Class Interval, LL = Lower Limit, UL = Upper Limit, **p<.001*

The results indicated that there is a significant difference on self-compassion, frustration intolerance and obsessive compulsive symptoms between males and females. It was shown that males have high self-compassion and low frustration intolerance as compared to females. Moreover, males have low level of obsessive compulsive disorder symptoms as compare to female.

Table 3

Multiple Regression analysis for Obsessive Compulsive Inventory (N=80)

Obsessive Compulsive Symptoms						
Variables	B	SE	β	T	R ²	ΔR^2
Constant	56.92***	0.25	0.15**	0.17	.98	.98**
Self Compassion	-39.27	4.70	.94**	8.36		
Frustration Intolerance	.18	.06	.08**	2.95		

*Note: *p<0.05; **p<0.01; B= Unstandardized beta; β = Standardized beta; SE= standard Error.*

Results of multiple regression indicated that self-compassion showed as significant predictor with 94% variance in obsessive compulsive symptoms. Results also indicated frustration intolerance as a predictor of obsessive compulsive symptoms.

Discussion

The present study aimed to find out the relationship among self-compassion, frustration intolerance and obsessive compulsive disorder symptoms, gender differences on study variables and the predictor of obsessive compulsive symptoms among spouses of OCD patients. Sample consisted of 80 participants (40 males and 40 females) which was taken from private clinics, online groups and hospital settings. The age range of the participants was 20 to 40.

Data were analyzed through IBM SPSS. The statistical analyses consisted of preliminary analysis (for identification of missing values in collected data, outliers and their exclusion, and testing of the linearity and normal distribution), reliability analysis (to uncover the Cronbach's alpha, skewness, kurtosis, mean and standard deviation), descriptive analysis (for mean, standard deviation, frequencies and percentages of the demographics) and inferential analysis.

Inferential statistical analyses consisted of Pearson correlation to explore correlation among the variables, multiple regression analysis to investigate predictors of dependent variables and independent sample t-test to find out gender differences on study variables.

The findings of this research study uncovered that there is significant relationship among self-compassion, frustration and obsessive compulsive symptoms among the spouses of OCD patients as per hypothesis 1. It was found that there is a negative relationship between self-compassion and frustration intolerance. Negative relationship depicts that increase in one variable is linked with the decrease in the other variable and a decrease in one variable is associated with the increase in the other variable. This finding is consistent with the previous research findings of Basharpour, Movlaie and Sarfarazi (2020), and Tuna and Gencoz (2020). This study also concluded that there is a negative relationship between self-compassion and obsessive compulsive disorder symptoms. This finding is in coherence with the research findings of Leeuwerik, Cavanagh and Strauss (2020). Furthermore, this study explored that there is a positive relationship between frustration intolerance and obsessive compulsive symptoms among the spouses of obsessive compulsive disorder patients. This positive relationship indicates that both variables vary in the same direction. If one variable increases, the other variable also increase. And if one variable decreases, the other variable also decreases. This finding is in coherence with the research findings of Tolin, Abramowitz, Brigidi and Foa, (2003) and Holaway, Heimberg and Coles, (2006).

This study further explored that there is a gender difference in terms of self-compassion, frustration intolerance and obsessive compulsive symptoms among the spouses of OCD patients as per hypothesis 2. Findings demonstrated that males have high level of self-compassion as compare to females. This finding is in coherence with the research findings of Yarnell, Neff, Davidson and Mullarkey (2019). Results of this study also found out that there is a significant gender differences in frustration intolerance. Males have low frustration intolerance as compare to females. This finding is in consistence with the research findings of Simons and Gaher (2005). It was also explored in current study that there is significant gender difference in obsessive compulsive disorder symptoms. There is a difference on the onset of the development of these symptoms. Males usually have the onset in the early stages of life while females have the onset in the adulthood. Males manage their symptoms while females fail to manage as they remain at home and find it difficult to distract themselves. This result is consistent with the study of Mathes, Morabito and Schmidt (2019).

This study further explored that self-compassion and frustration intolerance are the predictors of obsessive compulsive symptoms among the spouses of OCD patients as per hypothesis 3. Self-compassion is a negative predictor of obsessive compulsive disorder symptoms. This finding is consistent with the previous research of Wetterneck, Lee, Smith and Hart (2013). Frustration intolerance is a positive predictor of obsessive compulsive symptoms.

Conclusion

The current study was carried out to discover the relationship among self-compassion, frustration intolerance and obsessive compulsive disorder symptoms among the spouses of OCD patients. It aimed to find out the predictors for obsessive compulsive disorder symptoms as well as to explore the gender differences on these variables. Data was collected from various clinical and hospital settings and it was analyzed through different statistical analyses. The results of the current study showed that there is a significant relationship among self-compassion, frustration intolerance and obsessive compulsive disorder symptoms. Results also indicted that self-compassion and frustration intolerance are significant predictors of obsessive compulsive disorder symptoms among the spouses of OCD patients. Furthermore, results

depicted that there is a significant gender differences in self-compassion, frustration intolerance and obsessive compulsive disorder symptoms.

Limitations and Suggestions

It was quite difficult to collect data and approach the spouses of OCD patients which is why sample of this study was quite smaller. Although one of the strengths was the focus of this research specifically upon the spouses of OCD patients who suffers from their partner's illness the most which will help clinicians and mental health professionals take necessary measures for caregivers as well.

Implications of the Study

The present study guides the therapists to understand the psychopathologies faced by spouses of OCD patients. It will also be helpful for the therapist to plan different management strategies and implement them on the spouses of OCD patients to improve their quality of life.

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Author's Contribution: Nimra Yousaf (write up, data collection, data entry and analysis) and Dr. Ayesha Majeed (Conceptualization and proof reading).

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