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Short communication

Self-concealment in obsessive-compulsive disorder: Associations with symptom dimensions, help seeking attitudes, and treatment expectancy

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ABSTRACT

Obsessive-compulsive disorder (OCD) is characterized by unwanted and upsetting thoughts, images, or urges (obsessions). Some individuals with OCD feel compelled to conceal the content and frequency of their obsessions, and theoretical accounts suggest that self-concealment may contribute to OCD symptoms. Yet, empirical investigation in this area is lacking. The present study investigated individual differences in dispositional self-concealment (the behavioral tendency to keep distressing and potentially embarrassing personal information from others) in relation to OCD symptoms. Individuals who self-identified as having OCD ($N=115$) were compared to unscreened community controls ($N=513$) on a validated measure of self-concealment. The OCD group reported higher levels of self-concealment than the control group, and this difference remained significant after controlling for group differences in anxiety, depression, and stress symptoms. Among the OCD group, self-concealment was significantly related to OCD severity, though only for some symptom dimensions. Specifically, self-concealment was associated with symptoms pertaining to unacceptable thoughts, fears of being responsible for harm and symmetry/ordering, but not contamination symptoms. In addition, OCD participants with higher levels of self-concealment reported more negative attitudes about seeking professional help and lower levels of expected benefits of receiving cognitive behavioral therapy for their OCD. Clinical implications and future directions are discussed.

1. Introduction

Obsessive-compulsive disorder (OCD) is estimated to affect more than 2% of the population (Ruscio, Stein, Chiu, & Kessler, 2010) and can be disabling when severe (Steketee, 1997). OCD is characterized by intrusive thoughts, images, or urges (obsessions) which are experienced as being unwanted and cause anxiety or distress (APA, 2013). The contents of obsessions are often extremely unpleasant; for example obsessions can include unwanted sexual thoughts, fears of being responsible for deadly accidents, and thoughts of acting on a violent impulse to deliberately harm someone. In addition to provoking anxiety, OCD symptoms are also associated with feelings of guilt and shame (Frost, Steketee, Cohn, & Griess, 1994; Shapiro & Stewart, 2011), and many OCD sufferers fear that other people will judge them for being dangerous or mentally ill based on the content of their symptoms (Rachman, 1997).

Not surprisingly, individuals with OCD are often reluctant to disclose the content and frequency of their obsessions. Newth and Rachman (2001) articulated a theoretical model in which the concealment of obsessions contributes to the development and maintenance of OCD by reinforcing the notion that such thoughts are significant and by preventing the individual from receiving corrective information about the normalcy of intrusive thoughts. In an empirical test of this idea, Bouman (2003) experimentally manipulated concealment in a study of nonclinical participants by instructing some participants to avoid talking about a certain topic during an interview with a confederate. Compared to those not instructed to conceal, participants in the concealment condition engaged in more thought suppression and experienced more distress during the task (Bouman, 2003). In addition, self-concealment may complicate OCD treatment, particularly with cognitive-behavioral therapy (CBT), which typically requires patients to disclose the contents of their thoughts as part of treatment. For example, in CBT consisting of exposure and response prevention (EX/RP; recommended as a first-line treatment in practice guidelines, Koran & Simpson, 2013; NICE, 2013) patients typically

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Table 1
Demographic and clinical characteristics for the OCD-identified (n=115) and unscreened community (n=513) groups.

Variable	OCD	Control	Test of the difference	Effect Size
Demographic characteristics				
Mean age (SD)	37.96 (12.91)	36.40 (10.78)	$t(150.04)^a = 1.21$, $p = .23$	$d = .13$
No. Female (%)	92 (80.7%)	323 (63.1%)	$\chi^2(1) = 12.95$, $p < .001$	$\Phi = .14$
No. non-Hispanic White (%)	97 (84.3%)	413 (80.8%)	$\chi^2(1) = .77$, $p = .38$	$\Phi = .04$
Clinical characteristics				
DOCS-Total	29.84 (15.14)	11.62 (10.84)	$t(136.19)^a = 12.02$, $p < .001$	$d = 1.38$
DOCS-Contamination	6.05 (5.84)	2.83 (3.2)	$t(128.6)^a = 5.70$, $p < .001$	$d = .68$
DOCS-Responsibility	8.67 (5.22)	3.04 (3.44)	$t(135.9)^a = 10.98$, $p < .001$	$d = 1.27$
DOCS-Unacceptable Thoughts	8.89 (5.83)	2.97 (3.56)	$t(132.49)^a = 10.42$, $p < .001$	$d = 1.23$
DOCS-Symmetry	5.75 (5.28)	2.76 (3.45)	$t(135.37)^a = 5.77$, $p < .001$	$d = .67$
SCS	33.46 (9.80)	26.9 (9.99)	$t(626) = 6.38$, $p < .001$	$d = .66$
DASS-Depression	17.07 (11.77)	9.34 (10.34)	$t(147.64)^a = 6.38$, $p < .001$	$d = .70$
DASS-Anxiety	14.75 (10.10)	7.18 (8.73)	$t(141.97)^a = 7.2$, $p < .001$	$d = .80$
DASS-Stress	21.28 (9.52)	12.19 (9.56)	$t(612) = 9.01$, $p < .001$	$d = .95$

Note. Effect sizes are phi (Φ) for chi square and Cohen's *d* for *t*-tests; DOCS=Dimensional Obsessive Compulsive Scale; SCS=Self-Concealment Scale; DASS=Depression Anxiety Stress Scales.

[a] Degrees of freedom adjusted due to unequal variances.

disclose their obsessions so that they can be organized into a hierarchy and subsequently confronted in exposure practices. Patients who wish to conceal their thoughts may find this treatment challenging and clinical reports have documented how difficulty disclosing information can be a complicating factor in OCD treatment (Bram & Björgvinsson, 2004; Newth & Rachman, 2001; Nymberg & Van Noppen, 1994; Williams, Chambless, & Steketee, 1998).

To date, much of the work conducted on concealment in OCD has specifically focused on the concealment of obsessions. Yet, the tendency to conceal personal information has been thought of as a broader construct and one in which individuals differ (with some individuals being more comfortable with self-disclosure and others tending towards concealment). So-called dispositional self-concealment has been conceptualized as a general and stable behavioral tendency to keep distressing and potentially embarrassing personal information from others (Larson & Chastain, 1990; Larson, Chastain, Hoyt, & Ayzenberg, 2015). Research has linked self-concealment to negative health outcomes including several forms of psychopathology, such as depression (Constantine, Okazaki, & Utsey, 2004; Wei, Russell, & Zakalik, 2005), suicidal behaviors (Friedlander, Nazem, Fiske, Nadorff, & Smith, 2012), social anxiety (Rodebaugh, 2009), and eating disorders (Evans & Wertheim, 2002; Masuda, Boone, & Timko, 2011). Self-concealment has also been found to be of clinical importance in terms of psychological treatment, with several studies finding an association between greater self-concealment and negative attitudes towards seeking professional help for a mental illness (Nam et al., 2013).

This brief report aimed to present an initial investigation into the potential relationship between the tendency towards self-concealment and OCD. We administered measures of self-concealment and OCD symptoms to a group of individuals who self-identified as having OCD and a large sample of unscreened community adult controls in order to test the hypothesis that individuals with OCD endorse heightened levels of self-concealment. As OCD is a heterogeneous disorder with multiple dimensions of symptoms, we also sought to investigate the relationship between self-concealment and specific OCD symptoms, to test the possibility that self-concealment may be more relevant for some OCD presentations than others. Therefore we employed a dimensional measure of OCD symptoms assessing the four most consistently reported symptom domains (contamination/cleaning, fears of being responsible for harm, unacceptable taboo thoughts, and symmetry/exactness concerns; Abramowitz et al., 2010). Finally, we examined the potential clinical relevance of self-concealment to OCD treatment. In line with previous reports in non-OCD samples, we hypothesized that greater self-concealment would be associated with more negative attitudes towards seeking psychological help among individuals with OCD. In addition, we also sought to explore whether individuals with a greater tendency towards self-concealment would find CBT consisting of EX/RP to be less credible and to expect it to be less helpful.

2. Method

2.1. Participants

In total, 628 adults participated in the present study. The unscreened community group consisted of 513 US residents (63.1% female) who were recruited through the Amazon Mechanical Turk marketplace. This group had a mean age of 36.4 years ($SD = 10.78$, range 18–73) and the ethnic composition was as follows: 80.8% non-Hispanic White, 6.1% African American, 8.2% Hispanic, 3.1% Asian/Pacific Islander, .8% American Indian/Alaskan Native, and 1% "other." The OCD group consisted of 92 women and 22 men (total $N = 115$, one participant did not report a gender) with a mean age of 37.96 years ($SD = 12.91$, range 18–82). This group was 84.3% non-Hispanic White, 7.8% Hispanic, 5.2% Asian/Pacific Islander, and 2.6% "other." Demographics are shown in Table 1.

2.2. Procedure

Both groups of participants completed the study measures as part of an online survey. Responses were collected using Qualtrics, an online survey development tool. Unscreened participants from the community were recruited through Amazon Mechanical Turk, an online marketplace that connects eligible participants with research studies that is increasingly being used in psychological research (Buhrmester, Kwang, & Gosling, 2011). These participants were offered monetary compensation to complete the study measures. The OCD group was recruited through websites, social media groups, and web forums for individuals who self-identify as having OCD. The survey was open to all individuals who chose to participate and were at least 18 years old. Full details of the recruitment materials and sources are available upon request from the authors. These participants completed the survey in exchange for entry into a raffle for a $50 gift card. The study was reviewed and approved by the University IRB. Statistical analyses were run using IBM SPSS (Version 23).