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The Relationship Between Emotion Suppression and Obsessive-Compulsive Disorder: The Mediating Role of Mindfulness

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ABSTRACT

This study aimed to investigate the relationship between emotion suppression and obsessive-compulsive disorder (OCD) symptoms, with mindfulness as a mediating variable in a non-clinical adult population. The research employed a descriptive correlational design. A total of 390 adult participants from Tehran were selected based on the Morgan and Krejcie sampling table using convenience sampling. Standardized self-report measures were used, including the Emotion Regulation Questionnaire (ERQ) for emotion suppression, the Five Facet Mindfulness Questionnaire (FFMQ) for mindfulness, and the Obsessive-Compulsive Inventory-Revised (OCI-R) for OCD symptoms. Data were analyzed using SPSS-27 for descriptive statistics and Pearson correlations, and AMOS-21 for structural equation modeling (SEM) to test the hypothesized mediation model. Descriptive results indicated moderate levels of emotion suppression (M = 18.74, SD = 4.89), average to high levels of mindfulness (M = 123.61, SD = 15.43), and elevated but non-clinical levels of OCD symptoms (M = 34.25, SD = 8.76). Emotion suppression was positively correlated with OCD symptoms ($r = .52$, $p < .001$), while mindfulness was negatively correlated with both emotion suppression ($r = -.46$, $p < .001$) and OCD symptoms ($r = -.48$, $p < .001$). The SEM analysis demonstrated good model fit ($\chi^2/df = 2.19$, RMSEA = 0.056, CFI = 0.95), and confirmed that mindfulness significantly mediated the relationship between emotion suppression and OCD symptoms. The indirect effect was statistically significant ($\beta = 0.16$, $p < .001$), indicating partial mediation. The findings suggest that mindfulness plays a protective and mediating role in the relationship between emotion suppression and OCD symptoms. Enhancing mindfulness may reduce the psychological impact of maladaptive emotion regulation strategies and serve as a valuable target in preventive and therapeutic interventions for OCD.

Keywords: Emotion suppression; Obsessive-compulsive disorder; Mindfulness; Mediation; Structural equation modeling.

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Introduction

Obsessive-Compulsive Disorder (OCD) is a chronic and debilitating mental health condition characterized by intrusive thoughts (obsessions) and repetitive behaviors (compulsions) aimed at reducing distress or preventing feared outcomes. The disorder not only imposes a substantial psychological burden on affected individuals but also disrupts functioning across personal, social, and occupational domains (1, 2). Recent epidemiological and clinical findings indicate that OCD is often underdiagnosed and misrepresented in media, which can distort public perceptions and hinder timely treatment (3, 4).

Over the past two decades, there has been a growing emphasis on understanding the emotional and cognitive processes underlying OCD, beyond its behavioral manifestations. One critical yet understudied factor is emotion regulation, particularly the use of maladaptive strategies such as emotion suppression. Emotion suppression, defined as the conscious inhibition of emotional expression, has been linked to increased physiological arousal and the persistence of negative affect (5). In individuals with OCD, chronic use of suppression may intensify internal distress, reinforcing obsessive thinking and compulsive behaviors (6). Research by Wang et al. (7) has highlighted that suppression, alongside rumination and negative affect, mediates the impact of cognitive disruptions such as mind-wandering on OCD symptomatology.

Parallel to the discourse on emotion regulation, the concept of mindfulness has gained substantial traction in OCD research. Mindfulness, defined as the non-judgmental awareness of the present moment, offers a counterpoint to suppression by promoting acceptance of distressing thoughts rather than avoidance or control (8). The Five Facet Mindfulness model, in particular, has been instrumental in assessing mindfulness as a multi-dimensional construct with therapeutic implications. Evidence suggests that higher trait mindfulness is associated with reduced symptom severity in OCD patients (9, 10). Moreover, mindfulness-based interventions, such as Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR), have demonstrated efficacy in reducing OCD symptoms by improving emotional regulation and cognitive flexibility (5, 11).

The relationship between mindfulness and emotion suppression is particularly significant when considering the cognitive-affective dynamics of OCD. Several studies suggest that mindfulness may serve as a protective factor, mitigating the negative impact of suppression by fostering emotional awareness and self-regulation (12). Almeida and Oliveira (13) emphasize that cultivating mindfulness may interrupt the compulsive cycle by weakening the cognitive fusion between thoughts and actions. In this regard, mindfulness not only reduces experiential avoidance but also enhances tolerance of uncertainty, a central vulnerability in OCD (14).

Additionally, recent integrative models propose that mindfulness can act as a mediating variable that attenuates the relationship between maladaptive emotion regulation strategies and psychopathological symptoms. Moghadam et al. (15) conducted a comparative study and found that integrated schema therapy combined with mindfulness techniques significantly reduced OCD symptoms, more so than schema or cognitive-behavioral interventions alone. This supports the proposition that mindfulness has both direct and indirect effects on OCD symptom reduction.

The neurocognitive mechanisms underlying this relationship are also receiving attention. Neurodevelopmental frameworks have highlighted the disrupted sense of agency and overactivation of error-monitoring networks in OCD, which may be exacerbated by emotion suppression (16). In contrast, mindfulness practices appear to modulate these neural pathways by increasing prefrontal cortex activation

and improving executive control over intrusive cognitions (17). This neuroscientific perspective aligns with behavioral findings suggesting that mindfulness can weaken obsessive ideation and diminish compulsive rituals through enhanced self-awareness and reduced emotional reactivity (18).

Clinical findings further support the potential mediating role of mindfulness in this context. For example, a study by Khanghah and Samkhaniani (19) comparing CBT and mindfulness-based interventions for relational OCD found that mindfulness-based approaches were more effective in reducing fear of intimacy and obsessional thoughts. Similarly, Mohammadnejad et al. (20) reported that mindfulness-based cognitive-behavioral therapy significantly reduced both OCD and depressive symptoms among women, outperforming exposure and response prevention (ERP). These findings highlight the capacity of mindfulness to address the emotional underpinnings of OCD, including emotion suppression.

The present study builds upon this growing body of literature by examining the mediating role of mindfulness in the relationship between emotion suppression and obsessive-compulsive disorder. While suppression has been extensively studied in relation to anxiety and depression, its specific contribution to OCD remains less understood, particularly in non-clinical populations (6). Additionally, though mindfulness has been shown to predict reduced OCD symptom severity, fewer studies have explored its potential as a mediating mechanism between emotional regulation deficits and obsessive-compulsive symptomatology (21).

This study aims to address these gaps by employing a structural equation modeling (SEM) approach to test a conceptual model in which mindfulness mediates the effect of emotion suppression on OCD symptoms. This approach is informed by prior empirical work highlighting the complexity of interactions among affect regulation, cognitive distortions, and metacognitive awareness (2, 22). It also aligns with contemporary theoretical perspectives that position OCD as a disorder rooted in both affective dysregulation and cognitive inflexibility (1, 12).

Furthermore, the study contributes to a more nuanced understanding of the role of culture and context. The participants in this study are drawn from Tehran, a cultural context where emotional expression may be more constrained due to sociocultural norms, potentially leading to higher reliance on suppression as a coping mechanism. Research indicates that in such settings, mindfulness may serve a compensatory role, providing individuals with adaptive tools for emotional processing and self-regulation (5, 20). This adds an important cross-cultural dimension to the investigation.

In summary, the current research seeks to explore the mediating role of mindfulness in the link between emotion suppression and OCD symptoms. Grounded in a robust theoretical and empirical framework, the study hypothesizes that: (1) emotion suppression is positively associated with OCD symptoms; (2) mindfulness is negatively associated with both emotion suppression and OCD symptoms; and (3) mindfulness mediates the relationship between emotion suppression and OCD symptoms.

Methods and Materials

Study Design and Participants

This study employed a descriptive correlational design to examine the relationship between emotion suppression and obsessive-compulsive disorder (OCD), considering mindfulness as a potential mediating variable. The target population consisted of adult individuals residing in Tehran. Based on Morgan and

Krejcie's (1970) sample size determination table, a sample of 390 participants was considered sufficient for correlational analyses. Participants were selected using convenience sampling from public spaces, educational institutions, and counseling centers. All participants voluntarily completed standardized self-report questionnaires after providing informed consent. Inclusion criteria included being over 18 years old and possessing the ability to understand and respond to written items. Exclusion criteria involved current psychiatric treatment for severe disorders that could confound the results.

Data Collection

To measure the severity of Obsessive-Compulsive Disorder (OCD) symptoms, the study employed the Obsessive-Compulsive Inventory-Revised (OCI-R) developed by Foa et al. (2002). The OCI-R is an 18-item self-report instrument that evaluates OCD-related symptoms across six subscales: Washing, Checking, Ordering, Obsessing, Hoarding, and Neutralizing. Each item is rated on a 5-point Likert scale ranging from 0 ("Not at all") to 4 ("Extremely"), with total scores ranging from 0 to 72. Higher scores indicate more severe obsessive-compulsive symptoms. The OCI-R has demonstrated high internal consistency (Cronbach's alpha > 0.85 for subscales and total score) and strong test-retest reliability. Its validity has been confirmed through correlations with clinician-rated OCD severity measures in both clinical and non-clinical populations.

Emotion suppression was assessed using the Emotion Regulation Questionnaire (ERQ) developed by Gross and John (2003). This 10-item self-report scale measures two emotion regulation strategies: cognitive reappraisal (6 items) and expressive suppression (4 items). For the purpose of this study, only the expressive suppression subscale was used. Participants rate items on a 7-point Likert scale ranging from 1 ("Strongly disagree") to 7 ("Strongly agree"), with higher scores on the suppression subscale indicating greater tendency to suppress emotional expression. The ERQ has shown acceptable reliability, with Cronbach's alpha for the suppression subscale typically exceeding 0.75. Validity studies have confirmed the scale's factor structure and its predictive utility in emotion-related behavioral outcomes across diverse populations.

Mindfulness was measured using the Five Facet Mindfulness Questionnaire (FFMQ) developed by Baer et al. (2006). The FFMQ is a 39-item self-report measure that assesses five core components of mindfulness: Observing, Describing, Acting with Awareness, Nonjudging of Inner Experience, and Nonreactivity to Inner Experience. Items are rated on a 5-point Likert scale from 1 ("Never or very rarely true") to 5 ("Very often or always true"). Each subscale provides insight into different dimensions of mindfulness, and total scores reflect overall mindfulness capacity. The FFMQ has demonstrated strong psychometric properties, including good internal consistency (Cronbach's alpha ranging from 0.72 to 0.92 across subscales) and confirmed construct validity in both clinical and general populations.

Data analysis

Data analysis was conducted using SPSS version 27 and AMOS version 21. Descriptive statistics (means, standard deviations, frequencies, and percentages) were calculated to describe the sample characteristics. Pearson correlation coefficients were used to assess the bivariate relationships between obsessive-compulsive symptoms and the independent variables (emotion suppression and mindfulness). Structural Equation Modeling (SEM) was applied to test the hypothesized mediation model, examining both direct and

indirect effects. Model fit was evaluated using standard indices including the Chi-square test, Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), and Tucker-Lewis Index (TLI).

Findings and Results

The final sample consisted of 390 participants, of whom 223 (57.18%) were female and 167 (42.82%) were male. The participants' age ranged from 19 to 49 years (M = 28.47, SD = 6.91). Regarding educational attainment, 28 participants (7.18%) held a high school diploma, 134 (34.36%) had an associate or bachelor's degree, and 228 (58.46%) had a master's degree or higher. In terms of marital status, 243 (62.31%) were single, 134 (34.36%) were married, and 13 (3.33%) were divorced or widowed. Employment status showed that 156 (40.00%) were employed, 114 (29.23%) were students, and 120 (30.77%) were unemployed or homemakers.

Table 1. Means and Standard Deviations of Research Variables (N = 390)

Variable	Mean (M)	Standard Deviation (SD)
Emotion Suppression	18.74	4.89
Mindfulness	123.61	15.43
Obsessive-Compulsive Symptoms	34.25	8.76

Table 1 displays the descriptive statistics for the three main research variables. Participants reported a mean score of 18.74 (SD = 4.89) for emotion suppression, indicating a moderate use of this emotion regulation strategy. The mean score for mindfulness was 123.61 (SD = 15.43), suggesting an average to above-average level of trait mindfulness in the sample. The mean score for obsessive-compulsive symptoms was 34.25 (SD = 8.76), which is consistent with non-clinical but elevated levels of symptom expression.

Prior to conducting Pearson correlation and SEM analyses, all statistical assumptions were assessed and met. Normality was examined using skewness and kurtosis values for each variable, which ranged from −0.89 to +0.74 and −0.92 to +1.16, respectively, indicating acceptable normal distribution. The absence of multivariate outliers was confirmed using Mahalanobis distance ($p > .001$). Linearity was checked via scatterplots and demonstrated linear relationships between the variables. Homoscedasticity was also confirmed by visual inspection of residual plots. Multicollinearity was not a concern, as Variance Inflation Factor (VIF) values ranged from 1.12 to 1.67, all well below the cutoff of 5.0. These results ensured the suitability of the data for both correlational analysis and structural equation modeling.

Table 2. Pearson Correlation Coefficients and Significance Levels Between Variables

Variable	1	2	3
1. Emotion Suppression	—		
2. Mindfulness	−.46** (p<.001)	—	
3. OCD Symptoms	.52** (p<.001)	−.48** (p<.001)	—

As shown in Table 2, emotion suppression was positively and significantly correlated with obsessive-compulsive symptoms ($r = .52$, $p < .001$), indicating that higher suppression is associated with greater OCD symptom severity. Mindfulness was negatively correlated with both emotion suppression ($r = −.46$, $p < .001$) and OCD symptoms ($r = −.48$, $p < .001$). These results support the hypothesized relationships and suggest that mindfulness may play a buffering role in the link between suppression and OCD pathology.

Table 3. Goodness-of-Fit Indices for the Structural Equation Model

Fit Index	Value	Threshold Criteria
χ^2	184.32	—
df	84	—
χ^2/df	2.19	< 3.00
GFI	0.93	≥ 0.90
AGFI	0.90	≥ 0.90
CFI	0.95	≥ 0.90
TLI	0.94	≥ 0.90
RMSEA	0.056	≤ 0.08

As illustrated in Table 3, the model showed an acceptable to good fit. The chi-square value was 184.32 with 84 degrees of freedom, resulting in a χ^2/df ratio of 2.19, which is within the acceptable range. Additional fit indices also met recommended thresholds: GFI = 0.93, AGFI = 0.90, CFI = 0.95, TLI = 0.94, and RMSEA = 0.056. These values indicate that the proposed model fits the observed data well and can be interpreted with confidence.

Table 4. Standardized and Unstandardized Path Coefficients (Direct, Indirect, and Total Effects)

Path	b	S.E	Beta	p
Emotion Suppression → OCD	0.63	0.08	0.42	<.001
Emotion Suppression → Mindfulness	−1.72	0.23	−0.46	<.001
Mindfulness → OCD	−0.41	0.06	−0.34	<.001
Emotion Suppression → OCD (Total)	0.87	0.09	0.58	<.001
Emotion Suppression → OCD (Indirect via Mindfulness)	0.24	0.05	0.16	<.001

Table 4 summarizes the path coefficients derived from the structural model. The direct effect of emotion suppression on OCD symptoms was significant ($\beta = 0.42$, $p < .001$), as was its negative effect on mindfulness ($\beta = -0.46$, $p < .001$). Mindfulness, in turn, had a significant negative effect on OCD symptoms ($\beta = -0.34$, $p < .001$). The total effect of suppression on OCD ($\beta = 0.58$, $p < .001$) includes a significant indirect effect mediated by mindfulness ($\beta = 0.16$, $p < .001$). These findings confirm the mediating role of mindfulness and indicate that it partially accounts for the relationship between suppression and obsessive-compulsive symptoms.

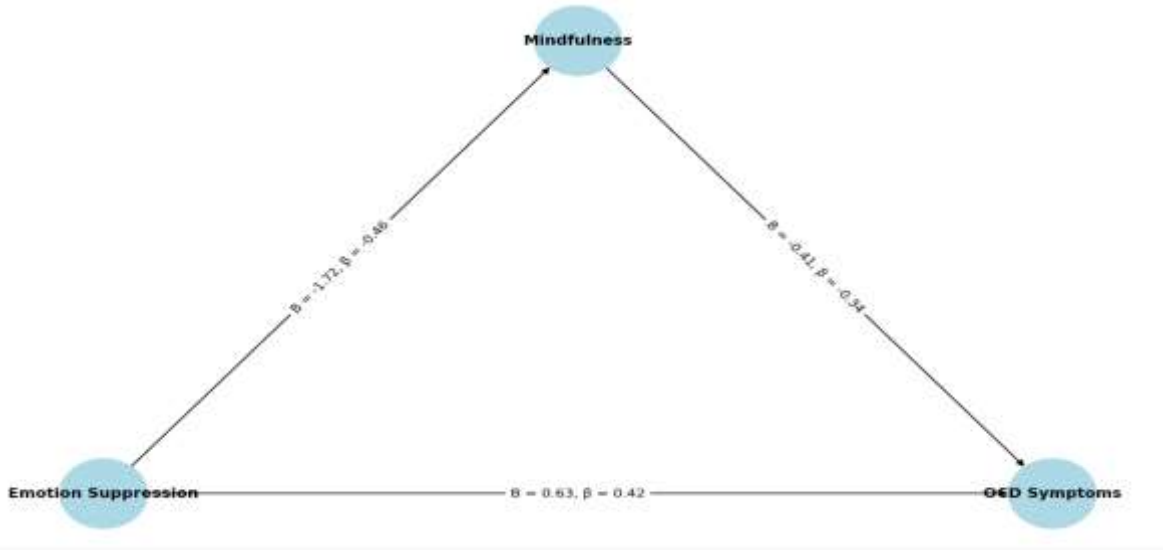

Figure 1. Final Model of the Study

Discussion and Conclusion

The present study aimed to examine the relationship between emotion suppression and obsessive-compulsive disorder (OCD), with mindfulness as a mediating variable. The findings revealed a significant positive correlation between emotion suppression and OCD symptoms, suggesting that individuals who habitually suppress their emotions are more likely to experience obsessive thoughts and compulsive behaviors. Additionally, mindfulness showed a significant negative relationship with both emotion suppression and OCD symptoms. Structural Equation Modeling (SEM) further confirmed that mindfulness partially mediated the relationship between emotion suppression and OCD symptoms, indicating that higher mindfulness may buffer the adverse effects of suppression on obsessive-compulsive tendencies.

The significant positive correlation between emotion suppression and OCD symptoms aligns with a growing body of research indicating that maladaptive emotion regulation strategies contribute to the development and maintenance of anxiety-related disorders, including OCD (5, 12). Emotion suppression, as a response-focused strategy, prevents emotional experiences from being processed effectively, leading to heightened internal distress and cognitive rigidity. These conditions are fertile ground for the emergence of obsessive thinking and compulsive behaviors. Wang et al. (7) highlighted that suppression contributes to a cycle of negative affect and rumination, both of which are recognized as amplifiers of OCD symptoms.

Furthermore, the results revealed a strong negative correlation between mindfulness and both emotion suppression and OCD symptoms. This finding supports the theoretical proposition that mindfulness fosters a non-judgmental awareness of thoughts and feelings, which can undermine the need for suppression and reduce the salience of intrusive thoughts (8, 9). Individuals with higher mindfulness are more likely to accept their internal experiences without resorting to avoidance strategies such as suppression. This process decreases reactivity to intrusive cognitions and enhances psychological flexibility, both of which are crucial in mitigating obsessive-compulsive symptoms.

The mediating role of mindfulness identified in this study is particularly noteworthy. It confirms previous findings suggesting that mindfulness does not merely serve as a protective factor against psychopathology but also operates as an active mechanism that transforms how individuals relate to their thoughts and

emotions (11, 13). The mindfulness construct, particularly facets like “acting with awareness” and “nonjudging of inner experience,” may directly oppose the cognitive tendencies that underlie OCD, such as thought-action fusion and intolerance of uncertainty (14). Thus, mindfulness can serve as an antidote to the harmful cycle of suppression and compulsivity by fostering cognitive de-centering and emotional resilience.

In support of these interpretations, several previous studies have demonstrated the efficacy of mindfulness-based interventions in reducing OCD symptoms. For example, Mohammadnejad et al. (20) found that Mindfulness-Based Cognitive Behavioral Therapy (MBCBT) was significantly more effective than traditional exposure and response prevention (ERP) in alleviating symptoms of OCD and comorbid depression among women. Similarly, Khanghah and Samkhaniani (19) reported that mindfulness-based therapy was superior to cognitive-behavioral therapy in reducing relational obsessive-compulsive symptoms and fear of intimacy. These findings reinforce the therapeutic potential of mindfulness in OCD treatment and suggest its underlying mechanism may involve the disruption of maladaptive emotional suppression patterns.

Moreover, the current findings are consistent with the neurocognitive models of OCD, which posit that intrusive thoughts are exacerbated by hyperactive monitoring systems and diminished emotional regulation capabilities (16). Emotion suppression is likely to heighten this dysregulation, while mindfulness can enhance top-down control through improved executive functioning and attentional regulation (17). From a neurodevelopmental perspective, mindfulness may recalibrate the brain’s default mode and salience networks, thereby reducing the frequency and emotional intensity of obsessions and compulsions.

The study also finds indirect support from research on the broader psychological impacts of OCD. Jansen et al. (1) and El-Gawad et al. (22) have emphasized that OCD symptoms are associated not only with intrusive cognitions but also with social and emotional impairments. These impairments may be aggravated by suppression, which inhibits emotional expression and interpersonal connection. Mindfulness, by contrast, facilitates emotional openness and self-awareness, potentially restoring social functioning and self-efficacy, as demonstrated by Ebrahem et al. (18) in their study of nursing students during the COVID-19 pandemic.

Interestingly, the findings resonate with emerging cultural and media critiques of OCD representations. Yani and Samanik (4) and K. (3) pointed out that the public often misconstrues OCD as mere ritualistic behavior, overlooking the emotional distress and regulatory dysfunction that drive compulsive actions. This misunderstanding can discourage individuals from seeking treatment and contribute to the normalization of suppression as a coping strategy. The current study helps counter this misconception by foregrounding the role of emotion regulation and mindfulness in the lived experience of OCD.

Moreover, the mediating role of mindfulness supports the findings of Mohamed and Ahmed (6), who explored mind-wandering and self-regulation in OCD, and demonstrated that self-regulatory mechanisms significantly moderate obsessive-compulsive vulnerability. Our results expand on their findings by positioning mindfulness as both a form of self-regulation and a mediating bridge between suppression and psychopathology. Furthermore, the work of Shitole and Thakkar (10) among occupational therapy students confirms that even subclinical OCD symptoms are associated with lower mindfulness, suggesting the relevance of these findings in both clinical and educational settings.

Moghadam et al. (15) also found that integrating mindfulness into schema therapy significantly reduced OCD symptoms more than schema or cognitive therapy alone. This reinforces the conclusion that

mindfulness plays a critical role in weakening the cognitive and emotional drivers of obsessive-compulsive pathology. The integrative approach is particularly relevant given the multifactorial etiology of OCD, involving affective, cognitive, behavioral, and neurobiological domains.

Finally, the work of Li et al. (21) on misconceptions about OCD reinforces the importance of psychological education and therapeutic reframing. Suppression is often perceived as a strength in many cultures, including in the Iranian context where emotional restraint is socially reinforced. This cultural inclination can mask early signs of OCD and delay intervention. Incorporating mindfulness-based awareness training in mental health education may help shift these norms and promote healthier emotional coping strategies.

Despite the valuable insights offered by this study, several limitations must be acknowledged. First, the study employed a cross-sectional design, which limits causal inferences. While the SEM model provides evidence of mediation, longitudinal or experimental designs are necessary to confirm the temporal sequencing of suppression, mindfulness, and OCD symptoms. Second, the reliance on self-report questionnaires may introduce response biases, including social desirability or self-awareness limitations. Third, the sample was drawn entirely from Tehran, which may restrict the generalizability of the findings to broader or more diverse populations. Additionally, the sample consisted of adults from a non-clinical population, and findings may not directly extend to individuals with clinically diagnosed OCD.

Future studies should explore the identified relationships using longitudinal methodologies to assess how changes in mindfulness and emotion regulation influence the progression or reduction of OCD symptoms over time. It would also be valuable to investigate how different facets of mindfulness—such as “acting with awareness” or “nonjudging”—differentially mediate the suppression-OCD link. Research should aim to replicate these findings in clinical populations and across various cultural settings to enhance external validity. Additionally, experimental intervention studies comparing mindfulness-based treatments with other emotion-focused therapies could further clarify the unique mechanisms through which mindfulness reduces obsessive-compulsive symptoms.

The findings of this study have important implications for mental health professionals. Clinicians should assess for emotion suppression tendencies in individuals presenting with obsessive-compulsive symptoms and consider incorporating mindfulness-based strategies as part of the therapeutic plan. Training clients in mindfulness may reduce their reliance on suppression and enhance emotional resilience. Psychoeducational programs in schools, universities, and workplaces could also integrate mindfulness training to support broader emotional well-being and prevent the escalation of subclinical OCD symptoms. Finally, increasing public awareness about the emotional dimensions of OCD may encourage earlier help-seeking and reduce the stigma associated with the disorder.

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Authors’ Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Written consent was obtained from all participants in the study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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