

**RELATIONSHIP OF SAVORING AND GRATITUDE WITH LIFE
SATISFACTION AMONG INDIVIDUALS SUFFERING FROM OBSESSIVE
COMPULSIVE AND RELATED DISORDERS: MEDIATING ROLE OF SELF-
COMPASSION**



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2025

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ROLE OF SELF-COMPASSION**

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By

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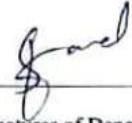


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DECLARATION

I, **Ms. SADAF RAHIM**, Registration No. **487-FSS/MSCP/F23** student of MS in the subject of Psychology, session **2023-2025**, hereby declare that the matter printed in the thesis titled: Relationship of Savoring and Gratitude with Life Satisfaction among individuals suffering from Obsessive Compulsive and related disorders: Mediating role of Self-Compassion is my own work and has not been printed, published and submitted as research work, thesis or publication in any form in any University, Research Institution etc in Pakistan or abroad.


Signatures of Deponent

10-12-2025

Dated:

RESEARCH COMPLETION CERTIFICATE

Certified that the research work contained in this thesis titled: **Relationship of Savoring and Gratitude with Life Satisfaction Among Individuals suffering from Obsessive Compulsive and related Disorders: Mediating role of Self Compassion** has been carried out and completed by Ms. Sadaf Rahim, Registration No. **487-FSS/MSCP/F23** under my supervision.

10-12-2025

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Dedication

To my beloved parents, whose enduring support, profound guidance, and countless sacrifices have been the cornerstone of my academic and personal growth. Their enduring belief in my abilities has fueled my determination and perseverance throughout this journey. I extend my heartfelt gratitude to my respected supervisor Dr. Rabia Mushtaq, whose invaluable guidance, encouragement, and expertise have significantly shaped the quality and direction of this work.

I also dedicate this research to my youngest sister Sabahat Rahim, whose warmth and positivity have been a constant source of encouragement, and to my friends, whose understanding, motivation, and companionship have enriched this scholarly pursuit.

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List of Abbreviations

APA	American Psychological Association
WHO	World Health Organization
DSM	Diagnostic and Statistical Manual of Mental Disorders
SPSS	Statistical Package for Social Sciences
SBI	Savoring Belief Inventory
SWLS	Satisfaction with Life Scale
GQ-6	Gratitude Questionnaire -6

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Abstract

This study examined the relationship of savoring and gratitude with life satisfaction among individuals suffering from Obsessive-Compulsive and Related Disorders (OCDs). In addition present study also measured the mediating role of self-compassion in the relationship of savoring, gratitude and life satisfaction. A cross-sectional, correlational design was employed, and data was collected from 120 individuals suffering from obsessive compulsive and related disorders from clinical settings across Rawalpindi, Islamabad, and Swat. Participants were initially screened out on the basis of their scores on Obsessive-Compulsive Symptoms Checklist (Dawood, 2013). After screening, participants completed standardized measures including the Savoring Beliefs Inventory (Bryant, 2003), the Gratitude Questionnaire-6 (Zoaib & Batool, 2020), the Satisfaction with Life Scale (Butt et al., 2014), and Self-Compassion Scale-Short Form (Imtiaz, 2012). Results revealed significant negative relationship of Obsessive Compulsive symptoms with savoring, gratitude, self-compassion, and life satisfaction, indicating that high symptoms of OCD were associated with lower levels of savoring, gratitude, self-compassion, and life satisfaction. Regression analyses showed that savoring ($\beta = .817, p < .001$) and gratitude ($\beta = .849, p < .001$) were strong independent predictors of life satisfaction and explained 66 % and 72 % of the variance respectively. Mediation analyses further indicated that self-compassion partially mediated the relationship of savoring and gratitude with life satisfaction, suggesting that these positive psychological constructs enhance well-being both directly and indirectly through increased self-compassion. These findings highlight the clinical relevance of integrating strength-based interventions such as savoring techniques, gratitude exercises, and self-compassion training into the treatment of Obsessive Compulsive and related disorders. By addressing not only symptom reduction but also the cultivation of positive psychological

resources, clinicians may foster life satisfaction among individuals with Obsessive Compulsive and related Disorders. Limitations include the cross-sectional design and reliance on self-report measures, highlighting the need for future longitudinal and experimental research. Overall, this study contributes to a growing body of evidence supporting the application of positive psychology principles for treatment/ reduction of mental illness among clinical populations.

Keywords: *Savoring, Gratitude, Self-Compassion, Life Satisfaction, Obsessive-Compulsive and Related Disorders.*

Introduction

Background of the Study

Obsessive-Compulsive Disorder (OCD) and four associated conditions are classified under a separate category in the DSM-5, known as Obsessive-Compulsive and Related Disorders (APA, 2013). The disorder is characterized by persistent and repetitive behaviors or mental acts. These may present as obsessions, which are intrusive and distressing thoughts, or as compulsions, which are repetitive actions performed to alleviate the anxiety caused by such thoughts or a combination of both (APA, 2004). Research suggests that the lifetime prevalence of OCD ranges from 1.5% to 3.5%, with studies indicating no major gender differences (Crino et al., 2005; Kessler et al., 2005; Ruscio et al., 2010). It is a serious psychiatric condition that causes significant emotional distress, impairs daily functioning, and interferes with both interpersonal and vocational roles (Crino et al., 2005; Veale & Roberts, 2014). The World Health Organization has listed OCD among the top 10 most debilitating conditions based on reduced earnings and diminished well-being. Individuals with OCD frequently experience intense anxiety and depressive symptoms, which further affect their emotional well-being (Marcks et al., 2011; Veale & Roberts, 2014).

A person's overall cognitive evaluation of their life quality is referred to as life satisfaction (Pavot & Diener, 2008). A number of studies indicated that people with mental health conditions often score lower on the Satisfaction with Life Scale (SWLS) than those without such disorders. Arrindell et al. (2001) noted lower SWLS scores among a mixed group of clinical patients, while Jovanović et al. (2020) reported similar findings in individuals facing mental

health challenges. Grabe et al. (2000) also reported that people with OCD exhibited significantly lower life satisfaction in contrast to those without the disorder.

Traditionally, the field of clinical psychology has been dominated by the disease model, which focuses on diagnosing and treating psychological disorders by alleviating symptoms and restoring normal functioning (Seligman & Csikszentmihalyi, 2000). While this approach addresses deficits and dysfunctions, it offers limited insight into factors that promote well-being and personal growth. In contrast, positive psychology shifts the focus from merely treating illness to enhancing human strengths, fostering positive emotions, and promoting overall life satisfaction (Peterson, 2006). Present study aims at aligning the principles of positive psychology by exploring the roles of savoring, gratitude, and self-compassion in enhancing well-being, particularly among individuals suffering from obsessive-compulsive and related disorders. Understanding these positive constructs within this population offers a complementary perspective, focusing not only on reducing distress but also on building psychological resources that foster life satisfaction (Fredrickson, 2001).

Since the emergence of positive psychology, the discipline has rapidly expanded through its investigation of various constructs, including virtues and character strengths (Peterson & Seligman, 2004) and resilience (Fredrickson et al., 2003). The field has also examined methods for enhancing positive outcomes and alleviating distress, such as writing about past positive experiences (Marlo & Wagner, 1999), expressing gratitude (Emmons & McCullough, 2003), applying signature strengths in novel ways (Seligman et al., 2005), and tallying acts of kindness (Otake et al., 2006). Another construct associated with favorable results, and the central subject of this investigation, is referred to as "savoring," a concept introduced by Bryant (1989, 2003).

Savoring is described as an individual's tendency to direct attention toward and derive enjoyment from positive events in the past, present, and future. This trait, which exhibits considerable variation among individuals (Bryant, 1989), represents a form of perceived control over positive emotions, whereby a person voluntarily generates, heightens, or extends their enjoyment of an experience. Bryant identified three dimensions of savoring: anticipating future pleasures, reminiscing about past positive events, and savoring the present moment (Bryant, 2003).

According to research, savoring the moment has a strong positive correlation with positive affect, subjective happiness, and life satisfaction (Hurley & Kwon, 2007). Savoring the present moment has a stronger correlation with positive psychological outcomes, such as increased current happiness, elevated self-esteem, increased frequency of feeling happy, and decreased symptoms of depression, than other aspects of savoring, like anticipation or reminiscence.

Savoring is also closely linked with the experience of gratitude. For instance, an experimental study involving older adults found that savoring life lessons predicted higher life satisfaction, with gratitude functioning as a mediating factor (Bryant et al., 2020). In this context, savoring appears to stimulate grateful emotions, which in turn contribute to greater life satisfaction.

Furthermore, both savoring and life satisfaction are positively correlated with each other and inversely related to stress. These results are consistent with earlier research, which emphasizes that mindful awareness characterized by curiosity and openness can enhance an individual's ability to savor positive experiences across temporal contexts (Bryant & Veroff, 2007; Cheung & Ng, 2020).

Emmons and McCullough (2003) describe gratitude as the acknowledgment of favorable experiences or outcomes in one's life that are credited to the actions of others, regardless of whether they are fully deserved or earned. Individuals high in dispositional gratitude tend to exhibit elevated levels of happiness, optimism, and self-esteem (Kong et al., 2014; McCullough et al., 2004). Experimental manipulations aimed at increasing gratitude have shown effectiveness in enhancing overall life evaluation, positive affect, and subjective quality of life, while simultaneously reducing materialistic tendencies (Lambert et al., 2009; Watkins et al., 2003). Collectively, previous research consistently supports the advantageous outcomes of gratitude on psychological health and broader life appraisal across diverse populations. Although substantial evidence exists for the positive relationship between gratitude and broader life evaluation (Hill & Allemand, 2011; Wood et al., 2008a), most studies have concentrated on gratitude within the context of interpersonal relationships. Findings indicate that gratitude is positively related to contentment in various relational domains, such as family and friendships. For example, Froh et al. (2009) reported significant correlations between gratitude, perceived family and social support, and life evaluation among college students. While much of the existing literature on gratitude and life evaluation is derived from individualistic cultural contexts like the United States, there remains a scarcity of research examining these constructs in collectivist cultures. Some studies have begun to fill this gap, revealing associations between gratitude and team cohesion as well as life evaluation in Taiwanese athletes (Chen et al., 2014), and between gratitude, interpersonal support, academic well-being, and relationship satisfaction in Chinese populations (Chen & Li., 2007; Sun et al., 2014). Nonetheless, research has yet to explore many other life domains in relation to gratitude within collectivist societies.

Treating oneself with empathy, kindness, and consideration when facing challenges or emotional distress is known as self-compassion. According to Neff (2003b), self-compassion is made up of three main parts: mindfulness versus over-identification with negative thoughts and feelings, self-kindness versus self-judgment, and recognition of one's shared humanity versus feelings of loneliness. Higher levels of self-compassion are consistently linked with lower levels of psychopathology, based to a well-established body of research. Self-compassion has been linked with lower levels of stress, anxiety, depression, and suicidal thoughts in both adult and adolescent samples, according to meta-analytical findings with moderate to large negative effect sizes (Ferrari et al., 2019; Hughes et al., 2021; MacBeth & Gumley, 2012; Marsh et al., 2018; Suh & Jeong, 2021). Longitudinal studies further support this relationship. For instance, Stutts et al. (2018) observed that baseline levels of self-compassion predicted lower levels of depression, anxiety, and negative affect after a six-month period. Similarly, Lee et al. (2021) found that greater level of self-compassion over five years were associated with reductions in psychological distress and feelings of loneliness.

When comparing clinical and non-clinical populations, individuals with psychiatric diagnoses such as bipolar disorder, generalized anxiety disorder, drug use disorder, or psychotic symptoms like persecutory delusions tend to exhibit significantly lower levels of self-compassion. Moreover, within clinical populations, self-compassion is linked to the seriousness of psychological feature (Athanasakou et al., 2020). Intervention studies further support these findings. For example, a systematic review by Luo et al. (2021) reported that self-compassion-based treatment significantly decreased PTSD symptoms, while Turk and Waller (2020) demonstrated that self-compassion was related to reduced maladaptive eating behavior and body dissatisfaction, with moderate statistical impact. In addition, a systematic review conducted by

Cleare et al. (2019) provided strong evidence for the inverse relationship between self-compassion and suicidal thoughts and self-injurious behaviors.

There is also substantial evidence supporting the impact of self-compassion in enhancing subjective well being, which is defined as a mental and global assessment of one's life circumstances (Diener et al., 1985). Numerous correlational studies have found a positive relationship between self-compassion and life satisfaction (Neely et al., 2009; Seligowski et al., 2014; Van Dam et al., 2011; Wei et al., 2011). This association has been replicated across diverse cultural contexts, including American, Thai, and Chinese populations (Neff et al., 2008; Yang, 2016). Furthermore, intervention studies have shown that self-compassion training can lead to improvements in life satisfaction (Neff & Germer, 2013).

Savoring

Savoring is generally viewed as a strategy for regulating positive emotions, but it is also regarded as a coping resource that mitigates the negative impact of stress. According to Garnefski et al. (2001), all coping strategies can be considered aspects of emotion regulation; thus, savoring can be conceptualized as serving both regulatory and coping functions. Savoring refers to the ability to evoke, amplify, and prolong positive feelings by concentrating on and valuing enjoyable experiences whether they are recalled from the past (reminiscence), lived in the present (savoring the moment), or anticipated in the future (anticipation) (Bryant & Veroff, 2007). Savoring practices may include both thought-based and behavioral aspects, such as expressing joyful moments with others or preserving memories through activities like taking photographs for later enjoyment.

An individual's dispositional ability to savor has been linked to greater well-being, particularly in stressful contexts (Gentzler et al., 2016).

Bryant (2003) characterizes savoring as a set of intentional strategies aimed at intensifying and prolonging positive emotions. It is considered a controlled strategy that shapes how people emotionally respond to positive events (Jose et al., 2012). The term "savoring" was introduced to describe the active engagement with pleasurable experiences, emphasizing the dynamic interaction between individuals and their environments (Bryant & Veroff, 2007).

Savoring aligns with the goals of positive psychology interventions, as it focuses on strengthening and prolonging positive emotions (Jain et al., 2023). However, it remains a distinct construct, separate from related concepts like mindfulness, meditation, or flow. Bryant and Veroff (2007) emphasize that effective savoring requires the use of mindfulness, focused attention, and meta-awareness to consciously enhance one's positive emotional responses to meaningful experiences. They describe savoring as a sequence of cognitive and regulatory processes, beginning with the awareness of a positive stimulus and followed by intentional responses either cognitive or behavioral that lead to a deepened emotional experience (Bryant & Veroff, 2017; Lauzon & Green Demers, 2020).

Savoring Positive Experiences

The intensity and duration of positive emotional experiences can vary significantly across people. While some are deeply engaged with their positive emotions and able to sustain them over time, others may be less responsive or attuned to such experiences. The concept of savoring reflects the ability to manage and strengthen positive emotions by deliberately focusing on,

valuing, and intensifying pleasurable experiences. Bryant and Veroff (2007) describe it as a construct that highlights this capacity, further supported by later works (Bryant, 2003; Bryant et al., 2011; Smith et al., 2014).

Savoring may occur across three temporal domains: by recalling and reflecting on past joyful events, fully engaging with present-moment pleasures, or anticipating future positive outcomes. Regardless of whether the focus is on the past, present, or future, the process of savoring enhances positive affect in the current moment. Notably, people tend to report greater ability to savor through reminiscing, and relatively less through anticipation (Bryant & Veroff, 2007).

The capacity to savor positive experiences varies across populations. Research indicates that women, compared to men, report significantly higher levels of savoring (Bryant & Veroff, 2007). Cross-cultural investigations further reveal that savoring practices are shaped by cultural norms; for example, Western societies often promote the amplification of positive emotions, whereas many Eastern cultures encourage emotional moderation or restraint (Miyamoto & Ma, 2011). Savoring beliefs, which reflect a person's perceived capacity to intensify and prolong positive emotional experiences, have been found to correlate positively with traits such as extraversion, optimism, strong affective responsiveness, and lower levels of neuroticism and guilt (Bryant, 2003). In contrast, characteristics like perfectionism and Type A impatience are associated with reduced savoring, as they foster unhelpful cognitive tendencies (e.g., kill-joy thinking) and limit practices such as gratitude and creating meaningful memories (Smith & Bryant, 2013).

Moreover, savoring is significantly related to psychological well-being. Individuals who report higher savoring capacities also tend to experience greater happiness, satisfaction with life, and sense of control (Bryant, 2003). These capacities often improve with age, supported by findings that older adults exhibit enhanced emotional regulation abilities (Bryant et al., 2011; Charles & Carstensen, 2009; Gross et al., 1997; Urry & Gross, 2010). Socio-emotional selectivity theory suggest that aging alters emotional priorities; as individuals perceive time as limited, they become increasingly focused on emotionally meaningful goals, leading to a greater emphasis on positive emotions and refined regulatory strategies (Carstensen & Charles, 1998; Charles & Carstensen, 2009).

Effective emotion regulation serves as a foundational component of the savoring process, suggesting that older adults may demonstrate more advanced savoring abilities. While research examining savoring in late adulthood remains limited, available evidence shows that older individuals who hold stronger savoring beliefs report greater recent happiness compared to their counterparts with lower savoring tendencies (Bryant, 2003). These findings underscore the continued significance of savoring in enhancing emotional well-being across the lifespan.

Recent studies show that appreciating positive experiences can be especially helpful for people having few such experiences in their daily lives (Hurley & Kwon, 2013; Jose, Lim et al., 2012). Across a 30-day experience sampling investigation Jose et al. (2012) found that the link between daily positive events and happiness was strongest for those people using fewer savoring techniques. This means that people who did not often savor their experiences felt happier only when they had many positive events. However, those with fewer positive events reported greater subjective well being when they made an effort to savor those moments. Similarly, in a two-

week study, Hurley and Kwon (2013) discovered that the connection between the number of positive moments and psychological well-being such as life satisfaction and positive emotions depended on how well participants could savor the moment. For individuals who were good at savoring, well-being remained high regardless of how many positive experiences they had. On the other hand, people who struggled to savor the moment showed improved well-being only when they had more positive experiences. Together, these findings suggest that the ability to savor is especially important for people who do not frequently experience positive events, as it helps them gain more emotional benefit from the moments they do have.

Levels of Savoring

Savoring can be understood through three interrelated aspects, as outlined by Bryant & Veroff (2007)

1. ***Savoring Experiences.*** Savoring experiences involve consciously directing attention toward the enjoyment and appreciation of positive occurrences. This engagement includes physical sensations, emotions, thoughts, perceptions, and actions that align with the surrounding context in which the individual is present.
2. ***Savoring Processes.*** These processes serve to link positive events with corresponding positive emotional states by regulating and enhancing these states. For instance, acknowledging a thoughtful gesture from a stranger as meaningful can trigger and enhance feelings of gratitude.
3. ***Savoring Responses.*** Savoring responses refer to particular mental or behavioral reactions following a positive event. These responses either strengthen or weaken the

impact of the event on positive emotions by influencing their intensity and how long they last.

Benefits of Savoring

Experiencing positive emotions can broaden individuals' thinking and behavior patterns, thereby encouraging creativity, fostering social bonds, and building psychological resilience and internal resources (Tugade & Fredrickson, 2007).

Because savoring involves sustaining or intensifying positive feelings, it has been linked to increased levels of subjective well-being (Smith & Bryant, 2017). It is essential to emphasize that these advantages are more closely related to the savoring process itself and the individual's subjective engagement with the event, rather than the event's positivity alone.

Notable advantages of enhancing one's savoring capacity include:

- Mitigating negative emotional experiences during challenging circumstances (Zautra et al., 2005)
- Promoting greater happiness in individuals who experience fewer positive daily events (Jose et al., 2012)
- Serving as a predictor of heightened positive emotions and improved self-esteem among elementary-aged children (Bryant & Veroff, 2007)
- Facilitating higher life satisfaction, increased happiness, and an enhanced sense of personal control in both adolescents and older adults (Bryant, 2003)
- Linked to decreased depressive symptoms in older adults (Smith et al., 2015)

- Associated with lower anxiety and depression levels among Chinese caregivers (Hou et al., 2016)
- Linked to fewer obsessive-compulsive and social anxiety symptoms in American college students (Eisner et al., 2009)
- Positively related to increased positive emotions and greater life satisfaction (Quoidbach et al., 2010)
- Contributing to higher satisfaction in long-distance romantic relationships by fostering positive emotional experiences (Borelli et al., 2015)
- Improving relationship quality and self-esteem through the open sharing of positive experiences with a partner (Paganian et al., 2015)
- Assisting individuals in managing responsibilities related to both family and career more effectively (Camgoz, 2014)
- Promoting the development of positive relationships through meaningful and supportive responses to others' shared positive experiences (Reis et al., 2010)

Techniques of Savoring

Savoring in the Moment. A fundamental component of savoring involves the conscious recognition of a positive stimulus, whether it originates externally or internally. For instance, a school principal might derive positive emotions from observing the successful execution of a school event or engaging with a former student who shares how the institution shaped their life trajectory. Once these positive emotions are acknowledged, the experience can be deepened by directing attention to the associated physical and emotional sensations such as smiling, laughter, or bodily warmth thereby enhancing the richness of the moment.

Memory-Building As positive experiences unfold, individuals can deliberately slow down and mentally encode the details of these moments. This process facilitates the creation of a reservoir of positive memories that can be revisited and emotionally re-experienced over time. Such memory consolidation allows for the reinforcement of well-being during future periods of emotional need. Empirical evidence suggests that reflecting on past positive experiences significantly contributes to an individual's overall life satisfaction (Cook, 1998).

Savoring in Retrospect Beyond immediate reflection, savoring can be sustained through structured practices such as journaling. Capturing positive events in writing allows individuals to re-engage with those emotions at a later time, promoting a deeper internalization of the experience. Research indicates that retrieving and revisiting positive memories through daily journaling practices has a considerable impact on enhancing perceived happiness and well-being (Jose et al., 2012).

Savoring, as an intervention within positive psychology, holds therapeutic significance because it aligns well with everyday routines. Without requiring considerable time or effort, individuals such as educational leaders can enhance their emotional awareness and build resilience by consciously engaging with daily experiences of joy and achievement. Although professional responsibilities often involve high levels of stress, they also offer frequent moments of satisfaction. By intentionally reflecting on and cognitively processing these positive experiences, individuals can strengthen their positive emotions and reinforce the psychological rewards of their efforts (DeMatthews et al., 2022a).

Gratitude

Gratitude is generally understood as the acknowledgment of a positive experience, accompanied by the perception that its source lies outside the self whether in another person, nature, or a higher power (Emmons & Shelton, 2002; Watkins et al., 2009). While the exact mechanisms linking gratitude to enhanced well-being remain unclear (Emmons & Mishra, 2011), early research by Emmons and McCullough (2003) on gratitude-based interventions produced compelling outcomes that led to a surge in related empirical studies (Davis et al., 2016). Among the most widely studied methods is the "gratitude list," in which individuals record three to five things they felt thankful for each day (Emmons & McCullough, 2003). This brief, accessible practice has been shown to elevate positive affect (Martínez-Martí et al., 2010), increase happiness (Mongrain & Anselmo-Matthews, 2012), and improve life satisfaction (Manthey et al., 2016), while also reducing negative affect (Chan, 2013), stress (Kerr et al., 2015), and depressive symptoms (Southwell, 2012).

Research has also linked gratitude practices to greater prosocial behavior (McCullough et al., 2002), stronger interpersonal relationships (Algoe et al., 2008), improved physical health (Emmons & McCullough, 2003), and better sleep quality (Wood et al., 2009).

Traditionally, psychological research especially within clinical psychology has focused predominantly on understanding mental illness and maladaptive functioning (Kirschman et al., 2009; Maddux, 2002). However, with the rise of positive psychology, attention has increasingly turned toward exploring strengths and positive human experiences, including gratitude, creativity, and resilience (Seligman & Csikszentmihalyi, 2000). Within this evolving field, interventions have been developed to promote well-being and life satisfaction (Kirschman et al.,

2009; Magyar-Moe, 2009; Seligman et al., 2005). Activities that involve reflecting on daily positive experiences, expressing gratitude, or identifying and utilizing personal strengths such as persistence or curiosity have been shown to enhance happiness and reduce symptoms of depression in adults (Seligman et al., 2005).

Gratitude and Its Role in Enhancing Life Satisfaction

Gratitude has emerged as a key psychological construct in the study of subjective well-being and has consistently demonstrated a strong positive relationship with life satisfaction. It is widely recognized as a fundamental character strength that supports overall psychological health and fulfillment (Park et al., 2004; Peterson et al., 2007). Research involving adult populations indicates that a grateful disposition significantly contributes to well-being across different stages of adulthood, with particularly strong effects observed among older adults (Chopik et al., 2019; Wood et al., 2010). Numerous empirical studies have found that individuals with higher levels of dispositional gratitude report greater life satisfaction (Bhullar et al., 2015; Przepiorka et al., 2021; Robustelli & Whisman, 2018; Salvador & Ferrer, 2017; Wood et al., 2008).

People with high levels of gratitude typically experience a range of positive psychological outcomes, such as elevated positive affect and overall life satisfaction (Froh et al., 2009; McCullough, Emmons, & Tsang, 2002; Watkins et al., 2003). In adult samples, gratitude expression has also been associated with increased optimism, greater vitality, and fewer physical complaints (Emmons & McCullough, 2003). These findings have motivated researchers to investigate the causal role of gratitude in promoting well-being through structured gratitude-based interventions.

Several theoretical explanations have been proposed for why gratitude enhances positive emotions and life satisfaction. For example, expressing gratitude is thought to enhance the savoring of positive experiences and relationships, thereby maximizing emotional benefits. (Sheldon & Lyubomirsky, 2006). It also helps prevent individuals from becoming desensitized to the good in their lives by encouraging continued appreciation (Lyubomirsky et al., 2005). Moreover, gratitude is considered incompatible with negative emotional states, which may help buffer individuals from distress (McCullough et al., 2002). Additionally, it may function as a coping mechanism by helping individuals reframe challenges through a more positive and constructive perspective (Fredrickson et al., 2003). As a result, cultivating gratitude has the potential to increase positive affect, reduce negative emotions, and enhance overall life satisfaction.

Recent findings also support the association between gratitude and increased life satisfaction (Jang et al., 2022). A growing body of evidence links gratitude to better mental health outcomes, including lower levels of stress and depressive symptoms (Shaleh et al., 2020). Furthermore, Hartanto et al. (2019) found that gratitude is connected to both hedonic (pleasure-oriented) and eudaimonic (meaning-oriented) well-being, each of which serves to protect against the onset of depressive symptoms (Hartanto et al., 2019).

Empirical Support for Gratitude and Savoring

A substantial body of empirical research supports the effectiveness of positive psychology interventions (PPIs) in enhancing psychological well-being and alleviating distress. For example, Ho, Young, and Kwok (2014) implemented a multi-component intervention incorporating gratitude, optimism, savoring, curiosity, courage, altruism, and meaning in life

which led to a significant reduction in depressive symptoms and improvements in life satisfaction, gratitude, and overall happiness among older adults. Likewise, Proyer et al. (2014) demonstrated that fostering gratitude and character strengths resulted in increased happiness and reduced depressive symptoms. These findings suggest that savoring and gratitude are effective strategies for promoting psychological health, particularly in clinical populations such as individuals with obsessive-compulsive disorder (OCD), who often experience diminished life satisfaction.

Savoring has consistently been found to be negatively associated with symptoms of depression and anxiety (Bryant, 2021). Moreover, earlier studies have established that gratitude is linked to lower negative affect (McCullough et al., 2002) and greater levels of life satisfaction, well-being, and quality of life, particularly in older adults (Killen & Macaskill, 2015; Proyer et al., 2014). In addition, interventions aimed at enhancing positive emotions such as gratitude and savoring have been shown to strengthen psychological resilience (Navarro et al., 2013; Smith & Hollinger-Smith, 2015). Collectively, these findings reinforce the utility of PPIs in fostering well-being and resilience, serving as a theoretical basis for the present research.

Evidence Supporting the Role of Gratitude in Mental Health

A growing body of research indicates that individuals with higher levels of dispositional gratitude tend to exhibit better psychological functioning. Specifically, elevated gratitude is associated with greater perceived social support and reduced symptoms of stress, depression, and anxiety (Wood et al., 2008; Froh et al., 2011; Petrocchi & Couyoumdjian, 2016; Disabato et al., 2017). Additionally, individuals who report higher gratitude levels are less likely to experience suicidal ideation or engage in suicidal behaviors (Kleiman et al., 2013). Furthermore, brooding a

form of rumination has been found to increase suicidal thoughts by diminishing one's sense of gratitude (White et al., 2017).

Several studies have explored the role of gratitude interventions in helping individuals cope with traumatic experiences. Grateful reappraisal, which involves identifying positive outcomes resulting from negative events, has been shown to support emotional closure. Writing gratitude letters has also been associated with a reduction in death-related anxiety among breast cancer survivors (Watkins et al., 2008; Otto et al., 2016).

Life Satisfaction

Life satisfaction refers to an individual's current assessment of contentment with their past and present life experiences. As defined by Diener et al. (1985) and further elaborated by de Sousa et al. (2015), it is the extent to which a person evaluates their life positively, based on personal standards and past events (de Sousa, Santos, Lopes, da Costa et al., 2015). Importantly, this evaluation is subjective in nature, as each person uses their own criteria to judge satisfaction. Shin and Johnson (1978) emphasized that life satisfaction involves a cognitive judgment process, where individuals assess their level of satisfaction according to their personal expectations and values (Shin & Johnson, 1978).

The significance of life satisfaction extends beyond emotional contentment, as it has been linked with numerous positive outcomes. For instance, existing literature shows that positive emotions not only enhance psychological functioning but also contribute to better physical health and even increased life expectancy (de Sousa et al., 2015). Previous studies have also connected life satisfaction with traits such as gratitude, hope, and longevity (Diener & Chan, 2011; Proyer et al., 2013).

Research also indicates a negative association between life satisfaction and academic stress in college students. Higher levels of stress, particularly among female students, were found to reduce overall life satisfaction (Lawrence & Antonio, 2009). A cross-national study conducted among university students from Western and Central Eastern Europe also reported that depressive symptoms were inversely related to life satisfaction (Wardle et al., 2004). Similarly, findings suggest that students with lower anxiety levels tend to report higher satisfaction with life (Paschali & Tsitsas, 2010). Gender differences in life satisfaction have produced mixed results across studies. While some research points to higher life satisfaction among female university students (Mahanta & Aggarwal, 2013), other studies report greater satisfaction among males (Goldbeck et al., 2007; Yaremtchuk, 2014). Additional literature also supports the idea that in many countries, women tend to be more satisfied with their lives than men (Tiliouine et al., 2006; Argyle, 2001; Joshi, 2010).

Importance of Life Satisfaction

Life satisfaction plays a crucial role not only in emotional well-being but also in maintaining overall physical and psychological health. Empirical studies have demonstrated that individuals who report higher levels of life satisfaction are less likely to suffer from various health problems, including chronic diseases, sleep disorders, obesity, and anxiety. These individuals also tend to engage more in physical activity and are less likely to smoke (Strine et al., 2008). Although the relationship is bidirectional where better health can also improve satisfaction the evidence suggests that enhancing life satisfaction may contribute to improved health outcomes.

Furthermore, Boehm et al. (2015) found that higher life satisfaction is associated with a reduced risk of mortality. Their findings also indicated that individuals with unstable levels of satisfaction were at greater risk for adverse health effects. These insights underscore the importance of maintaining consistent and high life satisfaction as a foundation for healthier and more resilient living.

Relationship between Mental Disorders and Life Satisfaction

Empirical evidence consistently shows that individuals diagnosed with mental disorders tend to report significantly lower levels of life satisfaction, as measured by the Satisfaction with Life Scale (SWLS), compared to those without such diagnoses. This trend has been observed across various clinical populations, including individuals with diverse psychiatric conditions (Arrindell et al., 2001), obese women with binge eating disorder (Dominy et al., 2000), and patients with obsessive–compulsive disorder (Grabe et al., 2000). Additionally, a comparative study examining several diagnostic groups found that individuals with most mental health disorders excluding those experiencing hypomania or bipolar disorder demonstrated lower SWLS scores than individuals without any mental health diagnoses (Meyer et al., 2004).

Self-Compassion

Self-compassion refers to extending kindness and care toward oneself, particularly during periods of adversity (Neff, 2003b). It involves nonjudgmental awareness of one's experiences and the ability to recognize suffering as a common aspect of the human condition (Neff, 2003b). According to Gilbert (2009), self-compassion includes the ability to soothe oneself through reassurance rather than harsh self-criticism.

This construct is increasingly recognized as a vital emotional regulation strategy, with significant implications for mental health. Individuals who practice self-compassion acknowledge their distress without becoming overwhelmed, responding with understanding and shared humanity rather than engaging in self-blame or rumination. Such responses interrupt maladaptive cycles of negativity, frequently observed in mood disorders like depression, and instead cultivate emotional resilience. Research consistently links self-compassion with reduced psychological distress, including lower levels of anxiety, depression, and stress (MacBeth & Gumley, 2012). Moreover, self-compassion has been associated with diminished rumination and worry, which further mediates its inverse relationship with anxiety and depression (Raes, 2010). Studies also indicate that self-compassionate individuals are less likely to engage in catastrophic thinking in hypothetical stressful situations (Leary et al., 2007), and tend to report higher levels of life satisfaction, social belonging, intrinsic motivation, and perceived competence (Neff, 2003b; Neff et al., 2005).

Recent scholarship has increasingly explored the role of compassion in mental health, distinguishing between compassion directed at others and that directed inwardly self-compassion. Rooted in Buddhist philosophy and introduced to psychological literature by Neff (2003a, b), self-compassion involves a constructive and accepting attitude towards personal failure, suffering, and limitations. It emphasizes warmth, understanding, and acceptance in times of difficulty, coupled with awareness that imperfection is a shared human experience (Neff, 2003a). Neff et al. (2021) outline three core elements of self-compassion: self-kindness (as opposed to self-judgment), common humanity (rather than isolation), and mindfulness (maintaining emotional balance without over-identification with painful thoughts). Together,

these elements enhance emotional coping and reduce vulnerability during challenging circumstances (Neff, 2003a).

Extensive literature has documented the association between high self-compassion and psychological well-being (Zessin et al., 2015), while low self-compassion has been correlated with increased psychopathological symptoms (MacBeth & Gumley, 2012; Wetterneck et al., 2013). Though diminished self-compassion has been widely observed in mood and anxiety disorders, its connection to obsessive-compulsive disorder (OCD) has only recently gained attention. Several studies have identified a negative correlation between self-compassion and OCD symptoms (Eichholz et al., 2020; Morón & Kocur, 2023; Wetterneck et al., 2013). Notably, Leeuwerik et al. (2020) found that low self-compassion significantly predicted OCD symptoms, even when controlling for emotional disturbances. This relationship is consistent with the cognitive-emotional patterns seen in OCD, where individuals tend to be highly self-critical, experience intense guilt and shame, and exhibit low tolerance for intrusive thoughts (Abramowitz et al., 2003; Etemadi Shamsababdi & Dehshiri, 2024). Furthermore, low self-compassion is associated with repetitive negative thinking, heightened anxiety (Raes, 2010; MacBeth & Gumley, 2012), and dysfunctional beliefs such as exaggerated responsibility, perfectionism, and the need to control thoughts core features of OCD (Eichholz et al., 2020; Stoeber et al., 2020; Wetterneck et al., 2013). While the precise mechanism linking self-compassion and OCD remains unclear, current evidence suggests that low self-compassion may function as a psychological risk factor for the disorder (Bream et al., 2017).

The Benefits of Self-Compassion

Extensive research underscores the significant psychological advantages of self-compassion. Individuals who demonstrate kindness and understanding toward themselves are generally found to possess greater psychological well-being compared to those who are more self-critical. Self-compassion has been consistently associated with lower levels of self-criticism, rumination, worry, shame, and irrational beliefs. Moreover, a strong inverse relationship exists between self-compassion and depression. A meta-analysis of 20 studies further revealed a substantial effect size linking diminished self-compassion with increased levels of psychopathology.

Beyond these outcomes, self-compassion has been explored in relation to several other psychological and behavioral domains. For instance, it has been identified as a predictor of PTSD symptom severity among trauma-exposed war veterans. Individuals high in self-compassion are often perceived by their partners as more emotionally responsive and accepting, and less likely to be controlling, detached, or aggressive. Self-compassion is also positively linked to various health-promoting behaviors, such as adherence to dietary goals, reductions in smoking, timely pursuit of medical care, and regular physical activity.

Additionally, longitudinal data from U.S. Iraq and Afghanistan War veterans indicate that self-compassion predicts reduced PTSD symptoms over time, even when controlling for combat exposure and baseline PTSD severity. Similar protective effects have been observed in adolescents exposed to traumatic events, where higher levels of self-compassion forecasted lower levels of post-traumatic stress, panic, depressive symptoms, and suicidal ideation across multiple time points (Adams & Leary, 2007; Hiraoka et al., 2015; Johnson & O'Brien, 2013;

Kelly et al., 2009; Krieger et al., 2013; MacBeth & Gumley, 2012; Magnus et al., 2010; Neff & Beretvas, 2012; Podina et al., 2015; Raes, 2010; Terry & Leary, 2011; Yamaguchi et al., 2014; Zeller et al., 2015).

Theoretical Framework of Obsessive–Compulsive Disorder (OCD)

Cognitive Models of OCD

The cognitive model of Obsessive-Compulsive Disorder (OCD) emphasizes how dysfunctional thought processes and irrational beliefs contribute to the onset and maintenance of symptoms (McNally et al., 2001). These models suggest that unwanted intrusive thoughts, images, or impulses are common human experiences. However, in OCD, these intrusions become problematic when they are misinterpreted or appraised in a threatening way. In other words, it is not the intrusions themselves that cause obsessions, but the faulty evaluations of them (Clark, 2004). According to this perspective, compulsive behaviors are attempts to manage or reduce the distress caused by obsessions. When these behaviors seem to provide relief, they become reinforced and more frequent over time.

Initial cognitive models, including those of Carr (1974) and McFall and Wollersheim (1979), stressed that people with OCD tend to exaggerate the probability of adverse events and the severity of their possible outcomes. Additionally, they may underestimate their own ability to cope with such threats. This combination of exaggerated threat perception (primary appraisal) and low perceived coping ability (secondary appraisal) contributes to obsessive thinking.

Salkovskis (1985) expanded on these ideas by pointing out that earlier models did not clearly explain how OCD-specific appraisals differ from those seen in other anxiety disorders.

He proposed a more comprehensive view, suggesting that individuals with OCD often feel an inflated sense of personal responsibility for preventing harm. Similarly, Rachman (2003) argued that obsessions arise from catastrophic misinterpretations of normal mental intrusions. People with OCD may see these thoughts or impulses as deeply meaningful or reflective of their moral character, which increases their distress and reinforces obsessive thinking (Clark, 2004).

Learning-Based Models

Learning-based framework of Obsessive-Compulsive Disorder (OCD), grounded in Mowrer's two-factor theory of fear (1960), proposes that the development and treatment of OCD involve two key processes: classical conditioning and operant conditioning (Foa, 2010; McGuire et al., 2016; Shafran, 2005; Taylor et al., 2007; Tracy et al., 1999). According to this view, obsessions and fear are initially learned through classical conditioning when a neutral object (such as a doorknob) is paired with a distressing experience (like contracting a sexually transmitted infection), it becomes associated with danger. Over time, simply encountering the previously neutral object (now a conditioned stimulus) can provoke anxiety or intrusive thoughts (conditioned response), such as intense fear of germs (Foa, 2010; McGuire et al., 2016; Taylor et al., 2007).

To manage this anxiety, individuals often engage in repetitive cleaning or avoidance behaviors, which reduce distress in the short term. These responses are negatively reinforced through operant conditioning because they provide relief thereby preventing the fear from naturally diminishing or extinguishing (Shafran, 2005; Taylor et al., 2007; Tracy et al., 1999). Over time, this fear response may generalize to similar stimuli for example, a person may also begin to fear toilet seats if they associate them with contamination. These new triggers become

secondary conditioned stimuli (Dunsmoor et al., 2012; McGuire et al., 2016; Rachman, 1977). Notably, individuals with anxiety disorders, including OCD, tend to exhibit excessive generalization of fear (McGuire et al., 2016).

Although conditioned fear responses are typically strong and persistent (Butcher et al., 2008), they can be unlearned through a process called extinction. This happens when the person encounters the feared stimulus on a repeated basis (e.g., a dirty doorknob) without experiencing the feared outcome (e.g., illness), and is also prevented from performing compulsions like repetitive hand washing (McGuire et al., 2016). This repeated exposure helps weaken the original fear response or form a new, more neutral association (Jacoby & Abramowitz, 2016; McGuire et al., 2016; Tracy et al., 1999). Building on this understanding, Exposure and Response Prevention (ERP) emerged as a widely recognized behavioral treatment for OCD. This approach involves systematically facing feared situations while refraining from performing compulsive rituals, enabling individuals to gradually diminish their anxiety and disrupt the obsessive-compulsive cycle" (Foa, 2010; Shafran, 2005).

Theoretical Framework of Gratitude

Cognitive-Emotion Theory of Gratitude

The cognitive-emotion theory of gratitude, developed in the latter half of the 20th century, emphasizes the role of cognitive appraisal in emotional experience. Scholars such as Adam Smith, Heider, Weiner, Ortony, Clore, and Collins significantly contributed to its development. Heider (1958) posited that gratitude should stem from intrinsic motivation, suggesting that external pressures to express thankfulness can diminish its authenticity. From this

perspective, gratitude is viewed as a deeply internalized emotional state, not one that can be imposed through social expectations. Building on this framework, Weiner differentiated emotions into two categories: outcome-dependent and attribution-dependent. Outcome-dependent emotions arise from the result of an event, such as joy following a favorable outcome or disappointment following an unfavorable one. In contrast, attribution-dependent emotions are shaped by an individual's interpretation of the causes behind outcomes. Gratitude falls into the latter category, as it involves attributing positive experiences to the intentional actions of others (Fehr & Russell, 1984; Trivers, 1971).

The Broaden-and-Build Theory of Positive Emotions

Fredrickson's Broaden-and-Build Theory of Positive Emotions explains how emotions such as joy, interest, and gratitude expand individuals' cognitive and behavioral repertoires, promoting the development of lasting psychological and social resources. These positive emotions encourage flexible thinking, creativity, and openness, which over time contributes to greater psychological resilience, enhanced problem-solving abilities, and stronger social connections (Fredrickson, 2001; Fredrickson, 2004). Gratitude, in particular, is integral to this upward spiral. Experiencing and expressing gratitude fosters attentiveness to positive life aspects and promotes interpersonal closeness, thereby cultivating internal strengths such as optimism, resilience, and a sense of meaning. This, in turn, contributes to improved life satisfaction and well-being (Emmons & McCullough, 2003; Wood et al., 2010). Additionally, gratitude enhances prosocial behavior, reinforcing social bonds and contributing to a supportive relational environment (Algoe, 2012). While the effects of positive emotions may not be immediate, their cumulative impact over time equips individuals to better manage life's challenges and sustain

mental health. Empirical findings support that consistent gratitude practice leads to reductions in depressive symptoms and increased life satisfaction (Cregg & Cheavens, 2020).

Theoretical Framework of Life Satisfaction

Bottom-Up and Top-Down Approaches

Life satisfaction has been conceptualized through two primary theoretical frameworks: the bottom-up and top-down approaches (Diener, 1984; Headey et al., 1993; Loewe et al., 2014). The bottom-up model posits that overall life satisfaction results from satisfaction within various life domains, such as work, health, relationships, and leisure (Erdogan et al., 2012). However, it is not simply an average across these domains, as individuals assign different weights to each domain based on personal values. For example, someone who values achievement may prioritize career satisfaction, whereas someone focused on emotional bonds may place greater importance on familial relationships (Diener et al., 2003; Newman et al., 2014; Oishi et al., 1999). Furthermore, life satisfaction can be influenced by shifts in perceived importance of these domains. For instance, individuals facing chronic health issues may begin to prioritize family well-being over physical wellness (Wu et al., 2009). Interestingly, when accounting for personality traits and non-work domain satisfaction, job satisfaction alone fails to significantly predict overall life satisfaction (Rode, 2004).

Conversely, the top-down theory asserts that life satisfaction is primarily shaped by enduring personality traits and dispositional factors. According to this perspective, stable cognitive and emotional characteristics influence how individuals perceive and evaluate their life circumstances, thereby determining both general and domain-specific satisfaction levels (Diener, 1984; Loewe et al., 2014; Montag & Panksepp, 2017).

Theoretical Framework of Self-Compassion

Kristin Neff's Self-Compassion Theory

Self-compassion theory, as proposed by Neff (2003a), conceptualizes self-compassion as a constructive and emotionally adaptive form of self-attitude, comprising three interrelated yet dichotomous components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Self-kindness involves treating oneself with care, empathy, and understanding in the face of personal failures or adversity, rather than engaging in self-criticism. Individuals demonstrating high levels of self-kindness tend to adopt a nurturing approach during emotional distress. Common humanity refers to the recognition that suffering and imperfection are universal aspects of the human condition, which fosters a sense of interpersonal connectedness and reduces feelings of alienation. Mindfulness entails maintaining a balanced and present-focused awareness of one's painful thoughts and emotions, allowing individuals to acknowledge their experiences without avoidance or exaggeration. Collectively, these components function as a robust emotion regulation strategy that promotes psychological resilience by mitigating self-critical tendencies, social withdrawal, repetitive negative thinking, and experiential avoidance (Neff, 2003a).

Components of Self-Compassion

Neff's (2003a) self-compassion theory outlines three essential components: self-kindness, common humanity, and mindfulness, each contributing to emotional well-being and adaptive self-relating.

Self-kindness It involves responding to personal hardship with empathy, care, and understanding, rather than resorting to harsh self-criticism. Individuals who demonstrate high levels of self-kindness tend to approach their shortcomings with tolerance and support, promoting emotional healing. In contrast, self-judgment is characterized by a critical and punitive attitude toward oneself, often accompanied by unrealistic expectations and a tendency to dismiss one's emotional needs during times of struggle.

Common humanity Common humanity refers to the awareness that suffering, failure, and imperfection are natural and shared aspects of human life. This understanding helps individuals feel connected to others in the face of adversity, reducing feelings of separation and loneliness. On the contrary, isolation arises when one believes their pain is unique or misunderstood, which can lead to emotional withdrawal and disconnection from others (Neff, 2003a).

Mindfulness. Mindfulness, the third component, entails maintaining an open, balanced awareness of the present moment. Within the self-compassion framework, it means acknowledging painful thoughts and emotions without becoming overwhelmed by them or pushing them away. Mindfulness fosters emotional clarity and regulation by allowing individuals to experience their inner world with acceptance. Research further indicates that mindfulness practices are linked with a stronger sense of shared humanity and diminished experiences of isolation (Taylor et al., 2022).

The present study is primarily grounded in Self-Compassion Theory proposed by Neff (2003a), which conceptualizes self-compassion as an adaptive emotional regulation strategy that enables individuals to respond to personal suffering with kindness, mindfulness, and an understanding of shared humanity. According to Neff (2003a), self-compassion consists of three

key components: self-kindness, common humanity, and mindfulness. These elements together cultivate psychological resilience, emotional flexibility, and adaptive coping in the face of distress.

A growing body of research supports the psychological benefits of self-compassion. Raes (2010) demonstrated that self-compassion reduces maladaptive repetitive thinking patterns, such as rumination and worry, while Neff et al., (2007) found it to be positively related to happiness, optimism, and positive affect, and negatively related to neuroticism. Similarly, Van Dam et al. (2011) reported that self-compassion is a stronger predictor of symptom and quality of life in individuals with anxiety and depression than mindfulness alone. Within the context of trauma, Thompson and Waltz (2008) found that self-compassion was associated with reduced avoidance and better emotional adjustment. Specific to obsessive–compulsive disorder (OCD), Wetterneck et al. (2012) demonstrated a strong positive correlation between self-compassion and psychological flexibility, suggesting that individuals with higher self-compassion are less avoidant, more resilient, and better able to distance themselves from intrusive thoughts without engaging in compulsive responses. These findings position self-compassion as a critical protective factor that mitigates the intensity of psychopathological symptoms and enhances well-being.

Integrating this theory with the broader framework of Positive Psychology (Seligman, 2011; Fredrickson, 2001), it can be argued that constructs such as savoring (the ability to attend to, appreciate, and prolong positive experiences) and gratitude (recognition and appreciation of positive aspects of life) contribute to greater well-being by generating positive emotions, strengthening adaptive cognitive patterns, and broadening social and psychological resources.

According to the broaden-and-build theory (Fredrickson, 2001), such positive emotions expand one's thought-action repertoires and build enduring personal resources, ultimately leading to greater life satisfaction. Research also suggests that gratitude interventions can significantly decrease depressive symptoms and improve psychological adjustment in clinical populations, indicating that positive psychology constructs can play a therapeutic role across disorders (Wood et al., 2010). Moreover, savoring has been shown to act as a buffer against stress and anxiety by amplifying positive affect and reducing the salience of negative emotions (Jose et al., 2012). Finally, evidence indicates that self-compassion not only protects against anxiety and depression but also enhances recovery in eating disorders and PTSD, highlighting its transdiagnostic importance across various forms of psychopathology (Kelly et al., 2010).

Within this integrated model, self-compassion functions as a mediator that explains how savoring and gratitude play role in reducing OCD symptomatology and enhanced life satisfaction. By fostering savoring and gratitude, individuals are more likely to develop compassionate self-attitudes, which buffer against shame, guilt, and self-criticism features commonly seen in OCD (Wetterneck et al., 2013). Individuals with OCD often experience intrusive thoughts linked to fear of responsibility or moral failure; cultivating self-compassion enables them to approach these experiences with kindness and balanced awareness, thereby reducing avoidance and compulsive rituals. As self-compassion strengthens, psychological flexibility increases, allowing individuals to shift their focus away from symptom reduction toward valued living, which in turn enhances overall life satisfaction.

Literature Review

In Pakistan, several studies have explored the clinical aspects of Obsessive-Compulsive Disorder (OCD) to understand its prevalence, symptomatology, and associated psychological factors. Jabeen and Kausar (2020) conducted a retrospective register-based study in adult psychiatric outpatients and reported that OCD affects approximately 4.1% of registered patients, highlighting the local clinical burden of the disorder. Similarly, Fazal and Zahra (2021) examined the role of perceived parenting styles in predicting obsessive-compulsive personality traits and OCD symptom dimensions in a sample of 100 clinically diagnosed patients. Their findings suggested that authoritarian parenting styles were significantly associated with higher obsessive-compulsive traits, underscoring the influence of familial and environmental factors on OCD in the Pakistani context. (Fazal & Zahra, 2021).

Ashraf and Iftikhar (2021) investigated emotional response biases, autistic traits, and paranormal beliefs among 70 patients with OCD compared to healthy controls. The study revealed that patients with OCD exhibited higher levels of autistic traits and paranormal beliefs, as well as differences in emotion recognition, particularly regarding disgust. This study emphasized the complexity of cognitive and emotional processing in clinical OCD populations. Asad and Dawood (2015) further examined attachment orientations and obsessive beliefs in 90 clinically diagnosed patients, reporting that insecure attachment styles and maladaptive obsessive beliefs were significant predictors of symptom severity. These findings provide evidence for the role of relational and cognitive factors in shaping OCD presentations in Pakistani patients.

Research on treatment interventions has also been conducted, with Hashmat and Dawood (2017) evaluating the efficacy of metacognitive therapy in individuals diagnosed with OCD. The

study demonstrated significant reductions in obsessive-compulsive symptoms following therapy, indicating the effectiveness of clinical interventions tailored to local populations. Overall, these studies highlight the extensive research on the clinical profile, risk factors, and treatment outcomes for OCD within Pakistan, establishing a robust indigenous understanding of the disorder.

However, it is notable that the majority of these studies adopt a deficit-focused perspective, emphasizing symptom reduction and risk factors, while the role of positive psychological constructs such as gratitude, self-compassion, and savoring in clinical OCD populations remains unexplored in the Pakistani context.

The study by Samios (2020) explored how savoring functions as a shared coping resource among couples facing stressful life events. Using actor-partner interdependence models with 128 opposite-sex couples, the findings revealed several key interpersonal dynamics. First, when individuals experienced a lower impact of the stressful event, their savoring ability was positively influenced by their partner's higher stress impact, suggesting an interpersonal effect. Second, women's ability to savor the present moment was associated not only with greater relationship satisfaction for themselves but also for their partners, highlighting a gender-specific influence. Third, the negative relationship between one's stress level and their relationship satisfaction was buffered by the partner's savoring the moment, indicating that one partner's savoring can protect the other's relationship well-being. Finally, the link between a person's own savoring and their relationship satisfaction was mediated by their own experience of positive emotions. These findings emphasize the importance of savoring as an interpersonal resource during times of stress (Samios, 2020).

Smith and Bryant (2016) explored the moderating role of savoring ability in the relationship between physical health and life satisfaction among older adults. In a sample of 266 individuals aged 55 and above ($M = 73.4$ years), participants completed assessments related to their savoring capacity, self-perceived health, and overall life satisfaction. The findings revealed that savoring significantly buffered the negative impact of poor health on well-being. Specifically, individuals with lower savoring ability reported reduced life satisfaction when experiencing poor health, whereas those with higher savoring capacity maintained greater life satisfaction regardless of their health status. These protective effects of savoring were consistent across multiple dimensions of health, including general physical condition, pain levels, physical limitations, energy, and social functioning. The study highlights the critical role of savoring as a psychological resource that fosters resilience and well-being in later life, suggesting its potential as a target for positive psychological interventions in aging populations.

A study conducted by Keng et al. (2013), explored that how perceived social support influences psychological well-being, specifically its role in reducing negative outcomes such as depression and anxiety, while enhancing positive outcomes like life satisfaction and happiness. Although it is well-established that social support contributes to better mental health, the specific pathways through which it exerts its effects remained unclear. The researchers proposed that social support might foster a more balanced, self-compassionate, and positive mindset, ultimately improving psychological well-being. In the study, two groups of college students in the U.S. were analyzed. In Study 1 ($N = 1,024$), results indicated that greater perceived social support was indirectly related to reduced negative psychological outcomes, including depression and anxiety, through the influence of mindfulness. Study 2 ($N = 228$) replicated and expanded upon these findings, showing that social support was linked to higher levels of mindfulness, self-

compassion, and savoring, which subsequently contributed to improved psychological outcomes, such as enhanced life satisfaction and subjective well-being. Furthermore, mindfulness, self-compassion, and savoring were identified as key mechanisms through which social support influenced these positive outcomes. In conclusion, the study by Keng et al., (2013) provides evidence that social support improves psychological well-being through three significant pathways: mindfulness, self-compassion, and savoring. These results highlight the importance of fostering these factors as part of interventions aimed at improving mental health and well-being.

According to the results of systematic review and meta-analysis, individuals who received gratitude interventions reported higher levels of gratitude (up to 4% higher), higher levels of life satisfaction (6.86% higher), better mental health (5.8% higher), and fewer symptoms of depression and anxiety (7.76% and 6.89% lower scores, respectively). In addition, they experienced other advantages like happier moods and feelings, more gratitude and optimism, prosocial conduct, reduced anxiety, and less psychological suffering. (Diniz et al., 2023)

Yildirim and Alanazi (2018) examined the relationships between gratitude, life satisfaction, and stress among Arabic speaking university students. The aim of study was to examine whether stress mediates the link between gratitude and satisfaction with life among Arabic-speaking university students. The sample consisted of 141 undergraduate students (18 males and 123 females), with a mean age of 23.8 years ($SD = 4.23$), who completed self-report measures assessing gratitude, life satisfaction, and stress. The results of the study indicated that gratitude was positively associated with satisfaction with life, while perceived stress was negatively associated with both gratitude and satisfaction with life. That is, individuals with a

high degree of gratitude tend to experience lower stress and greater satisfaction with life. The regression analysis revealed that gratitude was a significant positive predictor of life satisfaction, whereas stress was a significant negative predictor. Further mediation analysis confirmed that stress fully mediated the relationship between gratitude and life satisfaction. Specifically, individuals with higher levels of gratitude reported greater life satisfaction, which was explained by lower perceived stress. These findings emphasize the psychological mechanism through which gratitude contributes to well-being and hold important implications for understanding these constructs in non-Western populations.

Robustelli and Whisman (2016) examined how gratitude relates to different domains of life satisfaction relationships, work, health, and overall well-being among adults from the United States and Japan. The study involved 945 married participants with children and examined both personality traits and demographic variables. The results indicated significant cross-cultural differences between the United States and Japan in mean levels of gratitude and satisfaction across life domains, as well as overall life satisfaction. Participants from the United States reported higher average levels of gratitude and satisfaction compared to their Japanese counterparts. Gratitude was positively associated with all life domains; however, when considered simultaneously, it uniquely predicted relationship satisfaction and overall life satisfaction, with no unique effects observed for work or health satisfaction. Notably, while Americans exhibited higher gratitude and life satisfaction levels than Japanese participants, the strength of the associations between gratitude and satisfaction was similar across both cultures.

Eichholz et al. (2020) investigated the relationships among self-compassion, difficulties in emotion regulation, obsessive beliefs, and OCD symptom severity in a sample of 90

individuals diagnosed with OCD using self-report measures. The study revealed that OCD symptom severity and obsessive beliefs were negatively correlated with self-compassion and positively correlated with emotion regulation difficulties. Additionally, self-compassion was inversely related to emotion regulation difficulties. Hierarchical regression analyses indicated that, when controlling for obsessive beliefs and depression, emotion regulation difficulties but not self-compassion predicted symptom severity. Further analyses showed that deficits in emotion regulation mediated the association between self-compassion and OCD symptom severity. These findings provide preliminary evidence suggesting that addressing self-compassion and emotion regulation difficulties could offer promising treatment strategies for OCD.

A study was conducted by Boelen (2024) and published in *Anxiety, Stress & Coping*. The primary aim of this research was to investigate whether individuals' savoring beliefs defined as their perception of the ability to fully experience and prolong positive emotional experiences could mitigate the development of posttraumatic stress symptoms (PTSS) following exposure to stressful life events. A two-wave longitudinal design was utilized, with 205 participants completing the Savoring Beliefs Inventory at Time 1 (T1) to assess their savoring tendencies related to past, present, and future experiences. Six months later, participants reported on stressful life events and completed assessments of PTSS and depression at Time 2 (T2). The findings revealed that savoring beliefs at T1 were significantly associated with lower levels of PTSS and depression at T2. Notably, savoring beliefs concerning present and future experiences (but not past experiences) were predictive of reduced PTSS symptoms, even after accounting for variables such as worry, depressive rumination, and neuroticism. These results suggest that savoring beliefs, particularly those related to present and future positive experiences, may serve

as a protective factor, reducing the likelihood of developing severe posttraumatic stress following traumatic events.

Rationale

Historically, the field of psychology has been dominated by the disease model, which primarily emphasizes the identification, diagnosis, and treatment of psychopathology (Seligman & Csikszentmihalyi, 2000). While this approach has significantly contributed to understanding and alleviating mental disorders, it often overlooks the positive attributes, strengths, and adaptive capacities inherent in individuals. In contrast, positive psychology focuses on promoting human flourishing by investigating virtues, strengths, positive emotions, resilience, and overall well-being (Fredrickson, 2001; Seligman & Csikszentmihalyi, 2000). This paradigm aims not only to reduce psychological distress but also to enhance life satisfaction and personal growth, offering a more holistic and balanced perspective on mental health.

The present study adopts a positive psychology framework to examine the roles of savoring, gratitude, and self-compassion in enhancing life satisfaction among individuals with Obsessive-Compulsive and Related Disorders (OCDs). Savoring, defined as the capacity to attend to, appreciate, and amplify positive experiences, has been shown to enhance emotional well-being and life satisfaction, while reducing psychological distress, even among clinical populations (Bryant & Veroff, 2007; Smith & Holleran, 2020). Gratitude, the recognition and appreciation of positive aspects of life, has consistently been associated with greater psychological resilience, increased positive affect, and reduced symptoms of depression and anxiety, underscoring its therapeutic potential (Emmons & McCullough, 2003; Wood et al., 2010).

Self-compassion, encompassing self-kindness, mindfulness, and a recognition of shared humanity, represents a key mechanism linking positive psychological constructs to mental well-being (Neff, 2003). Individuals with OCRDs, who often experience heightened self-criticism, shame, and distress, may particularly benefit from cultivating self-compassion. Evidence indicates that higher levels of self-compassion are associated with lower anxiety and depression, improved emotional regulation, and enhanced resilience (Werner et al., 2022; Sirois & Rowse, 2016). Furthermore, self-compassion may mediate the relationship between savoring, gratitude, and life satisfaction, providing a potential pathway to improved mental health outcomes. Despite these promising findings, research investigating these dynamics specifically among individuals with OCRDs remains limited, highlighting the need for further empirical exploration.

Obsessive-Compulsive and Related Disorders (OCRDs) are a group of mental health conditions that significantly impair individuals' quality of life, particularly their ability to experience positive emotions and maintain satisfaction in life. Despite the increasing focus on positive psychology, limited research has explored the contributions of savoring and gratitude to life satisfaction in individuals with OCRDs. Savoring and gratitude have demonstrated significant roles in enhancing well-being in general populations (Fredrickson, 2001; Wood et al., 2010). However, their potential influence in the specific context of OCRDs remains underexplored.

This study aims to explore how savoring and gratitude contribute to life satisfaction among individuals suffering from obsessive compulsive and related disorders (OCRDs), with self-compassion acting as a mediating variable. Existing evidence supports the theoretical model. A study by Neff and Germer (2013) demonstrated that interventions focused on enhancing self-compassion significantly improved emotional resilience and life satisfaction among adults.

Additionally, Bryant (2021) highlighted the potential of savoring techniques in clinical interventions to promote positive emotions and overall well-being.

By focusing on the strengths and positive attributes of individuals with OCRDs, this research contributes to the integration of positive psychology into clinical practice. It not only complements traditional approaches that focus on symptom management but also emphasizes the potential for individuals to cultivate well-being through strengths-based therapeutic interventions. This study provides valuable insights for the development of interventions aimed at enhancing savoring, gratitude, and self-compassion to improve life satisfaction in OCRD populations.

In Pakistan, researches on Obsessive–Compulsive and Related Disorders (OCRDs) predominantly emphasizes clinical aspects, such as treatment outcomes, symptom prevalence, and quality of life, with minimal investigation into positive psychological constructs. For example, culturally adapted cognitive-behavioral therapy delivered in Lahore significantly reduced OCD symptoms and associated distress (Aslam et al., 2015). Epidemiological data from university cohorts highlighted elevated rates of subclinical obsessive–compulsive symptoms alongside stress (Ashraf et al., 2017). Additionally, individuals with OCD and comorbid psychiatric conditions experienced notably poorer quality of life (Saleem et al., 2012). These contributions corroborate a deficit-focused research paradigm, emphasizing the need for studies exploring strengths-based dimensions like savoring, gratitude, and life satisfaction.

This gap underscores the need for research adopting a strengths-based framework, particularly one that integrates these constructs to enhance well-being in individuals with OCRDs.

Objectives

The objectives of the present study are as follows:

1. To investigate the relationship of savoring, gratitude and self compassion with life satisfaction among individuals suffering from Obsessive Compulsive and related disorders.
2. To investigate how savoring and gratitude predicts life satisfaction among individuals suffering from Obsessive Compulsive and related disorders.
3. To examine the mediating role of self-compassion in the relationship of savoring and gratitude with life satisfaction among individuals suffering from Obsessive Compulsive and related disorders.
4. To study the effect of demographic variables including gender, age and family status on study variables.

Hypotheses

The hypotheses of the present study are as follows:

1. There will be a significantly positive relationship of Savoring and Gratitude with Life Satisfaction among individuals suffering from Obsessive Compulsive and related disorders.
2. Savoring and Gratitude will significantly predict Life satisfaction among individuals suffering from Obsessive Compulsive and related disorders.
3. Self-Compassion will significantly mediate the relationship between Savoring and Life satisfaction among individuals suffering from Obsessive Compulsive and related disorders.

disorders.

4. Self-Compassion will significantly mediate the relationship between Gratitude and Life satisfaction among individuals suffering from Obsessive Compulsive and related disorders.

Conceptual Framework

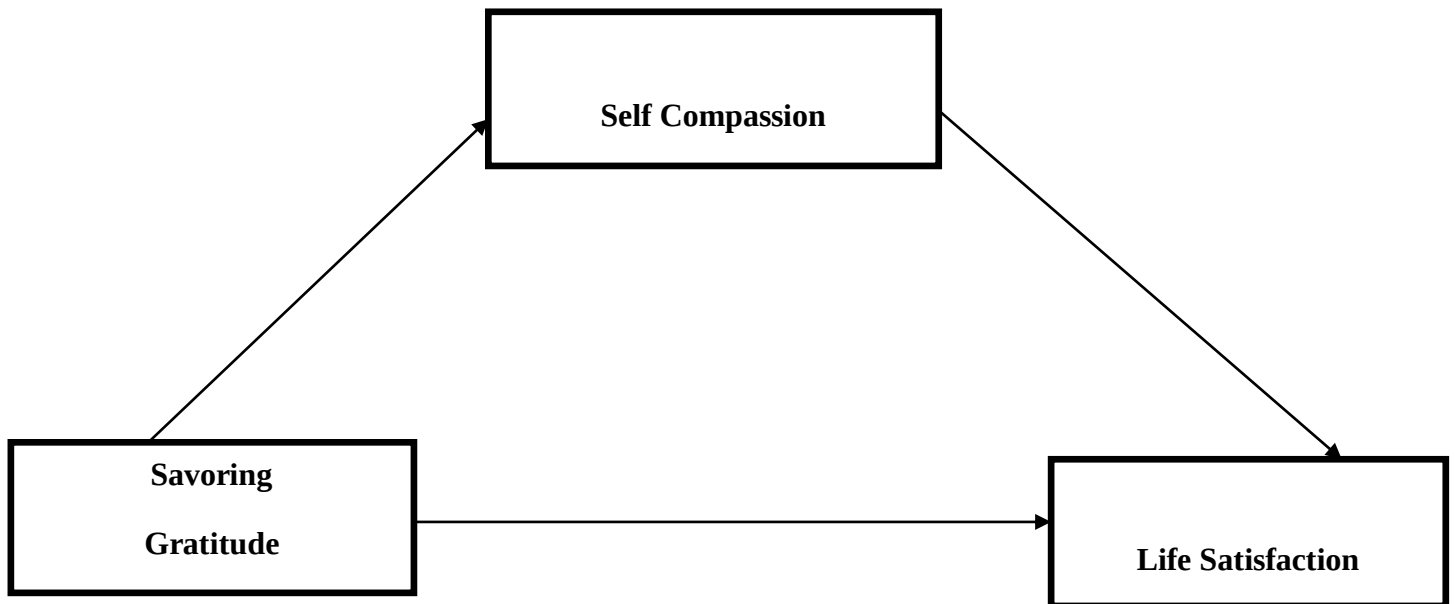


Figure 1: *The hypothesized model showing the mediating role of self compassion in the relationship of savoring and gratitude with life satisfaction among individuals suffering from obsessive compulsive and related disorders.*

Method

Research Design

The present study is based on a quantitative correlational research design to examine the relationship between savoring and gratitude with life satisfaction, along with the mediating role of self-compassion among individuals suffering from obsessive compulsive and related disorders. Correlational research, commonly used in psychological studies, involves exploring statistical associations between variables without manipulating them, allowing for the investigation of naturally occurring relationships.

Parts of the Present Study

The present research was conducted in two parts. During the first part, the Savoring Belief Inventory (Bryant, 2003) has been translated and adapted for the target population to ensure its cultural relevance and linguistic appropriateness. In the second part, the main study was carried out to collect data, analyze findings, to measure research objectives and to test the research hypotheses.

Part I of the Present Study: Translation, Adaptation and Determination of Psychometric Properties of Savoring Belief Inventory (SBI)

Part I of the Present Study mainly dealt with translation, adaptation and determination of psychometric properties of Savoring Belief Inventory (SBI). This first part of the study is further divided into two phases. Phase I is comprised of translation and adaptation of Savoring Belief Inventory (SBI). During the first phase, translation and cultural adaptation of the Savoring Belief

Inventory (SBI) developed by Bryant (2003) was carried out. Savoring belief inventory comprised of 24 items. The process of translation was carried out systematically to make the scale suitable for use within the Pakistani population. Standard procedures of forward translation, back-translation, expert review were followed. Phase II is comprised of determining psychometric properties of Urdu translated version of Savoring Belief Inventory (SBI) to ensure reliability of the adapted instrument.

Phases of Translation

Phase I: Translation of Savoring Beliefs Inventory (SBI) into Urdu language

Steps in the Translation Process

Step I: Forward Translation. In the initial phase of translating the Savoring Beliefs Inventory (SBI) into the Urdu language, five bilingual experts were approached. The scale was translated by five bilingual experts fluent in Urdu and English languages. They were asked to translate the text into Urdu while paying attention to context. They were instructed to translate each item of the scale while ensuring semantic equivalence, avoiding idiomatic expressions or technical jargon, and without introducing any changes or substitutions in item meaning. The translators were also guided to identify culturally inappropriate terms/items and suggest alternatives terms/items more aligned with Pakistani cultural values. This translation process followed the guidelines proposed by Brislin (1980).

Step II: Committee Approach. In the second step, all five Urdu translations were compiled item-wise. A committee of experts was then formed which comprised of 6 committee members including 3 psychologists, 2 language experts, and the research supervisor. The panel reviewed

each translated item for clarity, grammar, and contextual accuracy. One best Urdu translation was selected for each item that preserved the original meaning most appropriately.

Step III: Backward Translation. In the third step, the selected Urdu version of the Savoring belief inventory was back-translated into English by independent bilingual experts including 3 psychologist, 2 Ph.D scholars and 1 language expert who had not been involved in the initial translation. The purpose of back translation was to evaluate the accuracy of the Urdu version in comparison to the original English items, thereby improving reliability.

Step IV: Committee Approach II. In the final stage, a second committee meeting was conducted to evaluate the back-translated version of the scale. The committee comprised six members, including three psychologists, two language experts, and research supervisor. During this meeting, the panel conducted a comprehensive review of each item, focusing on both conceptual accuracy and linguistic equivalence between the source and target versions. The panel carefully examined the phrasing, cultural relevance, and semantic consistency of all items to ensure that the Urdu translation captured the intended meaning of the original instrument without distortion. Following this rigorous evaluation, the panel reached agreement that all items were appropriate, as none were identified as culturally irrelevant or linguistically ambiguous. Consequently, the Urdu version of the Savoring Beliefs Inventory (SBI) was finalized for subsequent use in the study.

Phase II: Cross-Language Validation and Determination of Psychometric Properties of the Savoring Beliefs Inventory (SBI) Urdu Version

Following the forward and backward translation steps, the Urdu version of the SBI was administered to a sample of 40 individuals suffering from Obsessive Compulsive and related disorders in hospital settings. This phase aimed to examine the psychometric properties of the translated scale. Data were analyzed using SPSS version 21. Results demonstrated that the Urdu version of the SBI possessed satisfactory reliability, indicating its suitability for use in further research.

Sample of Phase II of the Present Study

The sample consisted of individuals with Obsessive-Compulsive and Related Disorders. Data were collected from hospitals. A total of 40 participants diagnosed Obsessive Compulsive and related disorders with age range of 18 to 50 years, with at least qualification of matriculation and able to read and write in both Urdu and English were selected to evaluate the psychometric properties of the Urdu version of the Savoring Beliefs Inventory (Bryant, 2003).

Inclusion Criteria. The participants included adults aged 18 to 50 years, with a minimum qualification of matriculation, who were able to read and write in both Urdu and English.

Exclusion Criteria. Individuals diagnosed with other psychiatric or neurological disorders and those unable to read English and Urdu were excluded from the study.

Step I: Cross Language Validation

Cross-language validation was conducted on a sample of 40 individuals suffering from obsessive compulsive and related disorders. Participants were divided into two groups: Group 1 completed the original English version, and Group 2 completed the Urdu version. After one week, a counterbalanced reassessment was conducted where subgroups 1a and 2a were given the

English version, and subgroups 1b and 2b received the Urdu version. Pearson's correlation was used to assess the cross-language validity between the English and Urdu versions of the SBI. Finally, the psychometric properties of the Urdu version were evaluated on sample of 40 individuals suffering from Obsessive compulsive and related disorders to determine its internal consistency using SPSS version 21.

Step II: Psychometric Evaluation of the Urdu Version of the Savoring Beliefs Inventory (SBI)

In the second step of Phase 2, the psychometric properties of the Urdu version of the Savoring Beliefs Inventory (SBI) were evaluated.

Table 1

Cross language validation and test retest reliability of Savoring Belief inventory (N = 40)

	N	1 st administration	2 nd administration	r	Significance
Groups					
i	10	English	English	.71 *	* (p < .05)
ii	10	English	Urdu	.90 **	** (p < .01)
iii	10	Urdu	Urdu	.90 **	** (p < .01)
iv	10	Urdu	English	.94 **	** (p < .01)

The table shows that the reliability analysis conducted on four groups (N = 40) revealed varying correlation coefficients across different test administrations. Group I (English–English) demonstrated a moderate test–retest reliability of $r = .71, p < .05$, reflecting acceptable but lower consistency. Group II (English–Urdu) exhibited high cross-language correlation of $r = .90, p < .01$, indicating excellent equivalence between the two versions. Group III (Urdu–Urdu) demonstrated a high test–retest reliability of $r = .90, p < .01$, showing strong internal consistency within the Urdu version. Group IV (Urdu–English) also showed strong cross-language equivalence with $r = .94, p < .01$.

Table 2

Alpha coefficient of the Savoring belief inventory Urdu translated Version (SBI) (N = 40)

Scale	K	M(SD)	α	Range		Skew	kurtosis
				Actual	Potential		
SBI	24	123.7(13.3)	.81	24-168	91-138	-1.2	.99

Note K= no of item, M(SD) =Mean (standard deviation), α Cronbach's Alpha

The Savoring Belief Inventory (SBI) demonstrated satisfactory internal consistency, with a Cronbach's alpha (α) of .81. In a sample of 40 participants, the actual scores ranged from 91 to 138, within the potential range of 24 to 168. The mean score was 123.7 (SD = 13.3), reflecting generally elevated levels of savoring beliefs. The skewness value of -1.2 and kurtosis of .99 indicate a negatively skewed distribution with a moderately peaked shape, suggesting that most participants reported higher-than-average savoring tendencies.

Conclusion of Part I of Present Study

This study successfully translated, culturally adapted, and validated the Urdu version of the Savoring Belief Inventory (SBI), establishing its psychometric soundness for use with Urdu-speaking populations. The Urdu version of the Savoring Beliefs Inventory (SBI) demonstrated strong internal consistency, with a Cronbach's alpha coefficient of .81, indicating satisfactory reliability of the translated instrument. These findings align with previous validations of the SBI in English (Bryant, 2003; $\alpha = .88-.94$), French (Golay et al., 2018), Japanese (Kawakami et al., 2019), and Persian (Rahimian-Boogar & Talepasand, 2016).

Cross-language validation results further demonstrated strong correlations, ranging from $r = .71$ to $r = .94$, confirming both temporal stability and linguistic equivalence between the English and Urdu versions. Notably, the correlations between Urdu–Urdu administrations ($r = .90$) and Urdu–English administrations ($r = .94$) were particularly high, providing compelling evidence of the translated scale's conceptual consistency. Overall, the Urdu version of the SBI exhibited strong psychometric properties, establishing its reliability and validity for use in Pakistani contexts. Its strong internal consistency and high cross-language equivalence indicate that the scale can be used for both research purposes.

Part II of the Present Study: Main Study

In the second part, the main study was conducted. A sample of 120 participants was selected using purposive sampling technique. Standardized self-report measures were administered, including the Savoring Belief Inventory Bryant (2003), the Gratitude Questionnaire–6 (Zoaib & Batool, 2020), the Self-Compassion Scale–Short Form (Imtiaz, 2012),

and the Satisfaction with Life Scale (Butt et al., 2014). First of all, informed consent was obtained from all participants. Participants were assured about the confidentiality and voluntary nature of their participation. The collected data were then statistically analyzed to test the proposed hypotheses and address the research objectives.

Population

The population consists of adults aged 18 to 50 who have been clinically diagnosed with or referred for exhibiting symptoms of Obsessive-Compulsive and Related Disorders. A minimum qualification of matriculation is required for participation into the present study. Participants are selected from private and government hospitals, as well as mental health clinics, located in Rawalpindi, Islamabad, and Swat. Screening procedures are conducted to assess the presence of OCD symptoms prior to inclusion in the study.

Sampling

The sample comprised of individuals with a clinical diagnosis or referral for Obsessive-Compulsive and Related Disorders. Data collection was carried out from hospitals located in Rawalpindi, Islamabad, and Swat. A total of 200 patients were screened for symptoms of Obsessive-Compulsive Disorder (OCD) based on predefined inclusion and exclusion criteria. The initial screening process comprised 69 patients from Benazir Bhutto Hospital (BBH) Rawalpindi, 52 from Saidu Group of Teaching Hospital, 47 from PAEC General Hospital, and 32 from the Psychiatric Rehabilitation Center, Saidu Swat. Following initial screening, 120 individuals met the diagnostic criteria for OCD and were included in the final sample. Specifically, 42 participants were selected from BBH, 30 from Saidu Group of Teaching

Hospital, 28 from PAEC General Hospital, and 20 from the Psychiatric Rehabilitation Center. Participants within the age range of 18 to 50 years were selected. Purposive sampling was used to specifically include individuals having a cutoff score of 14 or above on Obsessive–Compulsive Symptoms Checklist (Dawood, 2013). Screening was conducted only by using the scores on Obsessive–Compulsive Symptoms Checklist (Dawood, 2013), and only those identified with obsessive-compulsive disorder were included in the study.

Inclusion Criteria

Participants fulfilling the below mentioned criteria were selected

- Adults between the ages of 18 and 50 years.
- Individuals in the hospital setting were administered the Obsessive–Compulsive Symptoms Checklist (Dawood, 2013), and only those scoring 14 or above (meeting the diagnostic or referral criteria for obsessive–compulsive symptoms) were included in the sample.
- Were recruited from clinical settings such as private or government hospitals and mental health clinics located in Rawalpindi, Islamabad, and Swat.

Exclusion Criteria

- Individuals presenting with mental health conditions other than OCD or those with cognitive impairments.
- Individuals who do not meet the cutoff score of 14 or above on the Obsessive–Compulsive Symptoms Checklist (Dawood, 2013) will be excluded from the study.

Operational Definitions

Savoring

Savoring is defined as the ability to attend to, appreciate, and intensify positive experiences in life (Bryant & Veroff, 2007). In the current study, savoring is assessed using the Urdu-translated version of the Savoring Beliefs Inventory (Bryant, 2003). Higher scores on the SBI reflect greater savoring capacity, whereas lower scores indicate less capacity to savor positive experiences.

Gratitude

Gratitude, as conceptualized by Emmons and McCullough, involves a two-step process: (1) recognizing the receipt of a positive outcome and (2) acknowledging that the source of this outcome lies outside the self. In this study, gratitude is measured using the Gratitude Questionnaire (Zoaib & Batool, 2020). Higher scores reflect a greater tendency to experience gratitude, while lower scores indicate lower levels of gratitude.

Life Satisfaction

Life satisfaction refers to a cognitive, global assessment of an individual's quality of life, encompassing both feelings and attitudes about one's overall well-being (Diener, 1984). In this research, life satisfaction is measured using the Satisfaction with Life Scale (Butt et al., 2014). Higher scores on the scale signify greater life satisfaction, whereas lower scores indicate lower satisfaction levels.

Self-Compassion

Self-compassion is defined as a positive self-attitude characterized by kindness and understanding toward oneself during difficult times, alongside an acknowledgment of shared human imperfection (Neff, 2003). In the present study, self-compassion is evaluated using the Self-Compassion Scale short Form (Imtiaz, 2012). Higher scores indicate higher levels of self-compassion, while lower scores reflect lower self-compassion.

Instruments

Demographic Sheet

A demographic information sheet was designed to gather relevant background data, including age, gender, educational level, number of siblings, family type (nuclear or joint), marital status, birth order, occupation, and duration of illness. The data were collected individually by the researcher from participants with obsessive-compulsive and related disorders who had completed at least matriculation-level education. Prior to inclusion, participants were screened using the Obsessive Compulsive Symptoms Checklist (Dawood, 2013) to confirm the presence of relevant symptoms.

Savoring Belief Inventory (SBI)

The Savoring Belief Inventory (SBI), developed by Bryant (2003), assesses individuals' cognitive beliefs related to their capacity to savor positive experiences. The scale comprises four subscales: Anticipating, Savoring the Moment, Reminiscing, and the Total Score. Participants respond using a 7-point Likert scale, indicating their level of agreement with each statement. The SBI evaluates current savoring habits and can be used to monitor changes in savoring ability

over time. In the present study, savoring belief inventory was first translated by the researcher into Urdu language and then administered on the participants.

Gratitude Questionnaire–Six Item Form (GQ-6)

The Gratitude Questionnaire assesses how likely individuals are to experiencing gratitude in their everyday lives. In the present study, Urdu translation of the scale (Zoaib & Batool, 2020) was used. The instrument contains six items, each rated on a seven-point Likert scale from 1 (strongly disagree) to 7 (strongly agree), with items 3 and 6 being reverse-scored. Reliability of the scale has been demonstrated in previous research, with Cronbach's alpha values ranging between .76 and .84 (McCullough et al., 2002).

Satisfaction with Life Scale (SWLS)

The five-item scale measures participants' cognitive evaluations of their overall life satisfaction. In the present study, the Urdu translation of the scale was used (Butt et al., 2014). Each item is rated on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating greater satisfaction with life. The SWLS is widely utilized in psychological research and has demonstrated strong psychometric reliability and validity.

Self-Compassion Scale–Short Form (SCS-SF)

The Self-Compassion Scale–Short Form (SCS-SF) is a brief instrument that assesses individuals' tendencies to treat themselves with care, understanding, and non-judgment during challenging situations. In the present study, the Urdu translation of the scale was administered (Imtiaz, 2012). The scale consists of 12 items rated on a five-point Likert scale ranging from 1 (almost never) to 5 (almost always), with total scores ranging from 12 to 60. Higher scores indicate greater levels of self-compassion.

Obsessive-Compulsive Symptom Checklist (Dawood, 2013)

The Obsessive-Compulsive Symptom Checklist, developed by Dr. Saima Dawood (2013) in accordance with DSM-5 diagnostic criteria and translated into Urdu, serves as a screening tool for identifying symptoms of obsessive-compulsive disorder. The checklist includes 15 items covering various OCD symptom dimensions. Responses are recorded on a 4-point Likert scale ranging from 0 (Never) to 3 (Severe). This tool facilitates the preliminary identification of OCD-related symptoms in clinical populations.

Ethical Consideration:

Ethical approval was obtained from the Institutional Review Board (IRB) prior to data collection, in accordance with research ethics, ensuring participant confidentiality. Formal permission from the hospital authority was obtained before data collection. All participants were informed about the objectives of the study before participation. They were provided with clear instructions and given the opportunity to ask questions to ensure full understanding. Written informed consent was obtained from each participant, emphasizing that participation was voluntary and they could withdraw at any time without any consequences. Participant's responses were kept confidential and anonymous.

Procedure (Data Collection)

The data for the present study was collected following a systematic and ethical procedure to ensure participant well-being. A purposive sampling strategy was used to recruit individuals diagnosed with obsessive-compulsive disorder and related disorders. Participants were recruited from private and government hospitals, as well as mental health clinics, located in Rawalpindi,

Islamabad, and Swat. Screening was conducted using the Obsessive Compulsive Symptoms Checklist (Dawood, 2013) to identify participants suffering from obsessive compulsive and related disorders. Both referred cases and clinically diagnosed individuals were included in the sample. Informed consent was obtained from all participants, and they were provided with clear instructions for completing the questionnaires. After the data was collected, statistical software (SPSS) was used to perform correlation and mediation analyses to examine the relationships among the variables. The results were then interpreted, and a comprehensive report was prepared, outlining the findings, their implications, and recommendations for therapeutic interventions for individuals with obsessive-compulsive and related disorders.

Results

Table3*Frequencies and Percentages of Demographic Variables of Study (N=120)*

Variables	Category	<i>f</i>	%
Gender	Female	70	56.9
	Male	50	40.7
Age	18-29	70	56.9
	30-50	50	40.7
Level of education	undergraduate	80	65.0
	Graduate	40	32.5
No. of siblings	0-4	34	27.6
	5 plus	86	69.9
occupation	Employed	35	28.5
	Unemployed	85	69.1
Residential Area	Urban	72	58.5
	Rural	48	39.0
Family Structure	Joint	58	47.2
	Nuclear	62	50.4
Marital Status	Unmarried	103	83.7

	Married	17	13.8
Birth Order	First born	26	21.1
	Middle born	47	38.2
	Last born	47	38.2
Family status	Upper Class	10	8.1
	Middle class	104	84.6
	Lower class	6	4.9
Duration of illness	Less than 1 year	67	54.5
	More than 1 year	53	43.1
On medicines	Yes	18	14.6
	No	102	82.9

The above table presents the frequency and percentage distribution of the demographic variables included in the study, namely gender, age, level of education, number of siblings, occupation, residential area, family structure, marital status, birth order, family status, duration of illness, and whether participants are on medication. The sample comprised 56.9% female and 40.7% male participants. A majority (56.9%) were in the 18–29 years age range, while 40.7% were in the 30–50 years range. Regarding education, 65.0% were undergraduates, and 32.5% were graduates. In terms of number of siblings, 69.9% had five or more siblings, while 27.6% had 0–4 siblings.

Regarding employment, 69.1% of the participants were unemployed, and 28.5% were employed. In terms of residential area, 58.5% lived in urban areas, while 39.0% resided in rural

areas. As for family structure, 50.4% belonged to nuclear families, while 47.2% belonged to joint family systems. A large proportion of the sample was unmarried (83.7%), with only 13.8% being married. In birth order, 21.1% were first-born, 38.2% were middle-born, and 38.2% were last-born. Most participants belonged to the middle socioeconomic class (84.6%), followed by upper class (8.1%) and lower class (4.9%). With regard to duration of illness, 54.5% reported being ill for less than 1 year, while 43.1% had been ill for more than 1 year. Lastly, 14.6% of the participants were currently taking medication, whereas 82.9% were not on medication at the time of data collection.

Table 4*Descriptive Statistics and Psychometric Properties of the Scales Used in the Study (N=120)*

Scales	<i>k</i>	α	<i>M</i> (<i>SD</i>)	Range		Skewness	Kurtosis
				Potential	Actual		
OCD	15	.81	19.6(3.41)	0-45	14-28	.16	-.81
SBI	24	.82	143.0(14.1)	24-168	120-168	.09	-1.2
GQ-6	6	.80	35.6(3.68)	6-42	27-42	.06	-.83
SWLS	5	.80	25.59(3.23)	5-35	19-33	.26	-.72
SCS	12	.85	35.6(3.99)	12-60	28-46	.16	-.57

Note. SBI= *Savoring Belief Inventory*; GQ-6=*Gratitude Questionnaire item 6*; SWLS= *Satisfaction with Life scale*; SCS= *Self Compassion Scale Short Form*.

Table 4 shows the psychometric properties of the scales. The Cronbach's alpha values of all measures are in the acceptable range. For OCD checklist, it is .81; for savoring beliefs inventory, it is .82; for gratitude questionnaire, it is .80; for satisfaction with life scale, it is .80; and for self-compassion scale short form, it is .85. The standardized skewness and kurtosis values are between -1 and +1, which indicates that the data is normally distributed.

Table 5

Correlation of Savoring, Gratitude, Life Satisfaction, Self Compassion among Individual Suffering from Obsessive Compulsive and Related Disorders (N=120)

Variables	1	2	3	4	5
1 OCD	-	-.74**	-.79**	-.89**	-.74**
2 Savoring	-		.92**	.81**	.88**
3 Gratitude	-	-	-	.84**	.89**
4 Life satisfaction					.82**
5 Self compassion	-	-	-	-	-

**p<.01,*p<.05

Table 5 shows Pearson correlation coefficients for Obsessive Compulsive Disorder (OCD), savoring, gratitude, life satisfaction, and self-compassion among individual suffering obsessive compulsive and related disorders. Results indicate that OCD is significantly negatively correlated with savoring ($r = -.74$, $p < .01$), gratitude ($r = -.79$, $p < .01$), life satisfaction ($r = -.89$, $p < .01$), and self-compassion ($r = -.74$, $p < .01$). This suggests that higher OCD symptoms are associated with lower levels of savoring, gratitude, life satisfaction, and self-compassion. Additionally, savoring is significantly positively correlated with gratitude ($r = .92$, $p < .01$), life satisfaction ($r = .81$, $p < .01$), and self-compassion ($r = .88$, $p < .01$). Gratitude is also significantly positively related to life satisfaction ($r = .84$, $p < .01$) and self-compassion ($r = .89$, $p < .01$). Finally, life satisfaction is positively correlated with self-compassion ($r = .82$, $p < .01$). These results indicate strong positive interrelationships among savoring, gratitude, life satisfaction, and self-compassion, while all are negatively linked with OCD.

Table 6

Simple Linear Regression Showing Savoring as Predictor of Life satisfaction Among Individuals Suffering from Obsessive Compulsive and Related Disorders (N=120)

	<i>B</i>	<i>SEB</i>	β	<i>t</i>	<i>P</i>
Constant	-1.10	1.74		-.63	.52
Savoring	.18	.01	.81	15.36	.000

Note. $R=.81, R^2=.66$

Table 6 shows the impact of savoring on life satisfaction among patients with obsessive-compulsive and related disorders. The R^2 value of .66 revealed that the predictor variable explained 66.7% variance in the outcome variable, with $F(1, 118) = 236.13, p < .001$. The findings revealed that savoring positively predicted life satisfaction ($\beta = .81, p < .001$).

Table 7

Simple Linear Regression Showing Gratitude as Predictor of Life Satisfaction among Individuals Suffering From Obsessive Compulsive and Related Disorders (N=120)

	<i>B</i>	<i>SEB</i>	β	<i>t</i>	<i>P</i>
Constant	-.95	1.53		-.62	.53
Gratitude	.74	.04	.84	17.4	.000

Note. $R=.84$, $R^2=.72$

Table 7 shows the impact of gratitude on life satisfaction among patients with obsessive-compulsive and related disorders. The R^2 value of .72 revealed that the predictor variable explained 72.1% variance in the outcome variable, with $F(1, 118) = 304.45$, $p < .001$. The findings revealed that gratitude positively predicted life satisfaction ($\beta = .84$, $p < .001$).

Table 8

Mediating Effect of Self-Compassion in the Relationship between Savoring and Life Satisfaction among Individuals Suffering From Obsessive Compulsive and Related Disorders (N = 120)

Predictors		Life Satisfaction				
Model		R^2	β	p	t	95% BaCI
1	Constant		-.10	.95	-.06	[-3.51,3.30]
	Savoring	.78	.25	.000	20.8	[.22,.27]
2	Constant		-1.06	.51	-.65	[-4.27,2.14]
	Savoring	.71	.09	.003	3.68	[.041,.13]
	Self Compassion		.38	.000	4.44	[.21,.55]

For Step 1: $F = 436.32^{***}$, For Step 2: $F = 146.74^{***}$

Note: R^2 = Explained variance, BaCI= Biased corrected confidence interval

The analysis supports a model of partial mediation, indicating that self-compassion significantly mediates the relationship between savoring and life satisfaction. The model shows that savoring significantly predicted self-compassion ($a = 0.25$, $p < .001$), and self-compassion, in turn, significantly predicted life satisfaction ($b = 0.38$, $p < .001$). Collectively, these findings indicate that while savoring independently enhances life satisfaction, a meaningful portion of its positive effect is transmitted through its ability to increase an individual's level of self-compassion. Model 1 demonstrated a strong explanatory power, accounting for 78% of the variance ($R^2 = .78$) in life satisfaction, with the overall model being highly significant ($F = 436.32$, $p < .001$).

Model 2 explained 71% of the variance ($R^2 = .71$), and the inclusion of self-compassion significantly improved model fit, as indicated by a highly significant F-value ($F = 146.74$, $p < .001$).

Mediation Model I

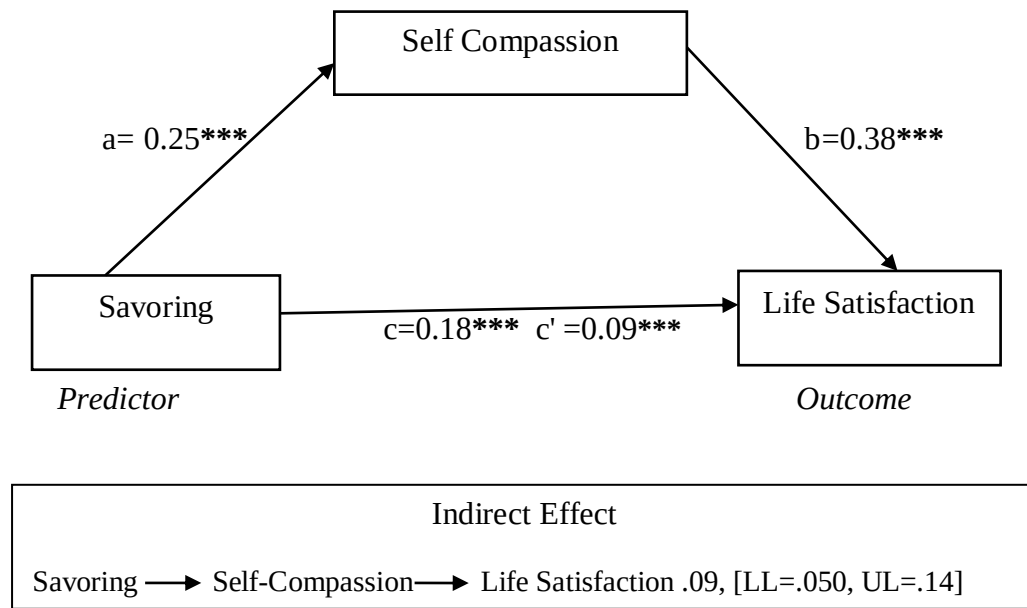


Figure I. Path Diagram Illustrating the Mediating role of Self-Compassion in the Relationship between Savoring and Life Satisfaction

The figure indicates that savoring significantly predicted self-compassion ($a = 0.25$, $p < .001$), which in turn significantly predicted life satisfaction ($b = 0.38$, $p < .001$). Savoring also showed a significant direct effect on life satisfaction after controlling for self-compassion ($c' = 0.09$, $p < .001$). The total effect of savoring on life satisfaction was significant ($c = 0.18$, $p < .001$). The indirect effect of savoring on life satisfaction through self-compassion was also

significant ($a \times b = 0.10$, 95% CI [.05, .14]), indicating that self-compassion partially mediates this relationship.

Table 9

Mediating Effect of Self-Compassion in the Relationship between gratitude and Life Satisfaction among Individuals Suffering From Obsessive Compulsive and Related Disorders (N = 120)

Predictors		life satisfaction				
Model		R^2	β	p	t	95% BaCI
1	Constant		1.05	.50	.67	[-2.06,4.18]
	Gratitude	.80	.97	.000	22.07	[.88,1.05]
2	Constant		-1.23	.40	-.83	[-4.17,1.69]
	gratitude	.74	.48	.000	5.20	[.30,.67]
	Self compassion		.26	.002	3.08	[.09,.43]

For step 1: $F = 487.15$ ***, step 2 : $F = 168.00$ ***

Note: R^2 = Explained variance, BaCI= Biased corrected confidence interval

Results in Table 9 indicate that self-compassion partially mediates the relationship between gratitude and life satisfaction. Model 1 showed that gratitude significantly predicted life satisfaction ($c = 0.74$, $p < .001$), accounting for 80% of the variance ($R^2 = .80$), with a significant overall model fit ($F = 487.15$, $p < .001$). Model 2 demonstrated that, after including self-compassion, gratitude remained a significant predictor of life satisfaction, though with a reduced effect ($c' = 0.48$, $p < .001$), indicating partial mediation. The model explained 74% of the variance in life satisfaction ($R^2 = .74$) and showed a good overall fit ($F = 168.00$, $p < .001$).

The figure further illustrates that gratitude significantly predicted self-compassion ($a = 0.97$, $p < .001$), and self-compassion significantly predicted life satisfaction ($b = 0.26$, $p < .01$).

The indirect effect of gratitude on life satisfaction through self-compassion was significant ($a \times b = 0.26$, 95% CI [.09, .43]), confirming that self-compassion partially mediates this association.

Mediation Model II

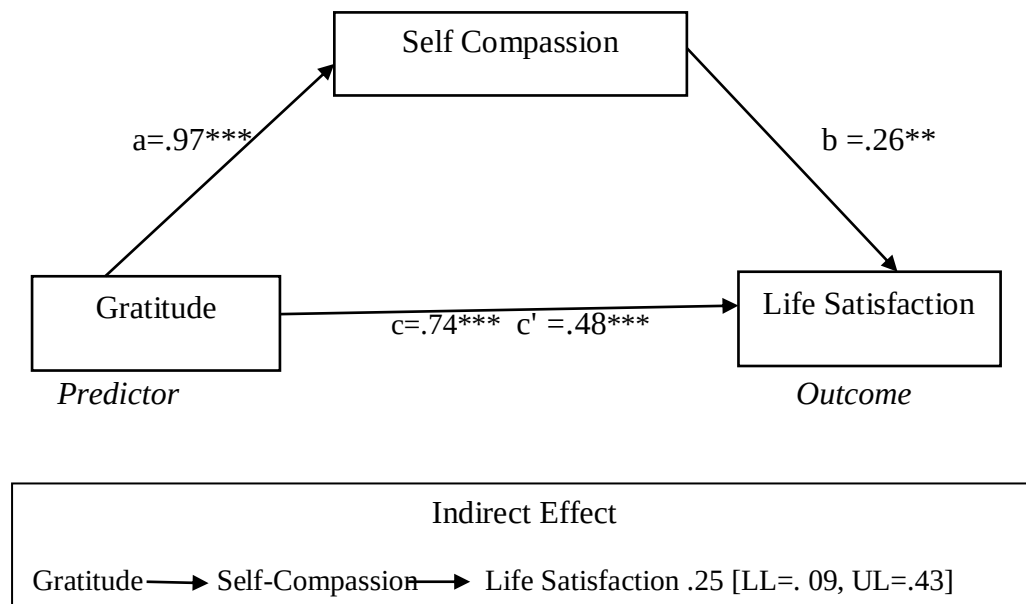


Figure II. Path Diagram illustrating the mediating role of Self-Compassion in the Relationship between Gratitude and Life Satisfaction

The figure indicates that gratitude significantly predicted self-compassion ($a = 0.97$, $p < .001$), which in turn significantly predicted life satisfaction ($b = 0.26$, $p < .01$). Gratitude also indicated a significant direct effect on life satisfaction after controlling for self-compassion ($c' = 0.48$, $p < .001$). The total effect of gratitude on life satisfaction was significant ($c = 0.74$, $p < .001$). The indirect effect of gratitude on life satisfaction through self-compassion was also significant ($a \times b = 0.26$, 95% CI [.09, .43]), indicating that self-compassion partially mediates this relationship.

Table 10

Comparison Between Male and Female Participants Suffering From Obsessive Compulsive and Related Disorders on Savouring, Gratitude, Life satisfaction and Self Compassion (N=120)

Variables	Male	Female	<i>t</i> (118)	<i>P</i>	95% <i>CI</i>		<i>Cohen's d</i>
	(<i>n</i> =50)	(<i>n</i> =70)			<i>LL</i>	<i>UL</i>	
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)					
OCD	20.3(3.31)	19.1(3.41)	-1.99	.52	-2.48	-.00	0.35
Savoring	140.2(13.7)	145.0(14.1)	1.84	.49	-.36	9.92	0.34
Gratitude	35.0(3.44)	36.0(3.81)	1.57	.37	-.27	2.41	0.27
Life satisfaction	24.9(2.87)	26.07(3.41)	2.00	.04	.011	2.29	0.37
Self compassion	35.1(3.95)	36.0(4.00)	1.28	.65	-.51	2.40	0.22

Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit,

Above Table describes the results of comparison between male (*n* = 50) and female (*n* = 70) participants on OCD symptoms, savoring, gratitude, life satisfaction, and self-compassion. Analysis indicates no significant gender difference in OCD symptoms, *t* (118) = −1.99, *p* = .52, 95% *CI* [−2.48, −.00], *d* = 0.35, although males scored slightly higher than females. Similarly, savoring did not differ by gender, *t*(118) = 1.84, *p* = .492, 95% *CI* [−.361, 9.92], *d* = 0.34, with females showing a small non-significant advantage. Gratitude also showed a non-significant gender effect, *t*(118) = 1.57, *p* = .37, 95% *CI* [−.278, 2.41], *d* = 0.27. In contrast, life satisfaction

differed significantly by gender: females reported higher satisfaction than males, $t(114.82) = 2.00$, $p = .046$, 95% CI [0.01, 2.29], $d = 0.37$. Finally, self-compassion scores did not differ, $t(118) = 1.28$, $p = .656$, 95% CI [-0.51, 2.40], $d = 0.22$. Thus, only life satisfaction showed a statistically reliable gender difference, all other variables yielding small, non-significant effects.

Table 11

Independent Sample t test to investigate age-Related Differences among individuals suffering From Obsessive Compulsive and Related Disorders in Savouring, Gratitude, Life Satisfaction and Self Compassion (N=120)

Variables	18-29	30-50					
	(n=70)	(n=50)	95% CI				
	<i>M(SD)</i>	<i>M(SD)</i>	<i>t(118)</i>	<i>P</i>	<i>LL</i>	<i>UL</i>	<i>Cohen's d</i>
OCD	19.3(3.41)	19.9(3.42)	-.93	.86	-1.84	.658	0.17
Savoring	144.1(13.9)	141.4(14.4)	1.03	.61	-2.46	7.91	0.19
Gratitude	35.8(3.64)	35.3(3.76)	0.65	.67	-.90	1.80	0.13
Life satisfaction	25.7(3.23)	25.3(3.25)	0.60	.76	-.82	1.55	0.12
Self compassion	35.7(3.73)	35.6(4.37)	0.02	.280	-1.45	1.49	0.02

Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit,

The table presents the comparison between two age groups (18–29 years and 30–50 years) on Obsessive-Compulsive symptoms, Savoring, Gratitude, Life Satisfaction, and Self-Compassion. The results indicated that there were no significant age-related differences on any of the measured variables. For Obsessive-Compulsive symptoms, the difference between age groups was not significant, $t(118) = -0.93$, $p = .86$, with a small effect size ($d = 0.17$). Similarly, no significant difference was found for Savoring, $t(118) = 1.03$, $p = .61$, $d = 0.19$, Gratitude, $t(118) = 0.65$, $p = .67$, $d = 0.13$, Life Satisfaction, $t(118) = 0.60$, $p = .76$, $d = 0.12$, and Self-

Compassion, $t(118) = 0.02$, $p = .280$, $d = 0.02$. These findings suggest that age does not play a significant role in influencing the levels of obsessive-compulsive symptoms, savoring, gratitude, life satisfaction, or self-compassion in the present sample.

Table 12

One Way ANOVA to Investigate Differences on the Basis of Family status in Savoring, Gratitude, Life Satisfaction and Self Compassion Among Individuals Suffering From Obsessive Compulsive and Related Disorders (N=120)

Variables	Upper Class (n = 10)		Middle Class (n =104)		Lower Class (n =6)		F	p
	M	SD	M	SD	M	SD		
Savoring	141.2	14.9	143.2	14.4	142.1	14.1	.103	.90
Gratitude	35.1	3.28	35.6	3.78	36.3	2.87	.211	.81
Life satisfaction	25.2	3.25	25.6	3.29	25.1	2.40	.142	.86
Self compassion	35.1	3.84	35.7	4.10	34.8	1.94	.282	.75

Above table shows the results of a one-way ANOVA conducted to examine differences based on socioeconomic class (Upper Class, Middle Class, and Lower Class) in Savoring, Gratitude, Life Satisfaction, and Self-Compassion. The findings revealed no significant differences across any of the variables. Savoring did not differ significantly across socioeconomic groups, $F(2, 117) = 0.103$, $p = .98$. Likewise, no significant differences were found for gratitude, $F(2, 117) = 0.211$, $p = .81$, life satisfaction, $F(2, 117) = 0.14$, $p = .86$, and self-compassion, $F(2, 117) = 0.28$, $p = .75$. These results indicate that levels of savoring, gratitude, life satisfaction, and self-compassion do not vary significantly across different socioeconomic classes.

Discussion

The present study was conducted within the framework of positive psychology. This study aimed to examine the relationship of savoring and gratitude with life satisfaction among individuals suffering from Obsessive-Compulsive and Related Disorders (OCDs). This study also examined the mediating role of self-compassion. A correlational, cross-sectional research design was employed to explore relationships among Savoring, gratitude, life satisfaction and self-compassion variables. Participants were selected via purposive sampling from clinical settings in Rawalpindi, Islamabad, and Swat. The sample was comprised of individuals with OCD (N = 120). Data of present study was collected by using Savoring Beliefs Inventory (Bryant, 2003), Gratitude Questionnaire–6 (Zoaib & Batool, 2020), Satisfaction with Life Scale (Butt et al., 2014), Self-Compassion Scale–Short Form (Imtiaz, 2012) and the Obsessive-Compulsive Symptom Checklist (Dawood, 2013).

Unlike the traditional disease model, which focuses predominantly on psychopathology and symptom alleviation, this study was based on strengths-based approach, consistent with the perspectives proposed by Seligman and Csikszentmihalyi (2000). Guided by the principles of positive psychology, this study examined how inner psychological resources such as savoring, gratitude, and self-compassion contribute to enhancing life satisfaction and reducing the distress commonly associated with OCDs.

The present study investigated the relationship of savoring and gratitude with life satisfaction among individuals suffering from Obsessive-Compulsive and Related Disorders (OCDs), while also examining the mediating role of self-compassion. In the first hypothesis it

was hypothesized that savoring and gratitude would be positively associated with life satisfaction among individuals with Obsessive-Compulsive and Related Disorders (OCDs).

The results of the present study strongly support this Hypothesis. As presented in Table 5, both savoring and gratitude demonstrated significant positive correlation with life satisfaction. Savoring was found to be positively correlated with life satisfaction ($r = .81, p < .01$), while gratitude also exhibited a strong positive correlation ($r = .84, p < .01$). These findings suggest that individuals with OCDs are likely to experience greater satisfaction with life. These results are consistent with prior research in the field of positive psychology. Bryant (2003) proposed that savoring enhances well-being by enabling individuals to extend their positive emotional experiences. Another study (Smith & Hollinger-Smith, 2015) has further supported this, indicating that savoring interventions contribute meaningfully to psychological well-being, even in clinical populations. Additionally, gratitude has been shown to improve life satisfaction through positive reframing and emotional regulation (Wood et al., 2010; Emmons & McCullough, 2003).

In the second hypothesis it was also hypothesized that savoring would significantly predict life satisfaction among individuals with Obsessive-Compulsive and Related Disorders (OCDs). This hypothesis was also supported by the data. As shown in Table 6, savoring significantly predicted life satisfaction among individuals suffering from obsessive compulsive and related disorders. The regression analysis revealed that savoring accounted for 66.7% of the variance in life satisfaction ($R^2 = .667$), with a significant model fit, $F(1, 118) = 236.135, p < .001$. The standardized beta coefficient ($\beta = .817, p < .001$) indicated that savoring had a strong, positive impact on life satisfaction.

This finding aligns with Bryant's (2003) conceptualization of savoring as a core mechanism for sustaining positive emotional experiences. Savoring has been shown to counteract negative affect by increasing attention to and appreciation of positive moments (Jose et al., 2012).

It was also hypothesized that gratitude would significantly predict life satisfaction among individuals suffering from Obsessive-Compulsive and Related Disorders (OCDs). The findings provided strong empirical support for this Hypothesis. As indicated in Table 7, gratitude significantly predicted life satisfaction, explaining 72.1% of the variance ($R^2 = .72$), $F(1, 118) = 304.457$, $p < .001$. The beta value ($\beta = .849$, $p < .001$) confirmed that higher levels of gratitude were associated with greater life satisfaction among individuals suffering from OCDs.

This result is consistent with previous studies, such as those by Emmons and McCullough (2003), who found that gratitude practices significantly improve mood and life satisfaction across both clinical and non-clinical populations. Gratitude may help individuals shift their focus from obsessive concerns to positive life aspects and increase their sense of contentment. The current findings extend this line of research by demonstrating that gratitude remains a significant contributor to well-being even in the presence of clinical disorders like OCD. Gratitude has emerged as a key psychological construct in the study of subjective well-being and has consistently demonstrated a strong positive relationship with life satisfaction. It is widely recognized as a fundamental character strength that supports overall psychological health and fulfillment (Park et al., 2004; Peterson et al., 2007).

In the third hypothesis it was hypothesized that Self-compassion will significantly mediate the relationship between savoring and life satisfaction among individuals suffering from Obsessive Compulsive and Related Disorders. This hypothesis was partially supported, as self-compassion was found to partially mediate the relationship between savoring and life satisfaction. As shown in Table 8, Model 1 demonstrated that savoring significantly predicted life satisfaction ($b = .25$, $t = 20.8$, $p = .000$), accounting for 78% of the variance ($R^2 = .78$). When self-compassion was added in Model 2, the effect of savoring on life satisfaction decreased but remained significant ($b = .09$, $t = 3.68$, $p = .003$), suggesting partial mediation. Self-compassion itself was a significant predictor of life satisfaction ($b = .385$, $t = 4.44$, $p = .000$), and the combined model explained 71% of the variance in life satisfaction ($R^2 = .71$).

These findings are consistent with Neff's (2003) model of self-compassion, which posits that being kind to oneself in the face of hardship can enhance life satisfaction. Savoring may promote self-compassion by encouraging individuals to acknowledge and appreciate positive moments without self-judgment. In clinical populations like those with OCD, where harsh self-criticism is common, self-compassion can reduce distress and enhance psychological functioning (Germer & Neff, 2013). The partial mediation observed suggests that savoring increases life satisfaction both directly and indirectly through the enhancement of self-compassion.

The Fourth hypothesis was Self-compassion will significantly mediate the relationship between gratitude and life satisfaction among individuals suffering from Obsessive Compulsive and Related Disorders. The results also partially supported this Hypothesis. As presented in Table 9, gratitude significantly predicted life satisfaction in Model 1 ($b = .97$, $t = 22.07$, $p = .000$), accounting for 80% of the variance ($R^2 = .80$). In Model 2, when self-compassion was

introduced as a mediator, the strength of the relationship between gratitude and life satisfaction decreased but remained significant ($b = .486$, $t = 5.20$, $p = .000$), indicating partial mediation. Self-compassion also significantly predicted life satisfaction ($b = .26$, $t = 3.08$, $p = .002$), and the combined model explained 74% of the variance ($R^2 = .74$).

These results are supported by studies by Neff and Germer (2013), who argue that self-compassion enhances emotional well-being by reducing self-criticism and increasing positive affect. Gratitude may nurture self-compassion by shifting focus from inadequacy or perfectionism toward appreciation and acceptance. The partial mediation effect suggests that while gratitude directly enhances life satisfaction, its impact is amplified through the presence of self-compassion.

Although demographic variables were not formally hypothesized in the present study, the examination of these variables still provided important insights that clarify and support the expected relationships among the primary constructs. The analysis revealed gender differences in life satisfaction, with female participants reporting significantly higher levels than males, whereas no significant gender differences emerged for the other study variables. This result aligns with prior research indicating that women often experience greater life satisfaction across diverse demographic groups (Joshani & Jovanović, 2019). Age did not have a significant impact on any of the study variables, suggesting that the association between savoring, gratitude, self-compassion, and life satisfaction remain consistent across the age range represented in the sample. Similarly, socioeconomic status did not significantly affect levels of savoring, gratitude, self-compassion, or life satisfaction. These findings are theoretically coherent with the study hypotheses, as higher levels of savoring and gratitude were associated with enhanced life

satisfaction, while lower severity of obsessive-compulsive symptoms corresponded with elevated positive psychological functioning. Furthermore, self-compassion emerged as a key resilience-enhancing resource, potentially fostering emotional stability and promoting well-being among individuals with Obsessive Compulsive and related disorders.

The findings of the present study provide strong evidence for supporting the hypothesized relationships and offer important insights into how positive psychological constructs can influence well-being in clinical populations. The results demonstrated significant negative correlations between OCD symptom severity and savoring, gratitude, life satisfaction and self-compassion, indicating that higher levels of OCD symptoms were associated with lower levels of savoring, gratitude, self-compassion, and life satisfaction. These findings align with previous research suggesting that the intrusive thoughts and compulsive behaviors characteristic of OCRDs can significantly impair an individual's ability to experience positive emotions and maintain psychological well-being (Abramowitz et al., 2009; Wheaton et al., 2012).

The analysis revealed that both savoring and gratitude were strong positive predictors of life satisfaction, accounting for substantial portions of variance in life satisfaction scores.

A particularly important finding was the mediating role of self-compassion in the relationships between savoring and life satisfaction, and between gratitude and life satisfaction. The mediation analyses revealed partial mediation effects, indicating that while savoring and gratitude directly influence life satisfaction, they also operate indirectly through their effects on self-compassion. This suggests that individuals with higher levels of savoring and gratitude may develop greater self-compassion, which in turn contributes to enhanced life satisfaction. The partial nature of the mediation implies that these constructs have independent effects on life

satisfaction beyond their influence through self-compassion. These findings are consistent with Neff's conceptualization of self-compassion as a crucial factor in emotional resilience and well-being, particularly in populations experiencing psychological distress (Neff, 2003; Neff & Germer, 2013).

The theoretical implications of these findings are substantial. They provide empirical support for the application of positive psychology principles in understanding and treating Obsessive Compulsive and related disorder, moving beyond the traditional deficit-focused models to incorporate strength-based approaches. The strong associations between savoring and gratitude with life satisfaction suggest that therapeutic interventions targeting savoring, gratitude, and self-compassion could complement existing evidence-based treatments for OCRDs. This integrated approach could potentially lead to more comprehensive treatment outcomes that address both symptom reduction and enhancement of well-being (Seligman & Csikszentmihalyi, 2000; Sin & Lyubomirsky, 2009; Neff, 2003; Wood et al., 2010).

From a clinical perspective, these findings provide insights that may inform therapeutic practices for individuals with Obsessive-Compulsive and Related Disorders (OCRDs). The observed associations suggest that savoring and gratitude are positively linked to life satisfaction, and that self-compassion plays an important mediating role. This indicates that fostering positive psychological constructs may be valuable in understanding well-being among this population. While the present study was not intervention-based, the results highlight potential pathways that clinicians and researchers could explore in future intervention programs. Specifically, integrating components that enhance self-compassion may serve as a mechanism through which savoring and gratitude contribute to improved life satisfaction. These findings underscore the importance

of considering positive psychological factors alongside symptom reduction in the comprehensive understanding and management of OCRDs.

The present study has some limitations. The first limitation is that a pilot study was not conducted, which could have assisted in refining the methodology and ensuring the clarity and cultural appropriateness of the measures. The present study was based on a cross-sectional design, which restricts the ability to determine causal relationships among the variables. Self-report measures were used, which may have introduced response biases, and future research could incorporate multi-method assessments. The sample was drawn from specific geographic regions, which may limit the generalizability of the findings to other populations due to potential cultural influences.

Future research directions could include experimental studies testing the efficacy of positive psychology interventions specifically tailored for individuals with OCRDs. Investigation of potential moderators, such as illness duration or symptom subtype, could provide more comprehensive understanding of these relationships. The development and validation of integrated treatment protocols combining traditional OCD interventions with positive psychology approaches would be a valuable contribution to clinical practice.

Limitations and Suggestions

The present study contributes valuable insights, but there are several limitations as well. First of all, the study was not preceded by a pilot study due to temporal constraints, limited funding, and restricted access to the target population. The absence of a pilot study may have restricted the refinement of research instruments and procedures prior to full-scale data collection, potentially resulting in minor ambiguities or procedural inconsistencies.

Second, the cross-sectional research design limits the ability to infer causal relationships among savoring, gratitude, self-compassion, and life satisfaction. Longitudinal or experimental designs would enable stronger inferences regarding the temporal and causal directionality of these associations. Third, reliance exclusively on self-report measures may have introduced biases, including social desirability and shared method variance (Podsakoff et al., 2003). Employing multi-method assessments, such as behavioral observations or clinician ratings, could provide a more comprehensive evaluation of the constructs.

Fourth, the sample was relatively small and recruited through purposive sampling from clinical settings in Rawalpindi, Islamabad, and Swat, thereby limiting the external validity and generalizability of the findings to other populations or cultural contexts (Henrich et al., 2010). Fifth, although a validated screening instrument Obsessive Compulsive Symptoms Checklist (Dawood, 2013) was utilized, the study did not examine symptom severity or subtype specificity in detail, which may have influenced the observed relationships among variables.

Future research should address these limitations by employing longitudinal designs to examine whether increases in savoring, gratitude, and self-compassion lead to sustained improvements in life satisfaction among individuals with Obsessive Compulsive and related disorders. Experimental studies incorporating positive psychology interventions such as savoring exercises (Bryant & Veroff, 2007), gratitude journaling (Emmons & McCullough, 2003), or compassion-focused therapy (Gilbert, 2014) could evaluate their efficacy as adjuncts to standard OCD treatments. Furthermore, future studies could investigate moderating variables, including illness duration, symptom severity, and specific OCD subtypes, which may influence the effectiveness of these constructs. Expanding samples to include diverse cultural contexts and

non-clinical populations would enhance generalizability, while integrating multi-method assessments and qualitative approaches could provide deeper and more nuanced insights into the lived experiences of individuals with OCRDs.

Another limitation of the present study concerns the assessment of socioeconomic status (SES). SES data were collected using subjective indicators rather than precise quantitative measures, as requesting specific financial information from participants was deemed potentially intrusive and ethically sensitive. While this approach safeguarded participants' privacy and adhered to ethical standards, it may have limited the precision of the SES measurement. Future research is recommended to explore alternative, ethically appropriate methods for obtaining more concrete SES data such as income ranges to enhance the validity and reliability of demographic assessments.

Implications

The findings of the present study have important clinical and theoretical implications. From a clinical perspective, integrating strength-based interventions into OCD treatment could complement existing cognitive-behavioral and pharmacological approaches by enhancing psychological well-being rather than focusing solely on symptom reduction (Seligman & Csikszentmihalyi, 2000). Specifically, savoring interventions may help clients identify and prolong positive emotional experiences, counteracting the attentional biases toward threat commonly seen in OCD (Hirsch & Mathews, 2012). Gratitude-based practices can promote cognitive reframing and reduce maladaptive perfectionism (Wood et al., 2010), while self-compassion training as seen in mindfulness-based and compassion-focused therapies may buffer against self-criticism and shame (Neff & Germer, 2013). Theoretically, these results support the

positive psychology framework in clinical contexts, highlighting that well-being is not merely the absence of psychopathology but can be actively cultivated even in populations with chronic mental health conditions. Such an approach aligns with calls for a dual-factor model of mental health that integrates both symptom reduction and the promotion of psychological resources (Keyes, 2005).

Conclusion

This study makes a significant contribution to our understanding of positive psychological factors in OCRDs. The findings demonstrate that savoring, gratitude, and self-compassion are strongly associated with life satisfaction in this population, with self-compassion playing an important mediating role. These results support the integration of positive psychology approaches into the treatment of OCRDs, offering a more balanced perspective that addresses both symptom reduction and enhancement of well-being. The consistency of these relationships across different demographic groups suggests that such interventions could be broadly applicable within clinical populations. As the field of mental health continues to evolve toward more holistic models of care, these findings provide empirical support for incorporating strength-based approaches in the treatment of Obsessive Compulsive and related disorders.

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Appendices

Appendix A

INFORMED CONSENT

میں، صدف رحیم، ایم ایس کلینیکل سائیکالوجی کی طالبہ، انٹرنیشنل اسلامک یونیورسٹی اسلام آباد سے تعلق رکھتی ہوں۔ میں اپنی ڈگری کے تحقیقی کام کے لیے ایک مطالعہ کر رہی ہوں۔ ذیل میں دیئے گئے سوالنامے انٹرنیشنل اسلامک یونیورسٹی میں جاری کردہ تحقیق کا حصہ ہیں۔ آپ سے گزارش ہے کہ ہر سوال کو غور سے پڑھیں اور اپنی پسند کے مطابق موزوں درجہ بندی کا انتخاب کریں۔ اس تحقیق میں شرکت مکمل طور پر رضا کارانہ ہے۔ آپ کسی بھی وقت بغیر کسی وجہ کے تحقیق سے علیحدہ ہو سکتے ہیں۔ آپ کی فراہم کردہ معلومات کو رازداری کے ساتھ رکھا جائے گا۔ اور صرف تحقیقی مقاصد کے لیے استعمال کیا جائے گا۔ آپ کی شناخت ظاہر نہیں کی جائے گی۔ یہ survey مکمل کرنے میں تقریباً 10 سے 15 منٹ لگیں گے۔

اگر آپ شرکت کے لیے رضامند ہیں، تو براہ کرم نیچے دستخط کریں۔

شرکت کنندہ کے دستخط _____

تاریخ _____

Appendix B

DEMOGRAPHIC SHEET

عمر	خاندا ان کی ساخت
جنس	الگ
مرد	مشترکہ
خاتون	ازدواجی حیثیت
تعلیمی معیار	غیر شادی شدہ
میٹرک	شادی شدہ
انٹر میڈیٹ / اے لیول	طلاق یافتہ
بیچلر	اپنی پیدائش کے لحاظ سے آپ بہن بھائیوں میں کس نمبر پر ہیں؟
ماسٹرز	
ایم فل / ایم ایس	
پی ایچ ڈی	کیا اس وقت آپ نفسیاتی مرض کے علاج کے لیے دوائیوں کا استعمال کر رہے ہیں؟
بہن بھائیوں کی تعداد	ہاں
پیشہ	نہیں
ملازمت پیشہ	
بے روزگار	معاشی طور پر آپ کا تعلق کس خاندان سے ہے؟
گھریلو خاتون	معاشی طور پر اونچا
رہائشی علاقہ	معاشی طور پر متوسط
شہری	معاشی طور پر کم آمدن
دیہی	
آپ کتنے عرصے سے نفسیاتی مرض کا شکار ہیں؟	

Appendix C

OBSESSIVE COMPULSIVE SYMPTOMS CHECKLIST

نمبر شمار	علامات	بہت زیادہ	درمیانہ	بہت کم	بالکل نہیں
1	کسی خیال کا بار بار آنا اور اسے جھٹک نہ سکتا۔				
2	ایک ہی کام کو بار بار کرنا۔				
3	کنڈیاں، تالے بار بار چیک کرنا۔				
4	اپنے ہٹوے میں نوٹ بار بار گنتا۔				
5	بار بار ہاتھ دھونا۔				
6	دیر تک نہاتے رہنا۔				
7	مذہب کے خلاف خیالات آنا۔				
8	احساس جرم ہونا۔				
9	ناپاکی کا احساس ہونا۔				
10	مسلل ایک خوف کا طاری ہونا۔				
11	بار بار چیزوں کو ترتیب دینا۔				
12	گندگی کا احساس ہونا۔				
13	کسی دوسرے کی چھوئی ہوئی چیز کو چھونہ سکتا۔				
14	یادداشت میں کمزوری۔				
15	ناکارہ چیزوں کو جمع کرنا۔				

Appendix D

SAVORING BELIEF INVENTORY

ہدایات: نیچے دیے گئے ہر بیان کے لیے، براہ مہربانی ایک نمبر پر دائرہ لگائیں جو بہترین نشانہ ہی کرے کہ مخصوص بیان آپ کے لیے کتنا درست ہے۔ اس میں کوئی صحیح یا غلط

جوابات نہیں ہیں۔ براہ مہربانی ایمانداری سے جواب دیں۔

نمبر شمار	بیانات	بالکل غیر متفق	غیر متفق	کسی حد تک غیر متفق	غیر جانبدار	کسی حد تک متفق	بالکل متفق
1	کسی اچھی چیز کے ہونے سے پہلے، میں اس کی طرف ان طریقوں سے دیکھتا/دیکھتی ہوں جو مجھے حال میں خوشی دیں۔						
2	میرے لئے بہت لمبے عرصے تک اچھے احساس کو برقرار رکھنا مشکل ہوتا ہے۔						
3	میں اپنے ماضی کے خوشی کے لمحات کی طرف مڑ کر دیکھتے ہوئے لطف اندوز ہوتا/ہوتی ہوں۔						
4	میں اچھے لمحات کی طرف ان کے رونما ہونے سے پہلے بہت زیادہ دیکھنا پسند نہیں کرتا/کرتی ہوں۔						
5	میں جاننا/جانتی ہوں کہ اپنے زیادہ تر وقت کو اچھا کیسے بنانا ہے۔						
6	میں اچھے وقت کے وقوع پذیر ہو جانے کے بعد اس کو مڑ کر بہت زیادہ دیکھنا پسند نہیں کرتا/کرتی ہوں۔						
7	جب میں آنے والی اچھی چیزوں کے بارے میں سوچتا/سوچتی ہوں تو مجھے متوقع خوشی کا احساس ہوتا ہے۔						

							8	جب خود لطف اندوز ہونے کی بات آتی ہے تو میں اپنا بدترین دشمن ہوں۔
							9	اپنے ماضی کے خوشگوار واقعات کو یاد کر کے میں خود کو اچھا محسوس کروا سکتا / سکتی ہوں۔
							10	میرے لئے متوقع آنے والے اچھے واقعات کا اندازہ لگانا بنیادی طور پر وقت کا ضیاع ہو گا۔
							11	جب کچھ اچھا واقعہ ہوتا ہے، میں مخصوص چیزوں کو سوچتے / کرتے ہوئے اپنے لطف کو دیر تک بڑھا سکتا ہوں۔
							12	جب میں خوشگوار یادوں کو یاد کرتا / کرتی ہوں، تو میں اکثر اس یا مایوس محسوس کرنے لگتا / لگتی ہوں۔
							13	میں خوشگوار واقعات کے اصل میں ہونے سے پہلے اپنے ذہن میں ان سے لطف اندوز ہو سکتا / سکتی ہوں۔
							14	مجھے نہیں لگتا ہے کہ میں خوشگوار لمحوں کی خوشی کو قید کر سکتا / سکتی ہوں۔
							15	مجھے اپنے گزارے ہوئے تفریحی اوقات کی یادوں کو محفوظ کرنا پسند ہے تاکہ میں انہیں بعد میں یاد کر سکوں۔
							16	میرے لئے تفریحی اوقات کے حقیقتاً وقوع پذیر ہونے سے پہلے ان کے متعلق بہت زیادہ خوش ہونا مشکل ہوتا ہے۔
							17	میں اپنے ساتھ ہونے والی اچھی چیزوں کو مکمل طور پر سراہنے کے قابل محسوس کرتا / کرتی ہوں۔
							18	مجھے لگتا ہے ماضی کے اچھے وقتوں کے بارے میں سوچنا بنیادی طور پر

							وقت کا ضیاع ہے۔	
							میں یہ تصور کر کے اپنے آپ میں اچھا محسوس کر سکتا / سکتی ہوں کہ آنے والا خوشگوار وقت کیسا ہو گا۔	19
							میں چیزوں سے اتنا لطف اندوز نہیں ہوتا جتنا کہ مجھے ہونا چاہئے۔	20
							میرے لئے خوشگوار یادوں سے دوبارہ خوشی اجاگر کرنا آسان ہے۔	21
							جب میں خوشگوار واقعہ کے ہونے سے پہلے اس سے متعلق سوچتا / سوچتی ہوں تو میں اکثر غیر آرامدہ محسوس کرنے لگ جاتا / جاتی ہوں	22
							میں جب خود سے لطف اندوز ہونا چاہوں تو یہ میرے لئے آسان ہے۔	23
							میرے لئے، جب ایک دفعہ تفریحی وقت ختم ہو جائے اور گزر جائے تو بہتر یہی ہے کہ اس کے بارے میں نہ سوچا جائے۔	24

Appendix E

GRATITUDE QUESTIONNAIRE–SIX ITEM FORM (GQ-6)

نمبر شمار	بیانات	بالکل غیر متفق	غیر متفق	کسی حد تک غیر متفق	غیر جانبدار	کسی حد تک متفق	بالکل متفق
1	شکر گزار ہونے کے لئے میری زندگی میں بہت کچھ ہے۔						
2	جن چیزوں کے لیے میں خود کو شکر گزار محسوس کرتا ہوں، اگر میں ان کی فہرست بناؤں تو وہ بہت لمبی ہوگی۔						
3	جب میں دنیا کی طرف دیکھتا ہوں تو مجھے شکر گزار ہونے کو زیادہ کچھ نظر نہیں آتا۔						
4	میں بہت سے لوگوں کا شکر گزار ہوں۔						
5	بڑھتی عمر کے ساتھ میں ان لوگوں اور حالات و واقعات کی زیادہ قدر کرنے لگ گیا ہوں جو میری زندگی کا اہم حصہ رہے ہیں۔						
6	مجھے کسی چیز یا شخص کا شکر گزار ہونے میں بہت وقت درکار ہو گا۔						

Appendix F

SATISFACTION WITH LIFE SCALE

ہدایات:

نیچے پانچ بیانات دیئے گئے ہیں، آپ ان سے متفق یا غیر متفق ہو سکتے ہیں۔ 1 تا 7 تک اعداد کے ساتھ نیچے سکیل دیا گیا ہے۔ اس سکیل کو استعمال کرتے ہوئے جو جملہ آپ کو صحیح طرح بیان کرے اس کے سامنے مناسب نمبر پر (✓) کا نشان لگائیں۔ براہ مہربانی اپنی رائے کا اظہار ایمانداری سے کریں۔ سکیل یہ ہے۔

بیانات	بہت حد تک متفق	متفق	کچھ حد تک متفق	نہ ہی متفق نہ ہی غیر متفق	کچھ حد تک غیر متفق	غیر متفق	بہت حد تک غیر متفق
بہت حد تک میری زندگی، مثالی زندگی کے قریب ہے۔							
میری زندگی کے حالات بہترین ہیں۔							
میں اپنی زندگی سے مطمئن ہوں۔							
ابھی تک میں نے زندگی میں خواہش کردہ ہر اہم چیز حاصل کی ہے۔							
اگر میں اپنی زندگی اور جی۔ کا / سکی تو میں اُسے بالکل بدلنا نہیں چاہوں گا / گی۔							

Appendix G

SELF COMPASSION SCALE SHORT FORM (SCS-SF)

ہدایات: نیچے دیئے گئے نمبروں میں سے اس نمبر پر دائرہ لگائیں جس سے آپ متفق ہوں۔

نمبر شمار	بیانات	تقریباً کبھی نہیں	بہت کم	کبھی کبھار	اکثر	تقریباً ہمیشہ
1	جب میں کسی چیز میں ناکام ہو جاؤں جو میرے لیے اہم ہو، تو میں کم تر ہونے کے احساس میں گھلتا رہتا / گھلتی رہتی ہوں۔					
2	اپنی شخصیت کے وہ پہلو جو مجھے ناپسند ہیں، میں انہیں سمجھنے اور برداشت کرنے کی کوشش کرتی ہوں۔					
3	جب کوئی تکلیف دہ واقعہ پیش آتا ہے تو میں صورت حال کا متوازن جائزہ لینے کی کوشش کرتا / کرتی ہوں۔					
4	جب میں بچھا ہوا محسوس کرتا / سمجھی ہوئی محسوس کرتی ہوں تو مجھے محسوس ہونے لگتا ہے کہ زیادہ تر لوگ مجھ سے زیادہ خوش ہیں۔					
5	میں اپنی ناکامیوں کو زندگی کا حصہ سمجھنے کی کوشش کرتا / کرتی ہوں۔					
6	جب میں انتہائی مشکل وقت سے گزر رہا ہوتا / رہی ہوتی ہوں تو میں ضرورت کے مطابق اپنا خیال رکھتا / رکھتی ہوں اور اپنے آپ سے نرمی سے پیش آتا / آتی ہوں۔					
7	جب کوئی چیز مجھے پریشان کرتی ہے تو میں اپنے جذبات کو متوازن رکھنے کی کوشش کرتا کرتی / ہوں۔					
8	جب میں کسی ایسی چیز میں ناکام ہو جاؤں جو میرے لیے اہم ہو تو میں اپنی ناکامی میں خود کو اکیلا محسوس کرتا ہوں۔					

					جب میں بجھا ہوا / بجھی ہوئی ہوتی ہوں، تو ہر غلط چیز میرے ذہن پر سوار ہو جاتی ہے۔	9
					جب میں کسی بھی طرح سے خود کو کم تر محسوس کرتا / کرتی ہوں تو میں خود کو یاد دلانے کی کوشش کرتا / کرتی ہوں کہ احساس کمتری اور بھی بہت سے لوگ محسوس کرتے ہیں۔	10
					میں اپنی کمیوں اور خامیوں کو ناپسند کرتا / کرتی اور ان پر تنقیدی نظر رکھتا / رکھتی ہوں۔	11
					اپنی شخصیت کے وہ پہلو جو مجھے ناپسند ہیں، میرے لیے ناقابل برداشت اور بے چینی کا باعث ہیں۔	12

Appendix H

HOSPITAL PERMISSION LETTER

TO WHOM IT MAY CONCERN

This is to certify that Sadaf Rahim, bearing Registration No. 487-FSS/MSCP/F23, is a bonafide student of the MS Clinical Psychology degree program at the Department of Psychology, International Islamic University Islamabad. Currently, she is working on her research titled: "**Relationship of Savoring and Gratitude with Life Satisfaction among individuals suffering from Obsessive-Compulsive and related disorders: Mediating Role of Self-Compassion**" under the supervision of **Dr. Rabia Mushtaq**. For the purpose of data collection, she seeks formal permission to gather information from your esteemed hospital. I assure you that all data collected will be treated with strict confidentiality and will solely be used for academic and research purpose.

Your cooperation and support in this regard will be sincerely appreciated

Dr. Rabia Mushtaq

Assistant professor

Department of Psychology, IIUI

Appendix I

Permission from author for using and translating Savoring Belief Inventory into Urdu language

8/31/25, 1:58 PM

International Islamic University Islamabad Mail - Subject: Permission required for using Savoring belief inventory (SBI) for my MS R...



Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

Subject: Permission required for using Savoring belief inventory (SBI) for my MS Research Study

2 messages

Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>
To: fbryant@luc.edu

Sat, Jan 4, 2025 at 6:54 PM

Dear Dr.Fred B Bryant,

I hope this email finds you well. My name is Sadaf Rahim, and I am currently a student of MS Clinical Psychology at the International Islamic University, Islamabad. I have been working on my MS Research work under the supervision of Dr. Rabia Mushtaq. My MS research work is related to measuring Savoring among individuals suffering from Obsessive Compulsive and Related Disorders. As a part of my non-funded academic research, first of all I need your permission letter for using Savoring belief inventory(SBI) in my study. Sir , I searched a lot on the internet, but I couldn't get any information about the already existing Urdu language version of Savoring belief inventory (SBI) . If you have any information about the Urdu version of Savoring belief inventory (SBI), kindly let me know. I will be eagerly waiting for your reply. In case of non-availability of the Urdu version, I will have to translate this Savoring belief inventory (SBI) into the Urdu language. For translation, I will also be in need of your prior permission.

Your assistance in this matter will be highly appreciated.Looking forward to your response.

Regards,
Sadaf Rahim
MS Clinical Psychology
International Islamic University, Islamabad
sadaf.mscp487@student.iiu.edu.pk
+92 341 4933676

Looking forward to your response.

Warm regards,
Sadaf Rahim
MS Clinical Psychology

--

Dr. Rabia Mushtaq
Assistant Professor
Department of Psychology
International Islamic University
Islamabad, Pakistan
Contact: 92 51 9019338

Bryant, Fred <fbryant@luc.edu>
To: Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

Mon, Jan 20, 2025 at 5:24 AM

Dear Sadaf:

I sincerely apologize for the lengthy delay in responding to your earlier email.

Thank you for your interest in using the Savoring Beliefs Inventory (SBI) in your research.

<https://mail.google.com/mail/u/1/?ik=45a7e809a6&view=pt&search=all&permthid=thread-a:r1632923611055759648&simpl=msg-a:r219311566632481...> 1/3

In response to your request, I have attached an electronic copy of the SBI, along with detailed instructions for scoring the SBI. ***I hereby formally grant you permission to use the SBI in your research.***

Please do not share a copy of this measurement instrument with anyone else outside your project. Also, keep in mind that my permission for you to use the SBI in your research does *not* give you permission to include the verbatim SBI items in any published materials.

I have also attached a PDF file containing a reprint of the original article reporting the development and validation of the SBI (Bryant, 2003).

Given your interest in studying savoring, I highly recommend you consult my book with co-author Joseph Veroff (Bryant & Veroff, 2007) -- *Savoring: A new model of positive experience*. Mahwah, NJ: Lawrence Erlbaum Associates (see, for example:

<https://www.amazon.com/Savoring-New-Model-Positive-Experience/dp/0805851208>) -- which includes a more expanded theoretical model of savoring and its relationship to other relevant constructs, as well as additional data relating SBI scores to personality, gender, age, and culture. The book also includes a copy of the SBI, a copy of the Children's Savoring Beliefs Inventory (CSBI), detailed scoring instructions for both instruments, and SPSS syntax files for constructing total and subscale scores for the SBI and CSBI.

I understand that you plan to translate the original English version of the SBI into Urdu for your research. ***I hereby formally grant you permission to translate my instrument into Urdu, under two conditions:*** (1) I ask that you give the translated version of the SBI a title that will uniquely distinguish it from the original SBI (e.g., the Urdu Savoring Beliefs Inventory); and (2) please send me a copy of your translated version of the SBI after you have finished creating it (thanks in advance). I would love to have a copy of it in my files, and I promise not to share your translated version of the SBI with any other researchers.

Thanks again for your interest in my research on savoring. I wish you all the best with your upcoming research project. Please let me know how the results work out.

Best regards,

Fred

Fred B. Bryant, Ph.D.

Emeritus Professor of Psychology

Loyola University Chicago

2005 Faculty Member of the Year

Appendix-J

Request from author for providing Urdu version of Gratitude Questionnaire

8/31/25, 3:10 PM International Islamic University Islamabad Mail - Request for Provision of Urdu Version of Gratitude Questionnaire-Six Item Form (G...



Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

Request for Provision of Urdu Version of Gratitude Questionnaire-Six Item Form (GQ-6)

3 messages

Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>
To: mzohaibalikhan@gmail.com
Cc: Rabia Mushtaq Assistant Professor <rabia.mushtaq@iiu.edu.pk>

Sat, Mar 8, 2025 at 4:15 PM

Dear Sir Muhammad Zohaib Khan,

I hope this email finds you well. My name is Sadaf Rahim, and I am currently a student of MS Clinical Psychology at the International Islamic University, Islamabad. I have been working on my MS Research work under the supervision of Dr. Rabia Mushtaq. My MS research work is related to measuring Gratitude among individuals suffering from Obsessive Compulsive and Related Disorders. As a part of my non-funded academic research, first of all I need your permission letter for using the Gratitude Questionnaire-Six item form (GQ-6) Urdu language version in my study. I searched a lot on the internet, but I couldn't get any information about the existing Urdu language version of Gratitude Questionnaire-Six item form (GQ-6). Since I have come across information on various websites that you have translated the Gratitude Questionnaire - Six-Item Form (GQ-6) into Urdu, I would greatly appreciate it if you could kindly provide the version you have translated. I will be eagerly waiting for your reply.

Your assistance in this matter will be highly appreciated. Looking forward to your response.

Regards,
Sadaf Rahim
MS Clinical Psychology
International Islamic University, Islamabad
sadaf.mscp487@student.iiu.edu.pk
+92 341 4933676

Looking forward to your response.

Warm regards,
Sadaf Rahim
MS Clinical Psychology

--
Dr. Rabia Mushtaq
Assistant Professor
Department of Psychology
International Islamic University
Islamabad, Pakistan
Contact: 92 51 9019338

zohaib Ali <mzohaibalikhan@gmail.com>
To: Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>
Cc: Rabia Mushtaq Assistant Professor <rabia.mushtaq@iiu.edu.pk>

Sat, Mar 8, 2025 at 4:38 PM

8/31/25, 3:10 PM

International Islamic University Islamabad Mail - Request for Provision of Urdu Version of Gratitude Questionnaire-Six Item Form (G...

Hello Sadaf,
Please find attached the Gratitude Questionnaire GQ-6 Urdu Translated Version.

Best of Luck for your research.

Regards
Dr. Muhammad Zohaib Khan
[Quoted text hidden]

 **GQ-6 Scale_Urdu.pdf**
804K

Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>
To: zohaib Ali <mzohaibalikh@gmail.com>

Sat, Mar 8, 2025 at 5:00 PM

Dear Dr. Muhammad Zohaib Khan,

I sincerely appreciate your prompt response and for providing me with the Urdu-translated version of the Gratitude Questionnaire GQ-6. Thank you for your generosity and support—it will be incredibly helpful for my research.

I truly appreciate your time and assistance.

Best regards,
Sadaf Rahim

[Quoted text hidden]

Appendix K

Request from author for providing Urdu version of Self Compassion Scale Short form (SCS-SF)

8/31/25, 3:16 PM

International Islamic University Islamabad Mail - Request for Provision of Urdu Version of Self-Compassion Scale (Neff, 2003)



Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

Request for Provision of Urdu Version of Self-Compassion Scale (Neff, 2003)

3 messages

Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>
To: nelofar@nip.edu.pk

Mon, Mar 10, 2025 at 1:10 PM

Dear Dr. Nelofar Rauf,
I hope this email finds you well. My name is Sadaf Rahim, and I am currently a student of MS Clinical Psychology at the International Islamic University, Islamabad. I have been working on my MS Research work under the supervision of Dr. Rabia Mushtaq. My MS research work is related to measuring self compassion among individuals suffering from Obsessive Compulsive and Related Disorders. For my research, I require the Urdu version of the Self-Compassion Scale (Short Form) for data collection. As you oversee the Testing resource centre (TRC) at the National Institute of Pakistan, I kindly request you to provide me with the Urdu version of the self compassion scale (Neff, 2003). I would greatly appreciate it if you could kindly provide me the urdu version of self compassion scale . I will be eagerly waiting for your reply.

Your assistance in this matter will be highly appreciated. Looking forward to your response.

Regards,
Sadaf Rahim
MS Clinical Psychology
International Islamic University, Islamabad
sadaf.mscp487@student.iiu.edu.pk
+92 341 4933676

Looking forward to your response.
Warm regards,
Sadaf Rahim
MS Clinical Psychology

--
Dr. Rabia Mushtaq
Assistant Professor
Department of Psychology
International Islamic University
Islamabad, Pakistan
Contact: 92 51 9019338

Nelofar Kiran <nelofar@nip.edu.pk>
To: Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

Mon, Mar 10, 2025 at 2:26 PM

Dear Sadaf,

Thanks a lot for writing to us. We do not have copyrights for the mentioned scale. You need to contact the original author (English version) for permission to use this test in urdu language. Once allowed we can guide you further regarding the procedure to acquire scale.

SE 3	Self-Compassion Scale	Neff, (2003) Translated by Sara Imtiaz(2012)	26, 12	Urdu, English	NC	Complete
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[Quoted text hidden]

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Dr. Nelofar Kiran Rauf

<https://mail.google.com/mail/u/1/?ik=45a7e809a6&view=pt&search=all&permthid=thread-a:r8862381233289418226&simpl=msg-a:r-77087935648499...> 1/2

8/31/25, 3:16 PM International Islamic University Islamabad Mail - Request for Provision of Urdu Version of Self-Compassion Scale (Neff, 2003)

Assistant Professor

National Institute of Psychology,
Center of Excellence, Quaid-i-Azam University,
Shahdara Road (off Main [Murree road](#)), Islamabad, Pakistan
Phone: +92 (0) 51 9064 4025 Fax: +92 (0) 51 289 6012

Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>
Draft To: Nelofar Kiran <nelofar@nip.edu.pk>

Mon, Mar 10, 2025 at 2:39 PM

Here is the permission for using self compassion scale from the original author(English).
[Quoted text hidden]



Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

Online Payment Confirmation – Urgent Request for Scale Collection

2 messages

Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

Mon, Mar 17, 2025 at 9:42 PM

To: Nelofer Kiran <nelofar@nip.edu.pk>

Dear Dr. Nelofer Rauf,

I hope you are doing well.

I would like to inform you that I have deposited the payment online through the bank. I have also filled out the required form. Please find the attached PDF as proof of payment and filled form.

Additionally, I would like to request if I can collect the scale on an urgent basis directly from Quaid-i-Azam University, or if there is any further process I need to follow. Kindly guide me in this regard.

I would highly appreciate your prompt response.

Thank you for your attention.

Best regards,

Sadaf Rahim

2 attachments CamScanner 03-17-2025 15.54.pdf
796K CamScanner 03-17-2025 15.50.pdf
133K

Nelofer Kiran <nelofar@nip.edu.pk>

Tue, Mar 18, 2025 at 11:22 AM

To: Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

kindly send me your postal address and contact number
if you want to collect form department you can visit trc between 9:00 to 1:00 pm
[Quoted text hidden]

Dr. Nelofer Kiran Rauf
Assistant Professor

National Institute of Psychology,
Center of Excellence, Quaid-i-Azam University,
Shahdara Road (off Main Murree road), Islamabad, Pakistan
Phone: +92 (0) 51 9064 4025 Fax: +92 (0) 51 289 6012

8/31/25, 3:16 PM

International Islamic University Islamabad Mail - Request for Provision of Urdu Version of Self-Compassion Scale (Neff, 2003)

Assistant Professor

National Institute of Psychology,
Center of Excellence, Quaid-i-Azam University,
Shahdara Road (off Main Murree road), Islamabad, Pakistan
Phone: +92 (0) 51 9064 4025 Fax: +92 (0) 51 289 6012

Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>
Draft To: Nelofar Kiran <nelofar@nip.edu.pk>

Mon, Mar 10, 2025 at 2:39 PM

Here is the permission for using self compassion scale from the original author(English).
[Quoted text hidden]

Appendix L

Request from author for providing Urdu version of Obsessive Compulsive Symptoms Checklist

8/31/25, 3:37 PM

International Islamic University Islamabad Mail - Request for provision of obsessive compulsive symptom checklist(Dawood, 2013)



Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

Request for provision of obsessive compulsive symptom checklist(Dawood, 2013)

2 messages

Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

Thu, Apr 10, 2025 at 7:30 PM

To: sd_khanpk@yahoo.com

Cc: Rabia Mushtaq Assistant Professor <rabia.mushtaq@iiu.edu.pk>

Dear Prof Dr. Saima Dawood,

I hope this email finds you well. My name is Sadaf Rahim, and I am currently a student of MS Clinical Psychology at the International Islamic University, Islamabad. I have been working on my MS Research under the supervision of Dr. Rabia Mushtaq. My MS research focuses on individuals with Obsessive-Compulsive Disorder (OCD). I am looking for a screening tool in the Urdu language. While reviewing the literature, I came across an article titled "Cognitive Distortions, Suicidal Ideation and Quality of Life (QoL) in Obsessive Compulsive Disorder (OCD) in Lahore, Pakistan", which mentioned that you have developed and translated the Obsessive Compulsive Symptom Checklist (Dawood, 2013) into Urdu.

As mentioned in the study, the checklist is based on DSM-5 criteria and consists of 15 items measuring various facets of OCD. It has been used for screening individuals with OCD symptoms. I would be sincerely grateful if you could kindly share the Urdu version of this checklist for academic and research purposes. I will be eagerly waiting for your reply.

Your assistance in this matter will be highly appreciated. Looking forward to your response.

Regards,

Sadaf Rahim

MS Clinical Psychology

International Islamic University, Islamabad

sadaf.mscp487@student.iiu.edu.pk

+92 341 4933676

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Dr. Rabia Mushtaq

Assistant Professor

Department of Psychology

International Islamic University

Islamabad, Pakistan

Contact: 92 51 9019338

saima khan <sd_khanpk@yahoo.com>

Thu, Apr 17, 2025 at 10:11 AM

To: Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

Dear Sadaf

I received your emails related to permission of OCD checklist. I have discussed this permission issue in detail with your supervisor.

I would suggest you to discuss it with your supervisor. If you need OCD scale of Symptom Checklist-R, then you need to write a formal letter on your institutional letter head duly signed by your supervisor stating for formal permission for your research titled:-----, under supervision ----- to complete ----- degree.

I hope, now I have clarified what needs to be done.

Take Care

Saima Dawood

[Quoted text hidden]



Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

Submission of Formal Permission Letter

1 message

Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

Mon, Apr 21, 2025 at 3:34 PM

To: sd_khanpk@yahoo.com

Cc: Rabia Mushtaq Assistant Professor <rabia.mushtaq@iiu.edu.pk>

Dear prof. Dr.Saima Dawood,

I hope this email finds you well.

My name is Sadaf Rahim, student of MS clinical psychology at international Islamic university Islamabad. In response to your earlier email, I am sending you the formal permission letter for your kind consideration. Kindly find the attached file containing the permission letter. I would be grateful if you could please provide the Urdu version of the Obsessive Compulsive Symptom Checklist at your earliest convenience.

Thank you for your time and cooperation.

Warm regards,
Sadaf Rahim
MS Clinical Psychology
International Islamic University, Islamabad
sadaf.mscp487@student.iiu.edu.pk
+92 341 4933676

—
Dr. Rabia Mushtaq
Assistant Professor
Department of Psychology
International Islamic University
Islamabad, Pakistan
Contact: 92 51 9019338

 **DOC-20250421-WA0003.**
420K



Sadaf Rahim 487-FSS/MSCP/F23 <sadaf.mscp487@student.iiu.edu.pk>

Symptom Checklist

2 messages

Assessment Measures by Saima Dawood <assessmentmeasures.sd@gmail.com>

Mon, Apr 28, 2025 at 7:04 PM

To: "sadaf.mscp487@student.iiu.edu.pk" <sadaf.mscp487@student.iiu.edu.pk>, "sadafrahim.psy@gmail.com" <sadafrahim.psy@gmail.com>

Cc: sd_khanpk@yahoo.com, director.ccpsy@pu.edu.pk

Dear Sadaf,

I hope this email finds you well. I am glad to hear about your interest in using our Symptom Checklist in your research study. You have my permission to use it, as long as ethical practices are followed during its administration and the scale is cited correctly.

Additionally, once your study is complete, I would like you to share the abstract of your study along with information regarding the reliability and validity of the Scale of Symptom Checklist used, specifically in relation to its association with other scales you may be using in your study. This information regarding the psychometric properties of the instrument is important for our records.

I have attached a copy of the scale as requested. Thank you for your collaboration. I wish you all the best in your scholarly endeavors and look forward to hearing from you soon.

Best regards,

Prof. Saima Dawood

Scale-IV.pdf
130K**Assessment Measures by Saima Dawood** <assessmentmeasures.sd@gmail.com>

Fri, May 16, 2025 at 8:46 PM

To: "sadaf.mscp487@student.iiu.edu.pk" <sadaf.mscp487@student.iiu.edu.pk>, "sadafrahim.psy@gmail.com" <sadafrahim.psy@gmail.com>

Cc: sd_khanpk@yahoo.com, director.ccpsy@pu.edu.pk

Please receive the scoring document in the attachment.

Regards,

[Quoted text hidden]

Symptom Checklist-Revised Scoring.pdf
86K