BAŞKENT UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES
DEPARTMENT OF PSYCHOLOGY
MASTER'S IN
CLINICAL PSYCHOLOGY WITH THESIS

THE PREDICTIVE ROLE OF INSECURE ATTACHMENT STYLES ON RELATIONSHIP CENTERED AND PARTNER FOCUSED OBSESSIVE COMPULSIVE SYMPTOMS: THE MEDIATOR ROLE OF RELATIONSHIP SATISFACTION AND INTENTION OF INFIDELITY

BY

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THESIS ADVISOR

ESRA GÜVEN, PhD.

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BAŞKENT ÜNİVERSİTESİ

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Tez Başlığı: The Predictive Role of Insecure Attachment Styles on Relationship Centered and Partner Focused Obsessive Compulsive Symptoms: The Mediator Role of Relationship Satisfaction and Intention of Infidelity

Yukarıda başlığı belirtilen Yüksek Lisans tez çalışmamın; Giriş, Ana Bölümler ve Sonuç Bölümünden oluşan, toplam 91 sayfalık kısmına ilişkin, 07/01/2021 tarihinde şahsım/tez danışmanım tarafından Turnitin adlı intihal tespit programından aşağıda belirtilen filtrelemeler uygulanarak alınmış olan orijinallik raporuna göre, tezimin benzerlik oranı %16'dır.

Uygulanan filtrelemeler:

1. Kaynakça hariç
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3. Beş (9[1]) kelimeden daha az örtüşme içeren metin kısımları hariç

"Başkent Üniversitesi Enstitüleri Tez Çalışması Orijinallik Raporu Alınması ve Kullanılması Usul ve Esaslarını" inceledim ve bu uygulama esaslarında belirtilen azami benzerlik oranlarına tez çalışmamın herhangi bir intihal içermediğini; aksinin tespit edileceği muhtemel durumda doğabilecek her türlü hukuki sorumluluğu kabul ettiğimi ve yukarıda vermiş olduğum bilgilerin doğru olduğunu beyan ederim.

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Tarih: 07/01/2021

Öğrenci Danışmanı Unvan, Ad, Soyad, İmza

Dr. Öğr. Üyesi Esra Güven

[1] Tez çalışmasının incelediği temel değişkenlerden biri sekiz kelime içerdiği için filtre dokuz kelime ve daha fazla intihalleri değerlendirecek şekilde uygulanmıştır.

To my lovely mother and father…

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"-After all this time?
-Always."

ÖZET

BALCI, Ezgi Su. Güvensiz Bağlanma Stillerinin İlişki Temelli ve Partner Odaklı Obsesif Kompulsif Semptomlar Üzerindeki Yordayıcı Rolü: İlişki Doyumu ve Aldatmaya Yönelik Niyetin Aracı Rolü. Başkent Üniversitesi, Sosyal Bilimler Enstitüsü, Klinik Psikoloji Yüksek Lisans Programı, 2021.

Bu çalışma güvensiz bağlanma stilleri (GBS), ilişki doyumu (İD), aldatmaya yönetlik niyet (AYN) ile ilişki temelli (İTOKS) ve partner odaklı (POOKS) obsesif kompulsif sendromların arasındaki ilişkileri incelemeyi amaçlamaktadır. Bu amaçla güvensiz bağlanma stillerinin çalışmanın değişkenlerini çeşitli etkileşimlerle yordadığı hipotezler sınanmıştır. Bu bağlamda çalışmada İD ve AYN'nin GBS ile İTOKS ve POOKS arasındaki ilişkide aracı rolü üzerinde duran bir model sınanmıştır. Sınanan model ek olarak ITOKS, POOKS ve bu semptom gruplarının boyutlarının cinsiyet ve ilişki durumuna göre farklılaşma örüntülerinin incelenmesi çalışmanın ikincil inceleme konusunu oluşturmaktadır. Araştırmanın örneklemini 18-65 yaş aralığında 209'u kadın ve 108'i erkek 317 gönüllü katılımcı oluşturmaktadır. Bilgilendirilmiş onamı alınan katılımcılara Demografik Bilgi Formu, Yakın İlişkilerde Yaşantılar Envanteri, İlişki Doyumu Ölçeği, Aldatmaya Yönelik Niyet Ölçeği, Romantik İlişki Obsesyon ve Kompulsiyonları Ölçeği ve Partnere İlişkin Obsesif Kompulsif Belirti Ölçeği uygulanmıştır. Veri toplama aşamasında ortaya çıkan pandeminin etkisini kontrol etmek amacıyla analizler öncesinde katılımcıların ilişki temelli ve partner odaklı obsesif kompulsif semptomlarının pandeminin açıklanmasından öncesi ve sonrası olmak üzere iki grup arasında karşılaştırılması yapılmıştır ve bir farklılaşma bulunamamıştır. Araştırmanın sonuçlarına göre ITOKS veya POOKS düzeyinin cinsiyet ve cinsiyet ile ilişki durumu etkileşimine göre anlamlı bir biçimde farklılaşmadığı, bununla birlikte ilişki durumuna göre anlamlı bir farklılık gözlendiği saptanmıştır. Ayrıca, Partner Tarafından Sevilme, İlişki "Doğruluğu", Ahlaklılık, Sosyallik, Duygusal İstikrar, Yeterlilik ve Zeka boyutlarındaki semptom düzeylerinin ilişki durumuna göre anlamlı bir şekilde farklılaştığı gözlemlenirken, Partnere Duyulan Sevgi ve Dış Görünüş boyutlarının ilişki durumuna göre anlamlı bir farklılaşmadığı gözlemlenmiştir. Dış Görünüş boyutu hariç hiç bir boyutun cinsiyete göre anlamlı bir şekilde farklılaşmadığı

saptanmıştır. Aynı zamanda, İlişki "Doğruluğu" hariç hiç bir boyutun cinsiyet ile ilişki durumu etkileşimine göre anlamlı bir farklılaşması gözlemlenememiştir. Yol analizi sonuçlarına göre güvensiz bağlanma stillerinin ilişki doyumunu negatif yönde; aldatmaya yönelik niyet, İTOKS ve POOKS'yi ise pozitif yönde yordadığı gözlemlenmiştir. Aynı zamanda, ilişki doyumunun İTOKS ve POOKS'yi negatif yönde yordadığı ve aldatmaya yönelik niyetin ise POOKS'leri pozitif yönde yordarken İTOKS'leri anlamlı bir şekilde yordamadığı ortaya çıkmıştır. Modelin önerdiği dolaylı ilişkiler incelendiğinde ise güvensiz bağlanma stillerinin ilişki temelli ve partner odaklı obsesif kompulsif semptomlarını yordama ilişkisinde ilişki doyumu ve aldatmaya yönelik niyetinde aracı bir etkisi olduğu bulunmuştur. Sonuç olarak, bir bireyin güvensiz bağlanma skorlarının artışının ilişki doyumunu düşürücü, aldatmaya yönelik niyeti artırıcı bir etkisi olduğu; bu durumun da ilişki temelli ve partner odaklı obsesif kompulsif semptomlar üzerinde artırıcı bir etki yaptığı gözlemlenmiştir. Bu bulgular, ilişki doyumu ve aldatmaya yönelik niyetin aracı rolü üstlendiği hipotezini desteklemektedir.

Anahtar Kelimeler: Güvensiz bağlanma stilleri, ilişki doyumu, aldatmaya yönelik niyet, ilişki temelli obsesif kompulsif semptomlar, partner odaklı obsesif kompulsif semptomlar

ABSTRACT

BALCI, Ezgi Su. The Predictive Role of Insecure Attachment Styles on Relationship Centered and Partner Focused Obsessive Compulsive Symptoms: The Mediator Role of Relationship Satisfaction and Intention of Infidelity. Başkent University, Institute of Social Sciences, Master's Program in Clinical Psychology with Thesis, 2021.

The present study aims to examine the relationships between insecure attachment styles (IAS), relationship satisfaction (RS), intention of infidelity (IOI), relationship centered (RCOCS) and partner focused obsessive compulsive symptoms (PFOCS). In line with this aim, path analysis was conducted to examine the mediational role of RS and IOI between the relationship of IAS and RCOCS and PFOCS. According to the secondary aim of the study the differences of gender and relationship status on RCOCS, PFCOS, and their dimensions are investigated. Also, correlations between the measures of study, age and relationship duration were inspected. The sample of the research consists of 317 (209 female and 108 male) participants whose age ranged from 18 to 65. The participants firstly signed the informed consent, then completed the Demographic Information Questionnaire, Experiences in Close Relationships-Revised Scale, Relationship Assessment Scale, The Intentions Towards Infidelity Scale, Relationship Obsessive Compulsive Inventory and Partner Related Obsessive Compulsive Symptoms Inventory. Since COVID-19 Pandemic was first announced in Turkey during the data gathering process, scores of relationship centered and partner focused obsessive compulsive symptoms of participants who were enrolled in the study before and after the announcement are compared with each other and no significant difference was found. Also, no significant difference in scores of RCOCS and PFOCS in terms of gender, or interaction of gender and relationship status was found, but there is a significant difference between the constructs in terms of relationship status. In addition, there is a significant difference of relationship status on Being Loved by the Partner, Relationship "Rightness", Morality, Sociability, Emotional Stability, Competence, Intelligence dimensions but not on Love for the Partner or Physical Appearance dimensions. Additionally, there is a significant interaction effect of gender and relationship status on Relationship "Rightness" dimension. In terms of gender, there is only a significant difference

on Physical Appearance dimension. Path analysis results show that insecure attachment predicts relationship satisfaction negatively; and predicts intention of infidelity, RCOCS and PFOCS positively. Also, relationship satisfaction negatively predicts RCOCS and PFOCS, whereas intention of infidelity positively predicts PFOCS but not RCOCS. Finally, the results of path analysis revealed the mediational role of relationship satisfaction and intention of infidelity in the relationship between insecure attachment styles and relationship centered obsessive compulsive symptoms and also partner focused obsessive compulsive symptoms.

Keywords: Insecure attachment styles, relationship satisfaction, intention of infidelity, relationship centered obsessive compulsive symptoms, partner focused obsessive compulsive symptoms

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ANX	Attachment Anxiety
AVO	Attachment Avoidance
BLBTP	Being Loved by the Partner
CO	Competence
ECR-R	Experiences in Close Relationships-Revised Scale
ES	Emotional Stability
I	Intelligence
IAS	Insecure Attachment Scores
IOI	Intention of Infidelity
LFTP	Love for the Partner
MO	Morality
OCD	Obsessive Compulsive Disorder
PA	Physical Appearance
PFOCS	Partner Focused Obsessive Compulsive Symptoms
PROCSI	Partner Related Obsessive Compulsive Symptoms Inventory
RAS	Relationship Assessment Scale
RD	Relationship Duration
RCOCS	Relationship Centered Obsessive Compulsive Symptoms
ROCD	Relationship Obsessive Compulsive Disorder
ROCI	Relationship Obsessive Compulsive Inventory
RR	Relationship “Rightness”
SO	Sociability
TITIS	The Intentions Towards Infidelity Scale

INTRODUCTION

Relationships are and always were an important issue regarding humanity. Hence, the topic of human relationships received significant interest from researchers. Different relationship types such as parent-child relationships, romantic partner relationships or employer-employee relationships are investigated by many researchers in different fields of psychology. The issue of how these relationships affect human beings, the questions regarding what kind of psychopathologies are related to these relationships, and the topic of what factors are affected by relationships or what factors affect relationships and their features can be counted as some of the examples of this matter in clinical psychology. A relatively new concept, Relationship Obsessive Compulsive Disorder (ROCD), was introduced to clinical psychology literature in the recent years. Obsessive compulsive disorder (OCD) is characterized by repetitive and persistent thoughts, images, or impulses which are defined under the name of "obsessions", and repetitive behaviors or mental acts that are conducted by an individual in order to alleviate the distress caused by obsessions or to prevent a feared event from happening which are defined as "compulsions" (American Psychiatric Association, 2013). OCD's lifetime prevalence is reported to be approximately 2.3% which indicated that it is a relatively common and important disorder (Ruscio et al., 2010). Relationship obsessive compulsive disorder (ROCD) is a dimension of obsessive compulsive disorder in which the focus is on close relationships such as romantic, parent-child, or individual-God relationships (Doron et al., 2012a; Doron et al., 2014a; Doron & Derby, 2017). ROCD symptoms may focus on the perceived flaws of the partner or the relationship itself (partner focused ROCD symptoms and relationship centered ROCD symptoms, respectively) (Doron & Derby, 2017). ROCD symptoms are found to be related to cognitive biases such as perfectionist tendencies, threat overestimation, and tendency to overestimate the importance of a mere thought occurrences. These cognitive biases may produce intense distress; which in turn may lead to adoption of dysfunctional coping mechanisms such as repeated checking on partner or constantly comparing the partner with an alternative partner, which can be regarded as compulsive behaviors (Doron et al., 2012a; Doron et al., 2013).

When the focus is narrowed down to adult romantic relationships, Hazan and Shaver (1987) hypothesized this romantic love as an attachment process in which internal working models (IWM) of an individual tend to be consolidated under the name of a person's attachment style which is patterns of behaviors and cognitions in a romantic relationship (Brennan et al., 1998; Fraley & Shaver, 2000; Shaver & Mikulincer, 2002). Even though attachment system is thought to be a motivational system evolved in the childhood, it is assumed to be stable in relationships throughout the life span (Fraley & Shaver, 2000; Hazan & Shaver, 1987). According to years of research, it has been indicated that an individual's attachment style, if the individual is not securely attached, can be measured under two orthogonal dimensions which are attachment-related anxiety and attachment-related avoidance (Brennan et al., 1998; Mikulincer & Shaver, 2003, 2007). Attachment-related anxiety indicates worries regarding an individual's partner's availability in times of need; thus, adoption of "hyperactivating" attachment strategies such as persistent attempts to gain care, love, and support from the partner to regulate distress and cope with insecurities (Mikulincer & Shaver, 2003). Attachment-related avoidance indicates distrust towards an individual's partner; thus, results in struggling to maintain emotional distance and independence from partner. Therefore, the individual counts on "deactivating" strategies such as denying attachment needs and suppressing thoughts and emotions related to attachment (Mikulincer & Shaver, 2003). These strategies to gain care or avoid rejection can be counterproductive in adulthood (Doron et al., 2012c). Individuals who score low on both dimensions are thought to be securely attached or to have a secure attachment style (Mikulincer & Shaver, 2007). Regarding the gender differences between different attachment types, it was found that women reported slightly higher than men in attachment anxiety and attachment avoidance, especially in young adulthood (Chopik et al., 2013). The literature suggests that insecure attachment has a significant main effect on ROCD symptoms (Doron et al., 2012c).

Another relationship related concept, relationship satisfaction, which is conceptualized as an individual's subjectively given value regarding their relationship's pleasure and gratification (Hawkings, 1968) is also found to be related to both attachment insecurities (Creasey & Hesson-McInnis, 2001; Banse, 2004; Mikulincer & Shaver, 2015) and ROCD (Doron et al., 2014b). Attachment insecurities damage the relationship because the individuals with attachment anxiety are thought to be afraid of betrayal and individuals with attachment avoidance are thought to be disinterested with their partners; which can be

interpreted as the individuals with attachment insecurities may not be experiencing high pleasure or gratification in their relationships (Shaver & Mikulincer, 2005). Also, since ROCD is characterized by dysfunctional perceptions that may damage the relationships, relationship satisfaction and ROCD are highly intertwined with each other (Doron et al., 2012a; 2012b).

In addition to the concepts given above, another relationship related concept, intention of infidelity is also a major interest in the literature. It is found to be related to attachment insecurities since individuals with attachment anxiety are using hyperactivating strategies to alleviate the distress which are based on the partner, and individuals with attachment avoidance mainly try to avoid attachment figures which can be related to search for different partners (Wang et al., 2012; Mikulincer et al., 2002). Also, relationship satisfaction is also the most researched possible correlate of infidelity (Prins et al., 1993). Intention of infidelity may be also associated with ROCD types, because especially individuals with partner focused obsessive compulsive symptoms are more prone to compare their partners to other alternative partners (Doron et al., 2012b).

Literature regarding ROCD lacks different studies to understand its relationship with different variables. Since ROCD is concerned with romantic relationships; insecure attachment styles, intention of infidelity and relationship satisfaction are closely related to the topic and their contributions to each other will bring a new aspect and vision to the understanding of the concept. Especially, intention of infidelity is not a well inspected topic and its relationship with two different dimensions of ROCD symptoms, which was not researched before this current study, would provide a new awareness regarding the aspects. More importantly, there are only a few studies of ROCD conducted on a Turkish population and this study will benefit the literature by inspecting ROCD's relationship with other variables on a different population. Moreover, in clinical applications regarding OCD, unique nature of ROCD is not yet introduced in Turkey, and this study will contribute to the assessment and applications by providing more information about the topic.

In the following sections, firstly, obsessive compulsive disorder and relationship obsessive compulsive disorder (ROCD) were introduced. Secondly, attachment theory and insecure attachment styles and the concept's implications were stated. Finally, relationship

satisfaction and intention of infidelity were introduced. Furthermore, association of a variable with other variables were stated in their own sections as the latter term is explained.

1.1. Obsessive Compulsive Disorder (OCD)

Obsessive compulsive disorder is a debilitating disorder which includes two main elements: obsessions and compulsions. Most of the individuals who experience OCD have both obsessions and compulsions. Obsessions are defined as repetitive and persistent thoughts, images, or urges which are regarded as unwanted and intrusive, and leave individuals with distress and anxiety. In order to cope with these thoughts, images, or urges, individuals try to ignore, suppress or neutralize them with other thoughts or actions (American Psychiatric Association, 2013). Obsessions are regarded as ego-dystonic, meaning that they transpire without the individual's control and as mentioned above, they are perceived as unwanted and disturbing.

Compulsions are defined as repetitive behaviors or mental acts that are conducted by an individual in order to alleviate distress caused by obsessions or to prevent a feared event from happening, but these actions or mental acts are distinctly excessive or not connected realistically to what they are designed to alleviate or prevent. Even though most compulsions are conducted in return to reduce the anxiety evoked by obsessions, they are not performed for pleasure. Also, individuals feel compelled to act in a certain way and follow certain rules which must be applied strictly (American Psychiatric Association, 2013).

According to DSM 5, obsessions and compulsions must be either time-consuming or result in a clinically significant perturbation or distortion in important aspects of an individual's life such as social, professional, or personal aspects in order to sanction a diagnosis of OCD (American Psychiatric Association, 2013). OCD is a heterogeneous disorder because of the specific manifestations of symptoms that change from patient to patient, thus includes a variety of symptom dimensions such as contamination/dirt, order/symmetry, sexuality, morality, doubt/checking, repugnant or unacceptable thoughts, and relationships (Abramowitz et al., 2008; Bloch et al., 2008; McKay et al., 2004; Doron et al., 2012a, 2012b). For example, an individual may report repetitive concerns that they will get skin allergies because the washing machine does not clean their clothes well and has

compulsions to wash them 5 times in a row to reduce distress, which is related to contamination dimension. Another example may be an individual who may present obsessive thoughts regarding unacceptable thoughts according to themselves, such as sexual thoughts and has compulsions to punish themselves physically every time they have those thoughts. Nonetheless, another individual may experience both of aforementioned obsessions and compulsions. Also, it is regarded as heterogenous because obsessions and compulsions of individuals who have OCD differ in both frequency and severity. Some individuals may have mild or moderate symptoms such as devoting one hour or two hours a day for obsessing and performing compulsions while some other individuals have severe symptoms such as devoting nearly a whole day because of their obsessive thoughts and compulsive behaviors which in return become unbearable for them (American Psychiatric Association, 2013).

1.1.1. Epidemiology and comorbidity of OCD

OCD's 12-month prevalence rate is 1.2% in the United States and is between 1.1% and 1.8% internationally (American Psychiatric Association, 2013). As in for the rates for Turkey, in a study conducted in Konya, 12-month prevalence of OCD for adults with a sample of 3012 participants was found to be 3% with the rate being slightly but not significantly higher for females than males (Çilli et. al., 2004). The onset of OCD in United States is generally late adolescence or early adulthood (the mean age is 19.5) but onset after the age of 35 is also observed. Males seem to be more affected in childhood but in adulthood, females are reported to be more affected than males. Moreover, onset at an early age (childhood or adolescence) may cause a lifetime of OCD. On the other hand, according to DSM 5, 40% of individuals with OCD which had an early onset as mentioned above may experience remission by early adulthood. In a study, OCD's lifetime prevalence is found to be approximately 2.3% (Ruscio et al., 2010). If an individual diagnosed with OCD does not receive a treatment, it can be a chronic condition that imposes significant morbidity (Abramowitz & Reuman, 2020). According to a study conducted with OCD patients, 6.4% of 200 participants reported suicidal ideation within the last month and 9% of 314 participants reported a lifetime history of suicide attempts (Brakoulias et al., 2017).

According to DSM 5, OCD is reported to be observed comorbid with various other psychopathologies. 76% of individuals with anxiety disorders such as generalized anxiety disorder or specific phobia are reported to also have OCD (American Psychiatric Association, 2013). Also, 63% of individuals with depressive or bipolar disorders are reported to have OCD as a comorbid psychopathology. 23% to 32% of individuals who are diagnosed with obsessive compulsive personality disorder are also found to have OCD. Lifetime tic disorder is also a comorbid disorder of OCD (up to 30%). Comorbidity rate of individuals with OCD with schizophrenia or schizoaffective disorder is 12%. Body dysmorphic disorder, trichotillomania disorder, excoriation disorder, oppositional defiant disorder, bipolar disorder, eating disorders, and Tourette's disorder are also reported to be comorbidly observed in patients with OCD (American Psychiatric Association, 2013). In a study conducted with a total of 3711 adult patients with a primary diagnosis of OCD from different parts of the world (Brazil, India, Italy, South Africa, Japan, Australia, and Spain), it was also reported that comorbidity rates of OCD is similar to what is stated in DSM 5 (Brakoulias et al., 2017). According to the study, the most common comorbid disorders were found to be major depressive disorder with a rate of 28.4%, obsessive compulsive personality disorder with a rate of 24.5%, generalized anxiety disorder with a rate of 19.3%, specific phobia with a rate of 19.2%, and social phobia with a rate of 18.5%. Also, the same study showed that whereas body dysmorphic disorder, social phobia, and specific phobia had an early age of onset much like OCD; comorbid major depressive disorder, generalized anxiety disorder and psychotic disorders had an onset of age later than OCD (Brakoulias et al., 2017).

1.1.2. Etiology of OCD

Understanding the risk factors associated with OCD is important to conceptualize the disorder as a whole. Since OCD is a heterogeneous disorder, there is no consensus in the literature regarding the etiology of OCD (Pittenger et al., 2011). Biological factors and personal and environmental factors associated with OCD were inspected in this section.

Biological factors

Twin studies and familial studies are important to inspect biological risk factors associated with OCD. In a twin study, it has been found that genetic contribution to OCD is significant; also, in an extra note, it has been stated genetic predisposition has greater

influence for early age onset OCD than for adult-onset OCD (Pauls et al., 2014). Another study which was conducted to examine the familial aspect of genetic contributions has compared the first-degree relatives of individuals with OCD with family members of individuals without OCD. According to the results it has been found that first-degree relatives of individuals with OCD was four times more prone to risk of developing OCD symptoms (Pauls, 2008).

Gene studies are also an important aspect of biological risk factors. A meta-analysis study in which a total of 551 studies were examined, it has been stated that OCD is associated with polymorphisms of 5-HTTLPR and HTR2A in both genders and polymorphism of COMT in only males, and these polymorphisms were found to be not associated with other psychopathology but only with OCD (Taylor, 2016). These findings suggest that OCD is a distinct disorder.

Neurotransmitters have been a topic of interest as a risk factor for OCD. Serotonergic system has been implicated to have an association with OCD symptoms. SSRIs, which are selective serotonin reuptake inhibitors, are found to be effective in treatment of OCD, which may be interpreted as OCD and serotonin are associated with each other (Dougherty et al., 2002, 2007). It has been indicated that OCD symptoms include elevated serotonin activity and increased sensitivity of certain brain structures to serotonin (Hooley et al., 2019). Although their function is not yet well known, other neurotransmitter systems (such as the dopaminergic, GABA, and glutamate systems) also seem to be involved in the mechanism of OCD (Dougherty et al., 2007; Stewart et al., 2009).

The role of brain abnormalities in OCD are studied extensively and mostly similar results are reported. According to studies, OCD is associated with abnormalities in basal ganglia (especially caudate nucleus), overactivation of orbital frontal cortex, which is associated with primitive impulses such as sexuality, hygiene, aggression, and danger, and cingulate gyrus/cortex (Hooley et al., 2019). Functional and structural alterations in cortico-striato-thalamo-cortical (CSTC) circuit are also associated with OCD (Reghunandanan et al., 2015; Milad & Rauch, 2012).

Personal and environmental factors

Regarding socioeconomic status (SES) as a risk factor of OCD, there are contradicting results in the literature. Some studies have found no significant association between SES and OCD (Flament et al., 1988; Douglass et al., 1995; Çilli et al., 2004; Angst et al., 2004). On the other hand, some studies suggested that OCD and belonging to a lower social class were associated with each other (Heyman et al., 2001). There is also a study in which OCD and belonging to a higher social class were found to associated (Degonda et al., 1993). As a result, SES as a risk factor of OCD is still a complicated issue.

As for the employment status of individuals, higher prevalence of OCD and unemployment were found to be significantly correlated with each other (Grabe et al., 2000; Crino et al., 2005).

Marital status has also been a topic of interest as a risk factor of OCD. In a study, it has been stated that in several countries, OCD patients who were receiving treatment are less likely than their non-afflicted counterparts to be married (Fontenelle et al., 2004). Similar results have been demonstrated in a study conducted in Turkey. It has been reported that the probability of manifestation of OCD is 4.2 times more in individuals who are not married, separated, or widowed than individuals who are married (Çilli et al., 2004).

Perinatal status as a risk factor for OCD has been exemplified with different studies. In a retrospective study, it has been found that prolonged labor during pregnancy was linked with OCD later in life (Vasconcelos et al., 2007). According to another study regarding perinatal status as a risk factor for OCD, it has been demonstrated that mothers of children who are diagnosed with OCD had significantly greater rates of medical care requiring illnesses during their pregnancy (Geller et al., 2008).

As for stressful life events, according to a study, history of one or more traumatic life events were found to be linked with OCD symptom severity (Cromer et al., 2007). Also, in another study it has been stated that rape was a significant and independent predictor of OCD (Boudreaux et al., 1998). In addition to the previous study, physical and sexual abuse during childhood were also found to be associated with OCD in another study (Lochner et al., 2002). Moreover, in a study it was reported that covariation between a primary diagnosis of post traumatic stress disorder and a secondary diagnosis of OCD was significantly present which

indicates stressful life events who were the cause of PTSD may also result in a manifestation of OCD (Brown et al, 2001).

1.1.3. Cognitive model of OCD

Beck's (1976) cognitive content specificity model of emotion suggests that the reasons of emotions are not particularly situations or stimuli itself but rather what an individual attributes as the meaning of the situations or stimuli. According to Beck's conceptualization, emotional responses and corresponding behaviors are affected by the content of negative automatic thoughts and associated with specific interpretations. For example, loss is associated with depression, disrespect is associated with anger, failing to achieve a particular goal is associated with guilt, and perceiving a threat is associated with anxiety. In OCD, the key component is threat appraisal. Even though experiencing intrusive, unwanted and disturbing thoughts, urges, or images is a part of OCD, it is actually a universal experience (Abramowitz, 2006). For example, in a study it was found that unwanted impulses to attack a person without a reason is observed both in patients with OCD and non-patients (Rachman & de Silva, 1978). What differentiates individuals with OCD from general population is the fact that for individuals without OCD, these intrusive thoughts, urges, or images are not significant enough to take individuals an action to change these. Consequently, these intrusive thoughts, urges, or images pass through consciousness without any harm or discomfort for the individual. On the other hand, if an individual evaluates these thoughts as threatening and extremely significant, then intrusions will elicit distress and can become clinical obsessions (Rachman, 1976, 1993; Salkovskis, 1985, 1989; Abramowitz, 2006). According to Salkovskis (1985, 1989), inflated responsibility appraisal is the key in this concept. According to his theory, inflated responsibility appraisal plays an important role as individuals interpret intrusive thoughts as an indication that a harm to self or others will happen, and the individual is responsible for this harm or not preventing the harm. Consequently, obsessional distress is produced because of misinterpretation of intrusive thoughts, urges, or images as threatening as explained in Beck's (1976) theory. After that, intrusive thoughts inevitably become the subjects of concern and safety-seeking behaviors (such as avoidance and compulsive behaviors), and valued as threatful, which in return creates a cycle of obsessional distress and safety-seeking behaviors (Abramowitz, 2006).

In the literature, aforementioned misinterpretation of intrusive thoughts is linked to dysfunctional beliefs and attitudes (Abramowitz, 2006). According to the Obsessive Compulsive Cognitions Working Group (OCDDWG) (2003), there are six main categories of dysfunctional beliefs related to OCD: an inflated sense of responsibility (believing one has control over the cause or prevention of unwanted experiences), the overimportance of thoughts (believing intrusive thoughts are significant and important because of their mere presence), the need to control unwanted thoughts (believing one can and should have complete control over their unwanted intrusive thoughts), overestimation of threat (believing there is a high probability and cost of negative events related to their obsessions), perfectionism (inability to endure imperfection and mistakes), and intolerance of uncertainty (believing one can and should be 100% certain that negative events will not occur). Relationship between dysfunctional beliefs and OCD symptoms are widely researched in the literature. In one prospective study, Obsessive Beliefs Questionnaire, which assesses the aforementioned dysfunctional beliefs (OBQ; OCCWG, 2003), was administered to parents who were expecting their first child. After the birth of their child (between 2 and 3 months), parents' unwanted intrusive thoughts regarding their child were assessed and it was found that 88% of new parents had unwanted intrusive thoughts to cause harm to their newborns. According to the results, parents who scored highest on the OBQ before their child's birth had significantly more severe OCD symptoms when their intrusive thoughts are assessed after their child's birth (Abramowitz et al., 2007).

1.1.4. Relationship obsessive compulsive disorder

Another presentation of OCD is a newly researched theme which is commonly referred to as Relationship Obsessive Compulsive Disorder (ROCD) in which obsessive and compulsive symptoms are focused on close or intimate relationships such as parent-child relationship, relationship with a supervisor, or even God (Doron et al., 2012a; Doron et al., 2014a). Even though ROCD symptoms can be focused on different relationships named above, the focus of the current study is romantic relationships. ROCD symptoms involve excessive preoccupations and doubts focused on one's feelings towards one's partner, the partner's feelings towards oneself, and the "rightness" of the relationship, which are categorized under the relationship centered obsessive compulsive dimension (Doron et al., 2012a), and perceived flaws of one's relationship partner in domains such as morality,

sociability, emotional stability, competence, physical appearance, and intelligence, which are categorized under the partner focused obsessive compulsive dimension (Doron et al., 2012b). In a recent study conducted by Brandes and his colleagues (2019), obsessive distrust is also considered as an additional theme of partner focused obsessive compulsive dimension but, in this study, it is not included since the scales that were used did not assess the concept.

Relationship centered and partner focused obsessive compulsive symptoms are considered to be highly related concepts that affects each other mutually (Doron et al., 2012b). In the study conducted by Doron and his colleagues (2012b), it was found that the presence of partner focused obsessive compulsive symptoms significantly predicted the increase in relationship centered obsessive compulsive symptoms. These results were later replicated in a longitudinal study (Szepsenwol et al., 2016). It was suggested that individuals with intrusive thoughts about the perceived flaws of their partner are more inclined to have increasing doubts regarding their relationship's rightness or the love for the partner, which are associated with relationship centered obsessive compulsive symptoms. For example, an individual who is experiencing intrusive thoughts regarding their partner's physical appearance might consider these thoughts as an indicator that their relationship is not right. Doron and colleagues (2014a) also claimed that presence of relationship centered obsessive compulsive symptoms (Love for the Partner, Being Loved by the Partner, Relationship "Rightness") might be promoting partner focused obsessive compulsive symptoms if the process of identification of partner's flaws is used for assessing the relationship rightness or love for the partner. The individual then evaluates their own feelings based on these doubts and focuses on partner's "objective" flaws, which are in reality the partner's perceived flaws.

ROCD intrusions can come in the form of thoughts regarding the "rightness" of the relationship, images about the relationship partner, and can also occur in the form of urges such as leaving the partner. Intrusions mentioned above are often ego-dystonic, meaning they contradict the individual's own values, and the individual has no control over these thoughts, so they are perceived as unwanted and unacceptable. As a result, these thoughts often bring feelings of guilt and shame (Doron & Derby, 2017).

Compulsive behaviors regarding ROCD symptoms come in a variety of responses such as reassurance seeking, repeated checking of one's feelings, avoidance behaviors or

comparisons of partner's qualities or the partner themselves with other potential partners and these compulsive behaviors may cause distress and create a cycle (Doron et al., 2014a).

Cognitive biases related to OCD symptoms, which were discussed above in the OCD section under the name of "dysfunctional beliefs", has found to be also related to ROCD symptoms, some of which are perfectionist tendencies (through the possibility of leading to extreme preoccupation with partner's specific features regarding morality, sociability, emotional stability, competence, intelligence or physical appearance), threat overestimation (through the possibility of biasing the individual's judgment of the severity and/or consequences of perceived shortfalls of their partner flaws), and a tendency to overestimate the importance of mere thought occurrence (through the possibility of accelerating the likelihood of suppressing negative thoughts about their partner; thus, accelerating their occurrence). These cognitive biases are thought to be related to heightened relational distress and anxiety, and this heightened relational distress and anxiety may lead to adoption of intensive strategies intended to reduce distress (Doron et al., 2012a). As discussed in the OCD section of this study, these cognitive biases regarding intrusive thoughts results in an increased distress, and compulsive behaviors are adapted to reduce distress; but as a result, cognitive biases become strengthened and a cycle is formed, which is the disorder's continuum system. In ROCD, as it can be seen above, the same process is thought to be the cognitive model of the disorder.

ROCD symptoms are also thought to have between-person infiltration which means the symptoms may spread from one partner to another in an ongoing relationship (Doron et al., 2014a). In a longitudinal study, it was stated that presence of relationship centered obsessive compulsive symptoms in one partner increased relationship centered obsessive compulsive symptoms in the other partner (Doron et al., 2014a). Also, the same infiltration occurred for partner focused obsessive compulsive symptoms at the same time. The reason for this dyadic relationship may be illustrated as such: A partner may have questions regarding the rightness of relationship and their partner may also start to monitor their own feelings towards their partner since the other partner is continuously questioning the relationship. A similar example can be given for partner focused obsessive compulsive symptoms: A partner may start to compare their partner to their former romantic partner if the other partner is compulsively doing the same.

ROCD symptoms are regarded as disabling and important for the possibility of satisfactory intimate relationships since intimate relationships are regarded as a significant resource for individuals' psychological well-being and resilience (Doron et al., 2012a). For example, Doron and his colleagues (2012b) suggested that symptoms including the recurrent doubts regarding an individual's feelings towards a partner or whether the relationship is right for them may undermine the relational connection between partners, enhance fears of abandonment, develop relationship related distress, and damage mutual trust between partners. Likewise, it was suggested that repeated preoccupation with the partner's love towards oneself may increase clinginess in addition to being dependent to partner, thereafter eventuating in maladaptive relationship dynamics.

There are no studies that examined the prevalence of ROCD yet. According to Doron and his colleagues (2014a), the age of onset of ROCD is also not yet known but according to their observations of the clinical cases they encountered, it may be suggested that the onset is often in early adulthood. In those cases, ROCD symptoms have found to be persistent through the patient's romantic relationship history altogether. In addition to that, in the same study, it has been found that ROCD symptoms were experienced for the first time when patient was faced romantic based decisions such as getting married (Doron et al., 2014a). ROCD symptoms are also regarded to be persistent even when the individual is not currently in a romantic relationship, but symptoms are experienced as more stressful and debilitating when the individual is in a romantic relationship (Doron et al., 2014a). Moreover, age or gender differences were not found to be significantly related to ROCD symptoms (Doron et al., 2012a, 2012b; Doron et al., 2013; Doron et al., 2014b). Yet, in one study, it was found that a small correlation between age and relationship centered obsessive compulsive symptoms existed (Doron et al., 2012a). Studies regarding the relationship between relationship length and ROCD symptoms demonstrated conflicting results. In one study, relationship length was not found to be significantly correlated with ROCD symptoms (Doron et al., 2014a). Moreover, in other studies, relationship length was not found to be significantly associated with ROCD symptoms (Doron et al., 2012a, 2012b; Doron et al., 2013). On the other hand, in a longitudinal study examining the effects of ROCD symptoms, it has been found that relationship length was significantly and negatively correlated with ROCD symptoms (Szepsenwol et al., 2016).

ROCD is a type of OCD that is characterized by obsessions and compulsions regarding relationship and partner's perceived flaws and even though its prevalence is not yet known, cognitive model of ROCD has similarities with OCD. Since it is a concept mainly focused on romantic relationships, the following chapters will include information regarding adult attachment styles and insecure attachment, relationship satisfaction, and intention of infidelity and their interactions with each other since the concepts are thought to be associated with each other as explained briefly in the first part of introduction, which are also related to the topic of romantic relationships.

1.2. Adult Attachment Styles and Insecure Attachment

John Bowlby (1982) proposed attachment theory to explain the system which defined the affective bond between the primary caregiver (or "attachment figure" as Bowlby described) and the infant that serves as the infant's drive to seek and maintain proximity intended to receive protection and reassurance from the primary caregiver in times of danger or need. The attachment system provides the infant protection from harm, the opportunity to convey and share their emotional experiences, and a chance to regulate their negative emotions (Mikulincer & Shaver, 2007). The experience of the infant's interactions with their primary caregiver leads to the development of internal working models (IWMs) of self and others in accordance with the sensitivity and responsiveness of the primary caregiver (Bowlby, 1969, 1982, 1973). IWMs of the self includes cognitive and affective information regarding self-worth based on collected care, love, and support while IWMs of the others includes cognitive and affective information about the attachment figure who may be friends or romantic partners in addition to primary attachment figure and how this figure is perceived to be sensitive and responsive (Mikulincer & Shaver, 2007, as cited in Doron et al., 2009). Development of IWMs lays the way open for the infant to predict the outcomes of future interactions without having to assess every new interaction (Bowlby, 1969; 1982). According to numerous studies, the attachment system that organize early attachment relationships which are relevant during infancy is found to be priming the way for adult attachment relationships and is active across an individual's lifespan (Bowlby, 1973, 1988; Main et al., 1985; Waters et al., 2000). Thus, each individual's differences in their IWMs can influence romantic, social, and parenting behaviors of the individual in addition to psychological functioning, mental health, and adjustment throughout the individual's

childhood, adolescence, and adulthood (Bowlby, 1973, 1988; Main et al., 1985; Collins & Read, 1990; Collins & Feeney, 2000).

When the focus is narrowed down to adult romantic relationships, Hazan and Shaver (1987) hypothesized this romantic love as an attachment process in which IWMs of an individual tend to be consolidated under the name of a person's attachment style which is patterns of behaviors and cognitions in a romantic relationship (Brennan et al., 1998; Fraley & Shaver, 2000; Shaver & Mikulincer, 2002). Even though attachment system is thought to be a motivational system evolved in the childhood, it is assumed to be stable in relationships throughout the life span (Fraley & Shaver, 2000; Hazan & Shaver, 1987). According to years of research, it has been indicated that an individual's insecure attachment style can be measured under two orthogonal dimensions which are attachment-related anxiety and attachment-related avoidance (Brennan et al., 1998; Mikulincer & Shaver, 2003, 2007). Attachment-related anxiety indicates worries regarding an individual's partner's availability in times of need; thus, adoption of "hyperactivating" attachment strategies such as persistent attempts to gain care, love, and support from the partner to regulate distress and cope with insecurities (Mikulincer & Shaver, 2003). Attachment-related avoidance indicates distrust towards an individual's partner; thus, results in struggling to maintain emotional distance and independence from partner. Therefore, the individual counts on "deactivating" strategies such as denying attachment needs and suppressing thoughts and emotions related to attachment (Mikulincer & Shaver, 2003). These strategies to gain care or avoid rejection can be counterproductive in adulthood (Doron et al., 2012a). Individuals who score low on both dimensions are thought to be securely attached or to have a secure attachment style (Mikulincer & Shaver, 2007). Regarding the gender differences between different attachment types, it was found that women reported slightly higher than men in attachment anxiety and attachment avoidance, especially in young adulthood (Chopik et al., 2013).

According to the results of different studies, it has been shown that attachment-related anxiety and attachment-related avoidance play an important role in psychopathology such as depression and anxiety (Crowell et al., 1999; Williams & Riskind, 2004; Carnelley et al., 1994; West et al., 1998; Safford et al., 2004). In addition to psychopathologies mentioned above, attachment insecurities are found to be associated with OCD (Myhr et al., 2004; Doron et al., 2009). As mentioned above, even though parents are the most common main attachment figures in childhood, romantic partners often take place as attachment

figures in adulthood (Doron et al., 2014a). Studies regarding attachment insecurities have been linked with partner focused obsessive compulsive symptoms since attachment insecurities such as fear of abandonment and difficulties in trusting others are thought to increase reactivity to intrusive thoughts through disturbing functional coping strategies regarding important self-domains and in turn result in an increase in distress and ineffective responses (Doron et. al., 2014a; Doron et al., 2009). For example, individuals with attachment anxiety are expected to respond to self-relevant inefficacies with exaggerating the negative consequences of the unwanted experience, pondering about it, and in turn enhancing attachment related fears such as fear of abandonment because of individual's "bad" self (Mikulincer & Shaver, 2003). Moreover, attachment anxiety has found to have a significant main effect on relationship centered ROCD symptoms (Doron et al., 2012a). The relationship between those two concepts have been explained through the findings indicating strong dependence of self-worth on the relational domain and attachment anxiety simultaneously contribute (double-relationship vulnerability theory) to the development and maintenance of ROCD symptoms (Doron et al., 2013). Moreover, in a study conducted by Trak and İnözü (2019), it has been found that overprotective parenting in childhood is correlated with attachment anxiety, and attachment anxiety is associated with ROCD symptoms.

1.3. Relationship Satisfaction

Relationship satisfaction is defined as an individual's global subjective evaluation of their relationship in terms of feelings of pleasure and gratification (Hawkings, 1968). If the individual's subjective evaluation's outcome is positive, individual is expected to experience satisfaction about their relationship; if negative, dissatisfaction (Hendrick & Hendrick, 1989; Hendrick & Hendrick, 1995). Researchers investigated different variables that are related to relationship satisfaction. Regarding the relationship between age and relationship satisfaction, there are contradicting results in the literature. On one hand, it was stated that relationship satisfaction decreases as an individual's age increases, and this conclusion was provided by the results of more than 50 studies (Cowan & Cowan, 2014). On the other hand, in some other studies it was found that relationship satisfaction increases with age (Gorchoff et al., 2008; Braun et al., 2018). As can be seen, consensus regarding the topic is yet far from achievement.

Commitment was found to be strongly related to relationship satisfaction (Lund, 1985). Another variable that is associated with relationship satisfaction was found to be investment in the relationship (Rusbult, 1983). In addition to two variables given above, self-disclosure which can be defined as the "manifestation of intimacy" is also found to be related to relationship satisfaction (Hendrick, 1981; Hendrick et al., 1988, p. 987). The relationship between relationship satisfaction and adult attachment styles are widely researched. As explained in the adult attachment styles section:

> (a) relative prevalence of the three attachment styles is roughly the same in adulthood as in infancy, (b) the three kinds of adults differ predictably in the way they experience romantic love, and (c) attachment style is related in theoretically meaningful ways to mental models of self and social relationships and to relationship experiences with parents. (Hazan & Shaver, 1987, p. 511)

Consequently, it is expected that adult attachment styles are associated with relationship satisfaction. Since individuals who are anxiously attached are afraid of betrayal and abandonment (Shaver & Mikulincer, 2005), there are correlations found between attachment anxiety and perceived conflict (Brassard et al., 2009), negative affect (Molero et al., 2017), and pessimistic attribution (Kimmes et al., 2015). Accordingly, individuals who are avoidantly attached are mistrustful regarding their relationship and disinterested in the partner in general (Shaver & Mikulincer, 2005); thus, there are correlations found between avoidant attachment and decreased perceived support (Chi Kuan Mak et al., 2010), and lower trust (Givertz et al., 2013). As a result of aforementioned correlations, in numerous studies secure attachment is found to be positively correlated with relationship satisfaction and insecure attachments, which are anxious and avoidant, are found to be negatively correlated with relationship satisfaction (Creasey & Hesson-McInnis, 2001; Banse, 2004; Mikulincer & Shaver, 2015; Hadden et al., 2014; Li & Chan, 2012).

As mentioned in the ROCD section, ROCD symptoms are especially harmful for relationship quality. Relationship centered obsessive compulsive symptoms may damage emotional bonds and increase relationship related fears which are in turn result in an increase in relational distress (Doron et al., 2012a; Doron et al., 2014a). Partner focused obsessive compulsive symptoms may hamper the glorified perception of romantic partner and relationship (Doron et al., 2012b; Doron et al., 2014a). Both forms of ROCD symptoms are

found to be associated with poor relationship satisfaction and this relationship is thought to be bidirectional (Doron et al., 2014b). Moreover, it has been found that ROCD symptoms contributes to poor relationship satisfaction and this contribution leads to poor sexual satisfaction which is already an important aspect for relationship satisfaction (Doron et al., 2012b; Doron et al., 2014b). Even though both forms of ROCD symptoms are found to be associated with poor relationship satisfaction, it has been claimed that each had their own unique contribution to relationship dissatisfaction; thus, this might suggest different and divergent causal paths between those two forms of ROCD (Doron et al., 2012b). In a study conducted with all female and married participants, the effect of ROCD symptoms as a mediator between adult attachment styles and marital satisfaction was investigated. The results showed that ROCD indeed mediates the relationship between insecure attachment styles and poor marital satisfaction (Kabiri et al., 2017). This results also support the suggestion that relationship satisfaction and ROCD are associated with each other.

1.4. Intention of Infidelity

Infidelity is regarded as a source of emotional pain and disturbance, but it is also considered as a way of exposing, or fears of exposing a partner to a sexually transmitted disease (Jones et al., 2011). It has been claimed that different forms of infidelity are experienced in committed relationships up to 25% of the population (Blow & Hartnett, 2005). Although infidelity is a commonly used term, there is not a consistent operational definition for the concept. In a methodological review study regarding infidelity, Blow and Hartnett (2005) investigated different definitions about infidelity and as a result, they defined infidelity as:

> A sexual and/or emotional act engaged in by one person within a committed relationship, where such an act occurs outside of the primary relationship and constitutes a breach of trust and/or violation of agreed-upon norms (overt and covert) by one or both individuals in that relationship in relation to romantic/emotional or sexual exclusivity.

Even though the definition includes the term “committed relationship”, the committed relationship and infidelity are not specific to marital relationships. Dating infidelity also exists, and Drigotas and Barta (2001) describes infidelity as a representation

of one partner's violation of norms by experiencing emotional or physical intimacy with an individual outside the dyadic relationship. There are different approaches regarding the possible explanations why infidelity occurs. The investment model is a theory which claims that the primary force in relationships is commitment and the level of commitment includes satisfaction, alternative quality, and investments (for a review, see Rusbult et al., 1994). Regarding infidelity, commitment is thought to be an important and a central motive that shapes long-term and short-term behaviors of an individual. According to theory, because highly committed individuals are motivated to turn down potential alternatives to preserve the current relationship and to evaluate the long-term effects of their behavior on the relationship if they engage in an unfaithful behavior, they are thought to be less likely to be unfaithful. In accordance with the theory explained above, in a study, it has been found that greater rewards and investments, and poorer potential alternatives to the partner strengthens relationship commitment (Rusbult, 1983). The theory explains being unfaithful as a behavior. Nevertheless, research regarding infidelity is not solely based on behavior because even though the behavior is absent, attitudes towards infidelity may exist.

Attitudes are thought to be inferred from different responses which are cognitive, affective, and conative responses towards an attitude object, which is infidelity in this specific issue, and attitudes are considered to not always yield directly translated behavioral consequences (Ajzen, 2005; Azjen & Fishbein, 2005). As a result, even though attitudes towards infidelity may implement some evidence regarding who will and will not be unfaithful in the course of time, they may not predict behavior as well as behavioral intentions (Ajzen & Fishbein, 2005; Jones et al., 2011). Thus, in this study, intentions of infidelity will be the issue of research.

Regarding the relationship between intention of infidelity and socio-demographics, in a study it was found that intention of infidelity was not found to be associated with age, education level, marital status or income; but it was indirectly affected by gender with men displaying more positive attitudes towards infidelity (Jackman, 2015). On the other hand, regarding the relationship between not the intention of infidelity but extradyadic infidelity and gender, many studies demonstrated that men reported more infidelity than women both in marriage (Kontula & Haavio-Mannila, 1995, Lewin, 2000; Wiederman, 1997) and in dating relationships (Allen & Baucom, 2004; Wiederman & Hurd, 1999). In a study conducted in Turkey with a sample consisted of university students, characteristics of social

background were found to be regarded as important factors leading to infidelity by women when the betrayer were men, and this results were discussed as men are expected to be engage in infidelity when there is a restriction of freedom, especially if the restriction is related to a social background such as "marrying young" (Yeniçeri & Kökdemir, 2006).

According to the information in the adult attachment styles section, it is known that attachment styles contribute to the cognitions about romantic relationships. Anxiously attached individuals generally use hyperactivating strategies such as inappropriate expressions of their negative emotions and avoidantly attached individuals tend to use deactivating strategies such as suppressing inconvenient thoughts to avoid depending on their significant others (Mikulincer & Florian, 1998). Insecurely attached individuals tend to use ineffective affect regulation strategies to control internal anxiety; thus, their attempt to alleviate distress often results in even higher levels of distress and an inability to cope with stressful life events (Lopez & Brennan, 2000; Wei et al., 2003). Since possibility of infidelity pose a potential loss of a significant other, it is presumably to activate ineffective strategies to cope with the distress caused by it (Wang et al., 2012). Reactions of anxiously attached individuals to such scenarios introduce ruminating thoughts (Mikulincer et al., 2002), and they are likely to experience distress and feel more hostile and angrier towards their partners (Birnbaum et al., 2008; Guerrero, 1998). Reactions of avoidantly attached individuals against an attachment threat pose a different approach such as avoiding other relationships (Davis et al., 2003) and avoiding attachment figures in their lives (Mikulincer et al., 2002).

Relationship satisfaction is one of the most explored topics regarding the possible reasons or correlates of infidelity. In a review study including 10 studies about infidelity conducted by Thompson (1983), it has been found that quality of and flaws in the primary relationship are correlated with triggering and sustaining infidelity. Other studies also revealed similar results. Poor relationship satisfaction is found to increase the attraction to involve in infidelity (Prins et al., 1993; Bagarozzi, 2007). Also, in a study that measured composite infidelity, physical infidelity, and emotional infidelity, poor relationship satisfaction was found to be significantly associated with all (Drigotas et al., 1999).

According to the information given above, it can be understood that infidelity is associated with poor relationship satisfaction and insecure adult attachment systems. Insecurely attached individuals are more likely to experience poor relationship satisfaction and may be more prone to thoughts of infidelity. Moreover, these two concepts are found to

be related with ROCD symptoms. Even though there are no studies examined the direct relationship between ROCD symptoms and intentions of infidelity, because of the given information, it is expected that there will be a relationship between ROCD symptoms and intentions of infidelity. In the study conducted by Doron et. al. (2012b), it has been stated that partner focused obsessive compulsive symptoms are related to poor relationship satisfaction and attachment insecurity. Moreover, partner focused obsessive compulsive symptoms are found to be related to neutralizing behaviors such as comparing their current partner to better alternative partners to alleviate the distress caused by cognitive biases such as perfectionistic tendencies and tendency to overestimate the importance of mere thought occurrences (Doron et al., 2012b). Sexual satisfaction, which is an important indicator of relationship satisfaction and thus infidelity, is also found to be negatively correlated with both types of ROCD symptoms (Doron et al., 2014b). Also, maladaptive beliefs such as catastrophic fears of being in the wrong relationship which are categorized under the relationship centered obsessive compulsive symptoms are also found to predict partner focused obsessive compulsive symptoms, which in return, may be correlated to intent to search for alternative partners (Doron et al., 2016). So, there may be a bidirectional relationship between the intention of infidelity and both relationship centered and partner focused obsessive compulsive symptoms.

1.5. Aims and Hypotheses of the Study

The aim of the present study is to investigate the roles of insecure attachment styles, relationship satisfaction, and intention of infidelity on relationship centered and partner focused obsessive compulsive symptoms based on the model illustrated in Figure 1.1. As a secondary topic of this study, it has been hypothesized that gender and relationship status differences might be associated with relationship centered and partner focused obsessive compulsive symptoms. Also, in line with the main aim of the study, it has been hypothesized that relationship satisfaction and the intention of infidelity might be playing a mediator role in the relationship between insecure attachment, and relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms. According to this hypothesis, as insecure attachment score was increased, a decrease in the score of relationship satisfaction, and an increase in the score of intention of infidelity might be demonstrated. Moreover, it has been hypothesized that an increase in the score of insecure

attachment might be associated with an increase in relationship centered and partner focused obsessive compulsive symptoms through the mediating factors which are relationship satisfaction and intention of infidelity. Based on the literature and in line with the aims of the present study, following hypotheses were tested.

1. There are gender and relationship status related differences on relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms:

Hypothesis 1: There is a significant main effect of gender on relationship centered obsessive compulsive symptoms.

Hypothesis 2: There is a significant main effect of gender on relationship centered obsessive compulsive symptom dimensions which are Love for the Partner, Being Loved by the Partner, and Relationship "Rightness".

Hypothesis 3: There is a significant main effect of gender on partner focused obsessive compulsive symptoms.

Hypothesis 4: There is a significant main effect of gender on partner focused obsessive compulsive symptom dimensions which are Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence.

Hypothesis 5: There is a significant main effect of relationship status on relationship centered obsessive compulsive symptoms.

Hypothesis 6: There is a significant main effect of relationship status on relationship centered obsessive compulsive symptom dimensions which are Love for the Partner, Being Loved by the Partner, and Relationship "Rightness".

Hypothesis 7: There is a significant main effect of relationship status on partner focused obsessive compulsive symptoms.

Hypothesis 8: There is a significant main effect of relationship status on partner focused obsessive compulsive symptom dimensions which are Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence.

Hypothesis 9: There is a significant interaction effect of gender and relationship status on relationship centered obsessive compulsive symptoms.

Hypothesis 10: There is a significant interaction effect of gender and relationship status on relationship centered obsessive compulsive symptom dimensions which are Love for the Partner, Being Loved by the Partner, and Relationship "Rightness".

Hypothesis 11: There is a significant interaction effect of gender and relationship status on partner focused obsessive compulsive symptoms.

Hypothesis 12: There is a significant interaction effect of gender and relationship status on partner focused obsessive compulsive symptom dimensions which are Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence.

2. The is a mediator role of relationship satisfaction and intention of infidelity between insecure attachment and relationship centered and partner focused obsessive compulsive symptoms:

   Direct effects:

Hypothesis 1: Insecure attachment predicts relationship satisfaction in a negative way.

Hypothesis 2: Insecure attachment predicts intention of infidelity in a positive way.

Hypothesis 3: Relationship satisfaction predicts relationship centered obsessive compulsive symptoms in a negative way.

Hypothesis 4: Relationship satisfaction predicts partner focused obsessive compulsive symptoms in a negative way.

Hypothesis 5: Intention of infidelity predicts relationship centered obsessive compulsive symptoms in a positive way.

Hypothesis 6: Intention of infidelity predicts partner focused obsessive compulsive symptoms in a positive way.

Mediator effects:

Hypothesis 7: Insecure attachment's positive prediction on relationship centered and partner focused obsessive compulsive symptoms is mediated by relationship satisfaction and intention of infidelity.

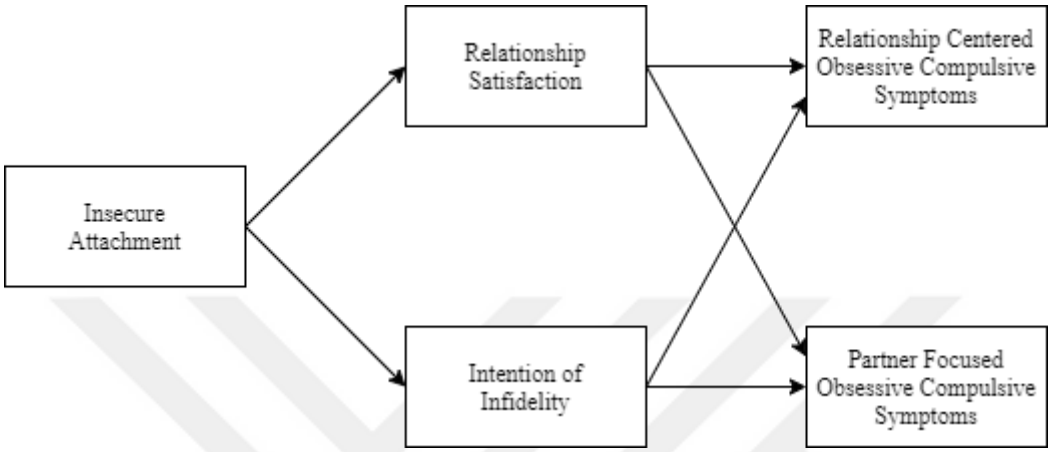

Figure 1. 1. *Model of the Study*

METHOD

2.1. Participants

A total of 718 participants were obtained to participate in the study. 293 of them were eliminated due to failing to fill all the questionnaires and/or not having a history of at least one romantic relationship. 64 of them were not included in the sample due to their current psychological disorders; 46 of them were not included due to their drug use regarding a psychological disorder, and 28 of the participants were in both these groups. According to the calculations of Mahalanobis distances ($df = 3$, $p < .001$) based on the critical chi-square value of 16,27, 26 participants were found to be multivariate outliers and excluded from the study. As a result, the current study includes 317 participants.

209 (65.9%) of the participants were females and 108 (34.1%) were males. The ages of all the participants ranged from 18 to 65 ($M = 34.32$, *S.D.* = 12.68). The ages of female participants ranged from 18 to 64 ($M = 34.90$, *S.D.* = 13.02). The ages of male participants ranged from 18 to 65 ($M = 33.20$, *S.D.* = 11.96). In terms of education level, 4 (1.3%) participants were literate, 1 (0.3%) was a graduate of elementary school, 53 (16.7%) were graduates of high school, 196 (61.8%) were graduates of university, and 63 (19.9%) participants were graduates of master's degree or higher. In addition, participants' income levels varied as 97 (30.6%) of them reported to earn minimum wage or below (2.324 ₺), and 220 (69.4%) of them reported to earn more than minimum wage. Moreover, 155 (48.9%) of the participants stated they work in a full-time job, 35 (11.0%) of them stated they work in a part-time job, and 127 (40.1%) of them reported they currently do not work. In terms of relationship status, 87 (27.4%) participants were single, and 230 (72.6%) participants were in a relationship. Regarding participants' civil status, 192 (60.6%) of the participants were not married, 113 (35.6%) were married, and 12 (3.8%) participants reported that they lived together with their romantic partner in the time of study. Furthermore, 100 (31.5%) of the participants reported they have children and 217 (68.5%) of them reported they do not have any at the time of the study. Among the participants who stated to have children 48 (15.1%) of them had one child, 47 (14.8%) of them had two children and 5 (1.6%) of them had three or more children. Also, duration of the participants' relationship ranged from 1 to 468

months (*M* = 121.641, *S.D.* = 132.09). In terms of participants who are not currently in a relationship, duration of the participants' previous relationship ranged from 1 to 240 months (*M* = 22.98, *S.D.* = 30.83) and the time passed since their last relationship ended ranged from 1 to 168 months (*M* = 22.04, *SD* = 30.22). (see detailed information in Table 2.1).

Table 2. 1. *Demographic Characteristics of the Participants*

Variables	N (317)	%	*M*	*SD*
Gender				
Female	209	65.9		
Male	108	34.1		
Age (Total)			34.32	12.68
Female			34.90	13.02
Male			33.20	11.96
Education Level				
Literate	4	1.3		
Elementary school	1	0.3		
High school	53	16.7		
University	196	61.8		
Master's degree or higher	63	19.9		
Reported Income Level				
Minimum wage or below	97	30.6		
More than minimum wage	220	69.4		
Job Status				
Full time	155	48.9		
Part time	35	11.0		
Not working	127	40.1		
Relationship Status				
Single	87	27.4		
In a relationship	230	72.6		
Civil Status				
Not married	192	60.6		
Married	113	35.6		
Cohabiting	12	3.8		

Table 2.1. Continued *Demographic Characteristics of the Participants*

Variables	N (317)	%	*M*	*SD*
Parental Status				
Have children	100	31.5		
Does not have children	217	68.5		
Number of Children				
1	48	15.1		
2	47	14.8		
3 or more	5	1.6		
Relationship Duration			121.41	132.09
Previous Relationship				
Relationship duration			22.98	30.83
Time passed since the termination			22.04	30.22

Note. M = Mean, SD = Standard Deviation

2.2. Instruments

Following instruments are used in this study: Informed Consent Form, Demographic Information Questionnaire, Relationship Obsessive-Compulsive Inventory (ROCI), Partner-Related Obsessive-Compulsive Symptom Inventory (PROCSI), Relationship Assessment Scale (RAS), Experiences in Close Relationships-Revised Scale (ECR-R), and The Intentions Towards Infidelity Scale (TITIS).

2.2.1. Informed Consent Form

Informed Consent Form is given as an essential part of study to explain the aim of the study, duration of the study, and what will be the requirements participants should fulfill (see Appendix 1). It also gives information about the researcher and how to communicate with the researcher if any questions would come to exist about the study. Moreover, it is explained in the form that the participation is necessarily voluntary, and participants can quit

the study at any time they wish to quit without any consequences. Participants are also informed in this form their personal information will never be shared or open to third party access. In the form, it was explicitly specified that a history of at least one romantic relationship is necessary to participate in the study. In the form, participants are required to sign off the permission for researcher to use their information and answers.

2.2.2. Demographic Information Questionnaire

Demographic Information Questionnaire is a self-report form developed by the researcher (see Appendix 2). The aim of this form is to inquire essential demographic information about the participants. Participants are expected to answer questions including their gender, age, education level, parental status, number of children if they have any, and marital status. Moreover, questions assessing psychiatric diagnosis and related drug use are also included in order to eliminate participants whose diagnose, or drug use can confound the results of the study. Finally, participants are asked whether they are in a current relationship. If the answer is yes, they are asked the duration of the relationship in months and years. If the answer is no, they are expected to give information about the duration of their last relationship and when it ended, in months and years for both.

2.2.3. Relationship Obsessive Compulsive Inventory (ROCI)

Relationship Obsessive Compulsive Inventory (ROCI) is a self-report measure of obsessions and compulsions centered on an individual's romantic relationship and includes three relational dimensions: one's feelings towards one's partner (e.g., " The thought that I do not really love my partner haunts me."), one's perception of partner's feelings (e.g., I am constantly bothered by the thought that my partner doesn't really want to be with me."), and assessment of the "rightness" of the relationship (e.g., "I frequently seek reassurance that my relationship is "right.") (Doron et al., 2012a) (see Appendix 3). Higher scores indicate higher levels of relationship centered obsessive compulsive symptoms. The 12 items in the scale are designed to be rated by participants according to their appraisals of to what extent such thoughts and behaviors describe their intimate relationship experiences on a 5-point Likert-type scale ranging from 0 ("not at all") to 4 ("very much"). No reverse items are used in this

scale. According to the study of Doron and his colleagues (2012), which has been conducted with an adult sample, internal consistency of the scale altogether is found to be .93 (Cronbach's alpha). Additionally, internal consistency of the Love for the Partner subscale is found to be .84, whereas the result for the Relationship "Rightness" subscale is found to be .79, and the result for the Being Loved by the Partner subscale is found to be .87 (Cronbach's alphas). In the scale, items 1,7,10 and 14 are related to the Love for the Partner subscale, items 3,5,9 and 12 are related to the Relationship "Rightness" subscale, and items 4,6,11 and 13 are related to the Being Loved by the Partner subscale. Also, items 2 and 8 are used for checking identical ratings for all items. Turkish version of the ROCI was translated and adapted by Trak and İnözü (2017) and found to be internally consistent at alpha level of .89. Test-retest reliability (.89), construct validity and predictive validity of the Turkish version are also found to be high.

2.2.4. Partner Related Obsessive-Compulsive Symptoms Inventory (PROCSI)

Partner Related Obsessive-Compulsive Symptoms Inventory (PROCSI) is a self-report measure of obsessions and compulsions centered on one's partner's perceived flaws which includes 28 items, but in terms of calculating the total score, 4 items are excluded considering these items are expressing reliability of the other responses (Doron et al., 2012b) (see Appendix 4). The scale has six domains and each of these domains include 4 items which are about the perceived flaws of the partner regarding physical appearance (e.g., "Every time I'm reminded of my partner I think about the flaw in their appearance.", flaws about morality (e.g., "The thought that my partner is not a "good and moral" person bothers me on a daily basis."), flaws about sociability (e.g., "I am troubled by thoughts about my partner's social skills."), flaws about intelligence (e.g., "I often seek reassurance (from friends, family, etc.) about whether my partner is smart enough."), flaws about emotional stability (e.g., "I find it difficult to control my tendency to compare my partner's emotional responses to those of other men/women."), flaws about competence (e.g., "I keep comparing my partner's ability to "achieve something" in life to that of other men/women."). Higher scores on the scale indicate higher levels of partner focused obsessive compulsive symptoms. Ratings by participants are designed to be made on a 5-point Likert-type scale ranging from 0 ("not at all") to 4 ("very much") according to which such thoughts or behaviors describe their experiences in romantic relationships. Higher scores indicate higher levels of partner-

focused symptoms. No reverse items are used in this scale. Internal consistency of the total scale and test-retest reliability of the total scale are found to be .95 and .77, respectively (Cronbach's alphas) (Doron et al., 2012b). Additionally, internal consistencies of the Physical Appearance, Morality, Sociability, Intelligence, Emotional Stability, and Competence subscales are found to be .83, .89, .84, .83, .84, and .87, respectively (Cronbach's alphas). Findings above indicate that the PROCSI is both a reliable and a valid instrument. The cultural adaptation of the PROCSI was conducted by Trak and İnözü (2017). Results of the adaptation study indicate that the internal consistency of the total scale was .94 and test-retest reliability was .88 (Cronbach's alphas).

2.2.5. Relationship Assessment Scale (RAS)

Relationship Assessment Scale (RAS) is a self-report measure of relationship satisfaction specifically focused on romantic relationships (Hendrick, 1981) (see Appendix 5). The scale includes 7 Likert-type items (e.g., "To what extent has your relationship met your original expectations?") which are designed to be rated by participants according to their thoughts regarding their intimate relationships on a 5-point scale ranging from 1 ("poorly") to 5 ("extremely well"). Items 4 and 7 are used as reverse items. Higher scores indicate higher levels of relationship satisfaction. Internal consistency of RAS is reported as .86 (Cronbach's alpha) (Hendrick, 1988). According to the information given above, RAS is a consistent and a valid scale. Turkish translation and adaptation of the scale was conducted by Curun (2001). Internal consistency of the Turkish version was reported as .86 (Cronbach's alpha), and therefore it is regarded as a consistent and valid scale.

2.2.6. Experiences in Close Relationships-Revised Scale (ECR-R)

Experiences in Close Relationships-Revised Scale (ECR-R) is a 38 item self-report measure of adult romantic attachment styles which was developed by Fraley and colleagues (2000) (see Appendix 6). The scale has two dimensions which are attachment-related anxiety (e.g., "When my partner is out of sight, I worry that he or she might become interested in someone else.") and attachment-related avoidance (e.g., "I am nervous when partners get too close to me.") and each dimension contains 18 items. Items are designed to be rated by

participants according to their thoughts and feelings regarding their relationships on a 7-point Likert-type scale ranging from 1 (“strongly disagree”) to 7 (“strongly agree”). Higher scores indicate higher levels of attachment-related anxiety and attachment-related avoidance. The scale has found to be reliable and valid (Sibley & Liu, 2004; Sibley et al., 2005). The Turkish adaptation of the scale was conducted by Selçuk and his colleagues (2005). Reverse items in the Turkish version are 4,8, 16, 17, 18, 20, 21, 22, 24, 26, 30, 32, 34, and 36, with a total of 14 reverse items. Internal consistencies of the Turkish version is reported as .86 for attachment-related anxiety and as .90 for attachment-related avoidance. Furthermore, test-retest reliabilities are reported as .82 for attachment-related anxiety and as .81 for attachment-related avoidance.

2.2.7. The Intentions Towards Infidelity Scale (TITIS)

The Intentions Towards Infidelity Scale (TITIS) is a scale developed by Jones and his colleagues (2011) in order to predict an individual’s likelihood of being unfaithful to a romantic partner (see Appendix 7). The scale has 7 items (e.g., “How likely would you be to hide your relationship from an attractive person you just met?”) which are expected to be rated by the participant on a 7-point Likert-type scale ranging from 1 (“not at all likely”) to 7 (“extremely likely”). The Cronbach’s alpha internal reliability of the scale is found to be ranging from .70 to .81 (Olderbak, 2008; Olderbak & Figueredo, 2009). Higher scores indicate higher levels regarding an individual’s likelihood of being unfaithful to their romantic partner. Third item of the scale is a reverse item. The adaptation of the scale is conducted by Toplu-Demirtaş and Tezer (2013). According to their research, the internal consistency of the Turkish adaptation is found to be as .82 and test-retest reliability is found to be as.85. These results indicate that the Turkish version is both a valid and reliable scale.

2.3. Procedure

Before proceeding to data gathering process, ethical approval was received from Başkent University Scientific Research and Publication Ethics Committee (see Appendix 8). For data gathering, participants were recruited from Internet via Qualtrics. Participation to the study was voluntary. Data gathering did not include any personal information from participants, they were only given participation numbers in order to analyze their answers.

In the beginning of the procedure, participants were asked to read and sign off the informed consent (see Appendix 1). After participants confirmed to be included in the study, they were given Demographic Information Questionnaire (see Appendix 2). Subsequently, following instruments were presented to the participants for them to fill out: Relationship Obsessive Compulsive Inventory (ROCI), Partner Related Obsessive Compulsive Symptom Inventory (PROCSI), Relationship Assessment Scale (RAS), Experiences in Close Relationships-Revised Scale (ECR-R), and The Intentions Towards Infidelity Scale (TITIS), respectively (see Appendix 3, 4, 5, 6, 7, respectively).

2.4. Analysis of Data

In this study, relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms were defined as independent variable (IV) and insecure attachment, relationship satisfaction, and intention of infidelity were defined as dependent variables (DV). All statistical analyses were conducted with IBM Statistical Package for Social Sciences (SPSS) version 22.0 and path analysis was conducted with IBM Statistical Package for Social Sciences (SPSS) AMOS. The following analyses were conducted:

- Descriptive analyses (number, percentile, mean, and standard deviation) were conducted to analyze the demographic characteristics of participants.
- Descriptive analyses (minimum scores, maximum scores, means, standard deviations, skewness and kurtosis values, and internal consistency coefficients) were conducted to analyze descriptive features of the main measures.
- Two separate independent t-tests were used to inspect whether COVID-19 pandemic had any effect on the scores of participants regarding their relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms.
- Kendall's Tau-B correlation analysis was used to measure correlations between the variables of the study (namely; relationship centered obsessive compulsive symptoms and its three dimensions, which are Love for the Partner, Being Loved by the Partner, and Relationship "Rightness", partner focused obsessive compulsive

symptoms and its six dimensions, which are Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence, insecure attachment styles and its two dimensions, which are Attachment Anxiety and Attachment Avoidance, relationship satisfaction, intention of infidelity, age, and relationship duration.

- Two separate analysis of variance (ANOVA) analyses were used in order to examine gender and relationship status differences on relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms. Also, two separate multivariate analysis of variance (MANOVA) were used in order to inspect the differences of gender, relationship status, and their interaction on three relationship centered obsessive compulsive symptom dimensions which are Love for the Partner, Being Loved by the Partner, and Relationship "Rightness", and on six dimensions of partner focused obsessive compulsive symptoms which are Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence.
- Path analysis of Structural Equation Model (SEM) was used in order to examine the mediation effect of relationship satisfaction and intention of infidelity between insecure attachment, and relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms.
- As a supplementary analysis, descriptive analyses (minimum scores, maximum scores, means, standard deviations, and skewness and kurtosis values) were conducted to analyze descriptive features of the demographic variables of the study which are age, gender, relationship status, and relationship duration.

RESULTS

3.1. Descriptive Analyses of the Measures of the Study

In the name of analyzing descriptive features of the measures, minimum scores, maximum scores, means, standard deviations, skewness and kurtosis values, and internal consistency coefficients (Cronbach's alpha's) were calculated for Experiences in Close Relationships-Revised Scale (ECR-R) and its subscales (i.e., Attachment Anxiety and Attachment Avoidance), Relationship Assessment Scale (RAS), The Intentions Towards Infidelity Scale (TITIS), Relationship Obsessive Compulsive Inventory (ROCI) and its subscales (i.e., Love for the Partner, Being Loved by the Partner, and Relationship "Rightness"), and Partner Related Obsessive Compulsive Symptom Inventory (PROCSI) and its subscales (i.e., Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence) (for detailed information see Table 3.1.). Skewness and Kurtosis values were investigated for every main variable and their subscales in order to test if normal distribution is achieved for each one of them. Values of skewness and kurtosis for all main variables and their subscales were found to be between -2 and +2; thus, scores of all variables and their subscales are regarded as normally distributed (George & Mallery, 2010).

Table 3. 1. *Descriptive Features of Measures*

Measures	N	Min	Max	*M*	*SD*	Skewness	Kurtosis	Cronbach's Alpha
ECR-R	317	37.00	213.00	102.87	31.60	.401	-.260	.74
Anxiety	317	19.00	109.00	55.77	20.13	.619	-.317	.73
Avoidance	317	18.00	112.00	47.10	18.36	.514	-.212	.75
RAS	317	8.00	49.00	36.61	9.47	-.692	-.396	.83
TITIS	317	7.00	47.00	15.60	8.06	1.225	1.299	.78
ROCI	317	.00	44.00	11.18	9.46	.936	.258	.74
Love for the Partner	317	.00	15.00	3.44	3.45	1.046	.534	.77

Table 3.1. Continued *Descriptive Features of Measures*

Measures	N	Min	Max	*M*	*SD*	Skewness	Kurtosis	Cronbach's Alpha
Being Loved by the Partner	317	.00	16.00	2.96	3.39	1.387	1.717	.77
Relationship "Rightness"	317	.00	16.00	4.54	3.66	.705	-.058	.77
PROCSI	317	.00	68.00	16.35	15.85	1.121	.258	.74
Morality	317	.00	12.00	1.90	2.85	1.580	1.793	.77
Sociability	317	.00	16.00	3.74	3.59	.926	.285	.77
Emotional Stability	317	.00	15.00	3.41	3.71	1.057	.274	.77
Competence	317	.00	16.00	3.11	3.42	1.118	.813	.77
Physical Appearance	317	.00	10.00	1.42	2.26	1.657	1.880	.78
Intelligence	317	.00	15.00	2.77	3.32	1.329	1.305	.77

Note. ECR-R = Experiences in Close Relationships (Revised), RAS = Relationship Assessment Scale, TITIS = The Intentions Towards Infidelity Scale, ROCI = Relationship Obsessive Compulsive Inventory, PROCSI = Partner focused Obsessive Compulsive Symptom Inventory, SD = Standard Deviation, M = Mean.

3.2. Comparison of Scores regarding Relationship Obsessive Compulsive Inventory and Partner Related Obsessive Compulsive Symptoms Inventory before and after the Announcement of the First Cases of COVID-19 Pandemic in Turkey

In the data collection process of the study, 40 participants, who were included in the analyses, completed the questionnaires before the official announcement of first cases of COVID-19 pandemic in Turkey which took place on March 11, 2020. Other participants participated in the study after the official announcement of the first cases of COVID-19 pandemic. In order to investigate if there are any differences in terms of scores of Relationship Obsessive Compulsive Inventory and Partner Related Obsessive Compulsive Symptoms Inventory before and after the announcement of first cases of COVID-19 pandemic in Turkey, two separate independent sample t-tests were conducted. 40

participants are randomly selected from the dataset which did not include the first 40 participants and named as Group 2 whereas the first 40 participants are named as Group 1. A total of these 80 participants are gathered in a different dataset in order to conduct two independent sample t-tests. First analysis included the scores of Relationship Obsessive Compulsive Inventory. According to the results, there was not a significant difference in terms of the scores of Relationship Obsessive Compulsive Inventory between Group 1 (M = 10.00, SD = 8.86) and Group 2 (M = 10.48, SD = 7.66); t (78) = -.256, p = .768 (see Table 3.2). These results suggest that announcement of the first cases of COVID-19 pandemic did not have an effect on the scores of Relationship Obsessive Compulsive Inventory. Second analysis included the scores of Partner Related Obsessive Compulsive Symptoms Inventory. Results indicated that there was not a significant difference in terms of the scores of Partner Related Obsessive Compulsive Symptoms Inventory between Group 1 (M = 15.18, SD = 12.41) and Group 2 (M = 15.75, SD = 13.61); t (78) = -.197, p = .844 (see Table 3.2). These results suggest that announcement of the first cases of COVID-19 pandemic did not have an effect on the scores of Partner Related Obsessive Compulsive Symptoms Inventory neither. Altogether, these results indicate that all participants could be included in the study.

Table 3. 2. *Independent t-test Results Regarding Scores of ROCI and PROCSI Measures and the Announcement of the First Cases of COVID-19 Pandemic*

Measures	N	*M*	*SD*	*df*	*t*	*p*
ROCI				78	-.256	.768
Group 1 (before the first cases of COVID-19 pandemic)	40	10.00	8.86			
Group 2 (after the first cases of COVID-19 pandemic)	40	10.48	7.76			
PROCSI				78	-.197	.844
Group 1 (before the first cases of COVID-19 pandemic)	40	15.18	12.41			
Group 2 (after the first cases of COVID-19 pandemic)	40	15.75	13.61			

Note. ROCI = Relationship Obsessive Compulsive Inventory, PROCSI = Partner Related Obsessive Compulsive Symptoms Inventory, M = Mean, SD = Standard Deviation, df = Degrees of Freedom.

3.3. Correlations between Study Variables

The correlations between study variables and two demographic variables, which are age and relationship duration, were calculated with correlation analysis (see detailed information at Table 3.3.). Study variables were relationship centered obsessive compulsive symptoms and its three dimensions which are Love for the Partner, Being Loved by the Partner, and Relationship "Rightness", partner focused obsessive compulsive symptoms and its six dimensions which are Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence, insecure attachment styles and its two dimensions which are Attachment Anxiety and Attachment Avoidance, and finally relationship satisfaction and intention towards infidelity.

Assumption violations of Pearson's *r* correlation was examined to conduct the analysis. According to the results, the data did not meet the assumption for normality. If the normality assumption is not met, using Spearman's Rho (ρ) or Kendall's Tau-B (τ_b) instead of Pearson's *r* is suggested (Allen et al., 2014). The assumptions for both are found to be addressed for the data of the study. Since Kendall's Tau-B is recommended instead of Spearman's Rho because it tends to present a better estimate of the population correlation, Kendall's Tau-B (τ_b) is reported in this correlation analysis (Allen et al., 2014).

Correlations between the dependent variables

Relationship centered obsessive compulsive symptoms and its three dimensions were all positively and significantly correlated with each other (τ_bs ranged between .67 and .78, $p < .01$).

Partner focused obsessive compulsive symptoms and its six dimensions were all positively and significantly correlated with each other (τ_bs ranged between .37 and .72, $p < .01$).

Relationship centered obsessive compulsive symptoms were also positively and significantly correlated with partner focused obsessive compulsive symptoms ($\tau_b = .55$, $p < .01$).

Moreover, relationship centered obsessive compulsive symptoms were found to be positively correlated with all six dimensions of partner focused obsessive compulsive symptoms (τ_bs ranged between .38 and .54, $p < .01$).

Also, all three dimensions of relationship centered obsessive compulsive symptoms were positively correlated with partner focused obsessive compulsive symptoms and its six dimensions (τ_bs ranged between .30 and .52, $p < .01$).

Correlations between the dependent and the independent variables

Relationship centered obsessive compulsive symptoms was found to be positively correlated with insecure attachment scores ($\tau_b = .36$, $p < .01$) and its dimensions which are Attachment Anxiety ($\tau_b = .38$, $p < .01$) and Attachment Avoidance ($\tau_b = .18$, $p < .01$). Furthermore, its three dimensions had significant positive correlations with insecure attachment styles and its two dimensions (τ_bs ranged between .13 and .46, $p < .01$).

As for the correlation between relationship centered obsessive compulsive symptoms and relationship satisfaction, it has been found significant and negative ($\tau_b = -.39$, $p < .01$). All three dimensions of relationship centered obsessive compulsive symptoms were also negatively correlated with relationship satisfaction (τ_bs ranged between -.34 and -.38, $p < .01$).

Relationship centered obsessive compulsive symptoms were found to be positively correlated with intention of infidelity ($\tau_b = .13$, $p < .01$). As for the dimensions, intention of infidelity was positively correlated with both Love for the Partner dimension ($\tau_b = .19$, $p < .01$), Being Loved by the Partner dimension ($\tau_b = .08$, $p < .05$), and Relationship "Rightness" dimension ($\tau_b = .11$, $p < .01$).

Partner focused obsessive compulsive symptoms was found to be positively correlated with insecure attachment scores ($\tau_b = .32$, $p < .01$) and its dimensions which are Attachment Anxiety ($\tau_b = .31$, $p < .01$) and Attachment Avoidance ($\tau_b = .22$, $p < .01$). In addition, its six dimensions had significant positive correlations with insecure attachment styles and its two dimensions (τ_bs ranged between .14 and .34, $p < .01$).

As for the correlation between partner focused obsessive compulsive symptoms and relationship satisfaction, it has been found negative and significant ($\tau_b = -.44$ $p < .01$).

Additionally, all six dimensions of partner focused obsessive compulsive symptoms were also negatively correlated with relationship satisfaction (τ_bs ranged between -.30 and -.45, $p < .01$).

Partner focused obsessive compulsive symptoms were found to be positively correlated with intention of infidelity ($\tau_b = .20$, $p < .01$). As for the dimensions, intention of infidelity was positively correlated with all six dimensions (τ_bs ranged between .17 and .20, $p < .01$) for five dimensions with the exception of Morality dimension being significantly correlated with intention of infidelity at $\tau_b = .11$, $p < .05$ level.

Correlations between the independent variables

Insecure attachment scores and its two dimensions were positively correlated with each other (τ_bs ranged between .25 and .64, $p < .01$).

Also, insecure attachment scores and its dimensions were found to be negatively correlated with relationship satisfaction (τ_bs ranged between -.29 and -.40, $p < .01$).

Insecure attachment scores and its dimensions were also positively and significantly correlated with intention of infidelity (τ_bs ranged between .12 and .18, $p < .01$).

The correlation between relationship satisfaction and intention of infidelity was also negative and significant ($\tau_b = -.14$, $p < .01$).

Correlations between the measures of the study and age

Age was negatively and significantly correlated with relationship centered obsessive compulsive symptoms ($\tau_b = -.17$, $p < .01$).and its two dimensions which are Being Loved by the Partner ($\tau_b = -.18$, $p < .01$) and Relationship "Rightness" ($\tau_b = -.19$, $p < .01$) but not significantly correlated with Love for the Partner dimension.

Also, age was negatively correlated with partner related obsessive compulsive symptoms ($\tau_b = -.12$, $p < .01$) and its three dimensions which are Emotional Stability ($\tau_b = -.11$, $p < .01$), Competence ($\tau_b = -.16$, $p < .01$), and Intelligence ($\tau_b = -.12$, $p < .01$) but not correlated with other dimensions.

As for the correlation between age and insecure attachment scores, it was found that there was no significant correlation. On the other hand, age and Attachment Anxiety were negatively and significantly correlated (τ_b = -.15, p < .01) whereas age and Attachment Avoidance were found to be not correlated.

Age was not found to be correlated with neither relationship satisfaction nor intention of infidelity.

Correlations between the measures of the study and relationship duration

Relationship duration was significantly and negatively correlated with relationship centered obsessive compulsive symptoms (τ_b = -.19, p < .01) and its two dimensions which are which are Being Loved by the Partner (τ_b = -.18, p < .01) and Relationship "Rightness" (τ_b = -.21, p < .01) but not significantly correlated with Love for the Partner dimension.

Also, relationship duration was not found be correlated with partner focused symptoms and its dimensions with the exception of Competence subscale which was found to be negatively correlated (τ_b = -.15, p < .01).

As for the correlation between relationship duration and insecure attachment scores, it was found that there was no significant correlation. On the other hand, relationship duration and Attachment Anxiety were negatively and significantly correlated (τ_b = -.15, p < .01) whereas relationship duration and Attachment Avoidance were positively correlated (τ_b = .09, p < .05).

Relationship duration was not found to be correlated with neither relationship satisfaction nor intention of infidelity.

Correlation between age and relationship duration

Age was found to be significantly and positively correlated with relationship duration (τ_b = .58, p < .01).

Table 3. 3. *Correlations between Study Variables*

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1.	RCOCS	-																	
2.	LFTP	.67**	-																
3.	BLBP	.69**	.41**	-															
4.	RR	.78**	.49**	.57**	-														
5.	PFOCS	.55**	.46**	.45**	.53**	-													
6.	MO	.52**	.43**	.47**	.49**	.61**	-												
7.	SO	.43**	.38**	.37**	.41**	.72**	.49**	-											
8.	ES	.54**	.46**	.46**	.52**	.70**	.55**	.54**	-										
9.	CO	.38**	.34**	.30**	.38**	.64**	.37**	.52**	.45**	-									
10.	PA	.42**	.42**	.35**	.39**	.56**	.43**	.45**	.48**	.43**	-								
11.	I	.49**	.41**	.43**	.48**	.69**	.52**	.54**	.54**	.52**	.48**	-							
12.	IAS	.36**	.29**	.37**	.33**	.32**	.30**	.25**	.34**	.22**	.26**	.29**	-						
13.	ANX	.38**	.24**	.46**	.36**	.31**	.28**	.23**	.33**	.23**	.20**	.26**	.64**	-					
14.	AVO	.18**	.23**	.13**	.17**	.22**	.20**	.17**	.21**	.14**	.23**	.22**	.62**	.25**	-				
15.	RS	-.39**	-.34**	-.34**	-.38**	-.44**	-.35**	-.39**	-.45**	-.30**	-.33**	-.37**	-.40**	-.29**	-.36**	-			
16.	IOI	.13**	.19**	.08*	.11**	.20**	.11*	.17**	.19**	.19**	.20**	.19**	.18**	.12**	.18**	-.14**	-		
17.	Age	-.17**	-.07	-.18**	-.19**	-.12**	-.04	-.06	-.11**	-.16**	-.04	-.12**	-.06	-.15**	.07	-.05	.02	-	
18.	RD	-.19**	-.08	-.18**	-.21**	-.09	-.05	.04	-.09	-.15**	-.02	-.10	-.03	-.15**	.09*	-.08	-.02	.58**	-

*Note. RCOCS = Relationship Centered Obsessive Compulsive Symptoms, LFTP = Love for the Partner, BLBTP = Being Loved by the Partner, RR = Relationship "Rightness", PFOCS = Partner Focused Obsessive Compulsive Symptoms, MO = Morality, SO = Sociability, ES = Emotional Stability, CO = Competence, PA = Physical Appearance, I = Intelligence, IAS = Insecure Attachment Scores, ANX = Attachment Anxiety, AVO = Attachment Avoidance, RS = Relationship Satisfaction, IOI = Intention of Infidelity, RD = Relationship Duration, ** Correlation is significant at the .01 level (2-tailed), *Correlation is significant at the .05 level (2-tailed).*

3.4. Gender and Relationship Status Related Differences of Relationship Centered Obsessive Compulsive Symptoms and Partner Focused Obsessive Compulsive Symptoms

Separate ANOVA and MANOVA analyses were conducted to examine the differences of gender, relationship status, and their interaction on relationship centered obsessive compulsive symptoms and its three dimensions (Love for the Partner, Being Loved by the Partner, Relationship "Rightness") and partner related obsessive compulsive symptoms and its six dimensions (Morality, Sociability, Emotional Stability, Competence, Physical Appearance, Intelligence).

Before the analysis, in order to have equal sample sizes, 41 females who were in a relationship, 41 females who were not in a relationship, 41 males who were in a relationship and 41 males who were not in a relationship were randomly selected from the sample which led the size of the sample used in these analyses to be a total of 164. In order to conduct ANOVAs and MANOVAs, all underlying assumptions were examined. No multivariate outliers were found for the critical chi-square value of 13,82 (df = 2, $p \prec .001$); thus, multivariate normality existed for the data. Multicollinearity was tested by correlation between the dependent variables and it has been found that the correlation was not extreme since DV's are not strongly correlated with each other (.90+) (Allen et al., 2014).

Also, the relationship between dependent variables were found to be roughly linear. On the other hand, Box's M was significant at $\alpha = .05$ level but MANOVA is robust against the violations of normality and homogeneity of variance/covariance matrices assumptions when the group sizes are equal and 30+ (Allen et al., 2014).

3.4.1. Relationship centered obsessive compulsive symptoms differences

In order to examine the differences of Gender, Relationship Status and their interaction on the total score of Relationship Centered Obsessive Compulsive Symptoms, a 2 (Gender [Female, Male]) x 2 (Relationship Status [In a Relationship, Not in a Relationship] two-way Analysis of Variance (ANOVA) was conducted. Findings of ANOVA showed that there was not a significant main effect of neither gender variable (female vs. male) on relationship centered obsessive compulsive symptoms (F [1, 160] = 0.003, p = .995, η_p^2 =

.000) nor an interaction effect of gender and relationship status (F [1, 160] = 1.971, p = .162, η_p^2 = .012) (see Table 3.4.). On the other hand, the main effect of relationship status was found to be significant (F [1, 160] = 13.039, p = .000, η_p^2 = .075) (see Table 3.4.). Analysis showed that participants who are in a relationship (M = 10.45, SD = 8.43) showed less relationship centered obsessive compulsive symptoms than participants who are not in a relationship (M = 15.88, SD = 10.27) (see Table 3.5.).

Table 3. 4. *ANOVA Table for the Total Score of RCOCS*

Variables	*df*	Error *df*	Mean Square	*F*	*p*	η_p^2
Gender	1	160	.299	0.003	.955	.000
Relationship Status	1	160	1207.470	13.039	.000***	.075
Gender x Relationship Status	1	160	182.494	1.971	.162	.012

Note. η_p^2 *= Partial Eta Squared, * Correlation is significant at the .05 level, ** Correlation is significant at the .01 level, *** Correlation is significant at the .001 level.*

Table 3. 5. *Means Regarding Gender and Relationship Duration Differences on RCOCS*

Variables			*M*	*SD*
RCOCS	Female		13.12	9.17
	Male		13.21	10.77
	In a Relationship		10.45	8.93
	Not in a Relationship		15.88	10.27
RCOCS	Female	In a Relationship	11.46	9.01
		Not in a Relationship	14.78	9.14
	Male	In a Relationship	9.44	8.85
		Not in a Relationship	16.98	11.29

Note. M = Mean, SD = Standard Deviation, RCOCS = Relationship Centered Obsessive Compulsive Symptoms.

In addition, a 2 (Gender) x 2 (Relationship Status) between subjects factorial MANOVA was conducted in order to examine gender and relationship status differences, and their interaction effect on three dimensions of relationship centered obsessive compulsive symptoms; namely, Love for the Partner, Being Loved by the Partner, and Relationship "Rightness". Results indicated significant main effect of Relationship Status (Multivariate F [3,158] = 6.844, p = .000; Pillai's Trace = .115, η_p^2 = .115), and significant interaction effect of Gender x Relationship Status (Multivariate F [3,158] = 3.613, p = .015; Pillai's Trace = .064, η_p^2 = .064). However, main effect of Gender (Multivariate F [3,158] = 1.668, p = .176; Pillai's Trace = .031, η_p^2 = .031) was not significant. Table 3.6 indicated the detailed information.

Table 3. 6. *MANOVA Table for LFTP, BLBTP and RR Dimensions*

Variables	Pillai's Trace	Multi. *df*	Multi. *F*	Multi. *p*	Multi. η_p^2	Uni. *df*	Uni. *F*	Uni. *p*	Uni. η_p^2
Gender	.031	3, 158	1.668	.176	.031				
LFTP						1, 160	0.496	.482	.003
BLBTP						1, 160	1.838	.177	.011
RR						1, 160	0.369	.544	.002
Relationship Status	.115	3, 158	6.844	.000***	.115				
LFTP						1, 160	3.254	.073	.020
BLBTP						1, 160	12.111	.001***	.070
RR						1, 160	18.102	.000***	.102
Gender x Relationship Status	.064	3, 158	3.613	.015*	.064				
LFTP						1, 160	0.017	.895	.000
BLBTP						1, 160	0.737	.737	.005
RR						1, 160	6.341	.013**	.038

*Note. LFTP = Love for the Partner, BLBTP = Being Loved by the Partner, RR = Relationship "Rightness", η_p^2 = Partial Eta Squared, df = Degrees of Freedom, * Correlation is significant at the .05 level, ** Correlation is significant at the .017 level, *** Correlation is significant at the .001 level.*

The alpha value was modified according to Bonferroni correction, and univariate analyses were conducted at Bonferroni adjusted level of p = .017 (.05/3) in order to inspect the effects of Gender, Relationship Status, and Gender x Relationship Status on three

dimensions of relationship centered obsessive compulsive symptoms individually (see Table 3.6 for detailed information).

Table 3. 7. *Descriptive Statistics of MANOVA for LFTP, BLBTP and RR Dimensions*

Variables	Gender	Relationship Status	*M*	*SD*	N
LFTP	Female	In a Relationship	3.22	3.37	41
		Not in a Relationship	4.15	3.83	41
		Total	3.68	3.62	82
	Male	In a Relationship	3.54	3.03	41
		Not in a Relationship	4.61	3.89	41
		Total	4.07	3.51	82
	All	In a Relationship	3.38	3.19	82
		Not in a Relationship	4.38	3.84	82
		Total	3.88	3.56	164
BLBTP	Female	In a Relationship	3.24	3.77	41
		Not in a Relationship	4.66	3.42	41
		Total	3.95	3.65	82
	Male	In a Relationship	2.05	2.89	41
		Not in a Relationship	4.39	3.67	41
		Total	3.22	3.49	82
	All	In a Relationship	2.65	3.39	82
		Not in a Relationship	4.52	3.53	82
		Total	3.59	3.58	164
RR	Female	In a Relationship	5.00	3.57	41
		Not in a Relationship	5.98	3.45	41
		Total	5.49	3.52	82
	Male	In a Relationship	3.24	3.06	41
		Not in a Relationship	7.05	4.21	41
		Total	5.15	4.13	82
	All	In a Relationship	4.12	3.42	82
		Not in a Relationship	6.51	3.86	82
		Total	5.32	3.83	164

Note. LFTP = Love for the Partner, BLBTP = Being Loved by the Partner, RR = Relationship "Rightness", N = Number of participants, M = Mean, SD = Standard Deviation.

First of all, there was not a significant effect of gender on none of the symptom dimensions which are Love for the Partner *[F* (1,160) = 0.496, p = .482, η_p^2 = .003], Being Loved by the Partner [F (1,160) = 1.838, p = .177, η_p^2 = .011] and Relationship "Rightness" [F (1,160) = 0.369, p = .544, η_p^2 = .002] at Bonferroni alpha level at .017 when inspected individually.

Results showed that there was a significant relationship status difference in Being Loved by the Partner [F (1,160) = 12.211, p = .001, η_p^2 = .070] and Relationship "Rightness" [F (1,160) = 18.102, p = .000, η_p^2 = .102] dimensions of relationship centered obsessive compulsive symptoms but not for Love for the Partner dimension *[F* (1,160) = 3.254, p = .073, η_p^2 = .020]. That is, participants who are in a relationship (M = 2.65, SD = 3.39; M = 4.12, SD = 3.42, respectively) had lower scores in Being Loved by the Partner and Relationship "Rightness" dimensions compared to participants who are not in a relationship (M = 4.52, SD = 3.53; M = 6.51, SD = 3.86, respectively).

Furthermore, there was a significant interaction effect of Gender x Relationship Status on Relationship "Rightness" dimension [F (1,160) = 6.341, p = .013, η_p^2 = .038] but not on Love for the Partner [F (1,160) = 0.017, p = .895, η_p^2 = .000] and Being Loved by the Partner [F (1,160) = 0.737, p = .392, η_p^2 = .005] dimensions. Follow-up simple comparisons indicated that female participants who are in a relationship (M = 5.00, SD = 3.57) had higher scores in terms of Relationship "Rightness" than male participants who are in a relationship (M = 3.24, SD = 3.06), t (160) = -.2.21, p < .05 (see Table 3.7).

3.4.2. Partner focused obsessive compulsive symptoms differences

In order to examine the differences of Gender, Relationship Status and their interaction on the total score of Partner Focused Obsessive Compulsive Symptoms, a 2 (Gender [Female, Male]) x 2 (Relationship Status [In a Relationship, Not in a Relationship) two-way Analysis of Variance (ANOVA) was conducted. Findings of ANOVA showed that there was not a significant main effect of neither gender variable (female vs. male) on partner focused obsessive compulsive symptoms (F [1, 160] = 3.256, p = .073, η_p^2 = .020) nor an interaction effect of gender and relationship status (F [1, 160] = .636, p = .426, η_p^2 = .004) (see Table 3.8). On the other hand, the main effect of relationship status was found to be significant (F [1, 160] = 23.095, p = .000, η_p^2 = .126) (see Table 3.8). Analysis showed that

participants who are in a relationship (M = 13.63, SD = 14.79) showed less partner focused obsessive compulsive symptoms than participants who are not in a relationship (M = 25.98, SD = 18.12) (see Table 3.9).

Table 3. 8. *ANOVA Table for the Total Score of PFOCS*

Variables	*df*	Error *df*	Mean Square	*F*	*p*	η_p^2
Gender	1	160	880.488	3.256	.073	.020
Relationship Status	1	160	6244.780	23.095	.000***	.126
Gender x Relationship Status	1	160	172.098	0.636	.426	.004

Note. η_p^2 = Partial Eta Squared, *df = Degrees of Freedom, * Correlation is significant at the .05 level, ** Correlation is significant at the .01 level, *** Correlation is significant at the .001 level.*

Table 3. 9. *Means Regarding Gender and Relationship Duration Differences on PFOCS*

Variables			*M*	*SD*
PFOCS	Female		17.49	16.06
	Male		22.12	18.85
	In a Relationship		13.63	14.79
	Not in a Relationship		25.98	18.12
PFOCS	Female	In a Relationship	12.34	12.67
		Not in a Relationship	22.63	17.53
	Male	In a Relationship	14.93	16.71
		Not in a Relationship	29.32	18.29

Note. M = Mean, SD = Standard Deviation, RCOCS = Relationship Centered Obsessive Compulsive Symptoms

In addition, a 2 (Gender) x 2 (Relationship Status) between subjects factorial MANOVA was conducted in order to examine gender and relationship status differences, and their interaction effect on six dimensions of partner focused obsessive compulsive symptoms; namely, Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence. Results indicated significant main effect of Gender (Multivariate F [6,155] = 2.249, p = .041; Pillai's Trace = .080, η_p^2 = .080), Relationship Status (Multivariate F [6,155] = 5.763, p = .000; Pillai's Trace = .183, η_p^2 = .183), and

significant interaction effect of Gender x Relationship Status (Multivariate F [6,155] = 2.244, p = .042; Pillai's Trace = .080, η_p^2 = .080) on combined variables. Table 3.10 indicated the detailed information.

Table 3. 10. *MANOVA Table for MO, SO, ES, CO, PA, and I Dimensions*

Variables	Pillai's Trace	Multi. *df*	Multi. *F*	Multi. *p*	Multi. η_p^2	Uni. *df*	Uni. *F*	Uni. *p*	Uni. η_p^2
Gender	.080	6, 155	2.249	.041*	.080				
MO						1, 160	0.806	.371	.005
SO						1, 160	3.891	.050	.024
ES						1, 160	0.814	.368	.005
CO						1, 160	0.572	.450	.004
PA						1, 160	8.420	.004**	.050
I						1, 160	4.064	.045	.025
Relationship Status	.183	6, 155	5.763	.000***	.183				
MO						1, 160	15.409	.000***	.088
SO						1, 160	18.608	.000***	.104
ES						1, 160	26.269	.000***	.141
CO						1, 160	7.299	.008	.044
PA						1, 160	4.994	.027	.030
I						1, 160	24.942	.000***	.135
Gender x Relationship Status	.080	6, 155	2.244	.042*	.080				
MO						1, 160	1.580	.211	.010
SO						1, 160	2.643	.106	.016
ES						1, 160	0.136	.713	.001
CO						1, 160	1.854	.175	.011
PA						1, 160	0.250	.618	.002
I						1, 160	1.111	.294	.007

*Note. MO = Morality, SO = Sociability, ES = Emotional Stability, CO = Competence, PA = Physical Appearance, I = Intelligence, η_p^2 = Partial Eta Squared, df = Degrees of Freedom, ** Correlation is significant at the .008 level, *** Correlation is significant at the .001 level.*

The alpha value was modified according to Bonferroni correction, and univariate analyses were conducted at Bonferroni adjusted level of p = .008 (.05/6) in order to inspect

the effect of Gender, Relationship Status, and Gender x Relationship Status on six dimensions of partner focused obsessive compulsive symptoms individually.

Results showed that there was a significant gender difference in Physical Appearance dimension [F (1,160) = 8.420, p = .004, η_p^2 = .050] and but not for Morality [F (1,160) = 0.806, p = .371, η_p^2 = .005], Sociability [F (1,160) = 3.891, p = .050, η_p^2 = .024], Emotional Stability [F (1,160) = 0.814, p = .368, η_p^2 = .005], Competence [F (1,160) = 0.572, p = .450, η_p^2 = .004] or Intelligence [F (1,160) = 4.064, p = .045, η_p^2 = .025] dimensions of partner focused obsessive compulsive symptoms. That is, female participants (M = 1.15, SD = 2.03) had lower scores in Physical Appearance dimension compared to male participants (M = 2.21, SD = 2.66) (see Table 3.11 for detailed information regarding descriptive statistics).

Also, there was a significant relationship status difference in Morality [F (1,160) = 15.409, p = .000, η_p^2 = .088], Sociability [F (1,160) = 18.608, p = .000, η_p^2 = .104], Emotional Stability [F (1,160) = 26.269, p = .000, η_p^2 = .141], and Intelligence [F (1,160) = 24.942, p = .000, η_p^2 = .135] dimensions but not in Competence [F (1,160) = 7.299, p = .008, η_p^2 = .044] and Physical Appearance dimension [F (1,160) = 4.994, p = .027, η_p^2 = .030] of partner focused obsessive compulsive symptoms. That is, participants who are in a relationship (M = 1.56, SD = 2.65; M = 2.95, SD = 3.26; M = 2.70, SD = 3.52; M = 2.21, SD = 2.78, respectively) had lower scores in Morality, Sociability, Emotional Stability, Competence, and Intelligence dimensions compared to participants who are not in a relationship (M = 3.43, SD = 3.40; M = 5.38, SD = 4.01; M = 5.74, SD = 4.06; M = 4.87, SD = 3.99, respectively).

Lastly, there was not a significant interaction effect of Gender x Relationship Status on none of the symptom dimension which are Morality [F (1,160) = 1.580, p = .211, η_p^2 = .010], Sociability [F (1,160) = 2.643, p = .106, η_p^2 = .016], Emotional Stability [F (1,160) = 0.136, p = .713, η_p^2 = .001], Competence [F (1,160) = 1.854, p = .175, η_p^2 = .011], Physical Appearance [F (1,160) = 0.250, p = .618, η_p^2 = .002], and Intelligence [F (1,160) = 1.111, p = .294, η_p^2 = .007] at Bonferroni alpha level at .008 when inspected individually.

Table 3. 11. *Descriptive Statistics of MANOVA for MO, SO, ES, CO, PA, and I Dimensions*

Variables	Gender	Relationship Status	*M*	*SD*	N
Morality	Female	In a Relationship	1.05	1.90	41
		Not in a Relationship	3.51	3.60	41
		Total	2.28	3.12	82
	Male	In a Relationship	2.07	3.18	41
		Not in a Relationship	3.34	3.22	41
		Total	2.71	3.25	82
	All	In a Relationship	1.56	2.65	82
		Not in a Relationship	3.43	3.40	82
		Total	2.49	3.18	164
Sociability	Female	In a Relationship	2.85	3.10	41
		Not in a Relationship	4.37	3.61	41
		Total	3.61	3.43	82
	Male	In a Relationship	3.05	3.45	41
		Not in a Relationship	6.39	4.16	41
		Total	4.72	4.16	82
	All	In a Relationship	2.95	3.26	82
		Not in a Relationship	5.38	4.01	82
		Total	4.16	3.84	164
Emotional Stability	Female	In a Relationship	2.54	3.70	41
		Not in a Relationship	5.37	4.39	41
		Total	3.95	4.28	82
	Male	In a Relationship	2.85	3.36	41
		Not in a Relationship	6.12	3.71	41
		Total	4.49	3.88	82
	All	In a Relationship	2.70	3.52	82
		Not in a Relationship	5.74	4.06	82
		Total	4.22	4.08	164

Table 3.11. Continued *Descriptive Statistics of MANOVA for MO, SO, ES, CO, PA, and I Dimensions*

Variables	Gender	Relationship Status	*M*	*SD*	*N*
Competence	Female	In a Relationship	3.12	3.02	41
		Not in a Relationship	3.88	4.26	41
		Total	3.50	3.69	82
	Male	In a Relationship	2.78	2.97	41
		Not in a Relationship	5.07	4.02	41
		Total	3.93	3.70	82
	All	In a Relationship	2.95	2.98	82
		Not in a Relationship	4.48	4.16	82
		Total	3.71	3.69	164
Physical Appearance	Female	In a Relationship	0.83	1.90	41
		Not in a Relationship	1.46	2.12	41
		Total	1.15	2.03	82
	Male	In a Relationship	1.71	2.50	41
		Not in a Relationship	2.71	2.75	41
		Total	2.21	2.66	82
	All	In a Relationship	1.27	2.25	82
		Not in a Relationship	2.09	2.52	82
		Total	1.68	2.42	164
Intelligence	Female	In a Relationship	1.95	2.63	41
		Not in a Relationship	4.05	3.63	41
		Total	3.00	3.32	82
	Male	In a Relationship	2.46	2.94	41
		Not in a Relationship	5.68	4.22	41
		Total	4.07	3.96	82
	All	In a Relationship	2.21	2.78	82
		Not in a Relationship	4.87	3.99	82
		Total	3.54	3.68	164

Note. N = Number of participants, M = Mean, SD = Standard Deviation.

3.5. Structural Equation Model: Path Analysis

The mediator role of relationship satisfaction and intention of infidelity between insecure attachment scores and relationship centered and partner focused obsessive compulsive symptoms were investigated in this section. In order to proceed with the investigation, a model was presented (Figure 3.1). Path analysis was conducted using SPSS AMOS to examine the model proposed. Hypotheses including direct and indirect effects which will be examined were presented in the Aims and Hypotheses of the Study section.

In order to test hypotheses, five scales were used. First is Experiences in Close Relationships – Revised Scale (ECR-R), in which the increase in scores indicates that the individual is more insecurely attached. Second scale is Relationship Assessment Scale (RAS), in which the increase in scores indicates that the individual experiences more satisfaction in their relationship. Third scale is The Intentions Towards Infidelity Scale (TITIS), in which the increase in scores indicates that the individual's intention of infidelity is increasing. Forth scale is Relationship Obsessive Compulsive Inventory (ROCI), in which the increase in scores indicates that the individual experiences more obsessive compulsive symptoms regarding their relationship. Final scale is Partner Related Obsessive Compulsive Symptoms Inventory (PROCSI), in which the increase in scores indicates that the individual experiences more obsessive compulsive symptoms regarding their partner in their romantic relationship. All five scales were used the path analysis of the model.

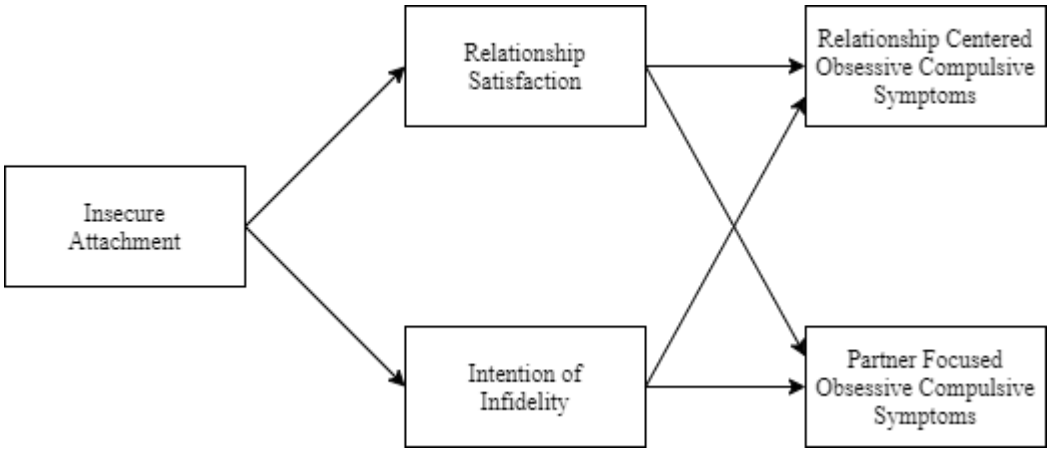

Figure 3. 1. *Hypothetical Model of the Study*

3.5.1. Model fit criteria results

Model fit criteria were investigated in order to examine if the data is acceptable to test the hypothetical model and hypotheses of the research. Model fix indexes demonstrate the harmony of both the hypothetical model and the data (Sümer, 2000). The acceptable value ranges good and acceptable fit indexes are shown in the Table 3.12 (Schermelleh-Engel et al., 2003).

Table 3. 12. *Model Fit Indexes and Acceptable Values*

Fit Indexes	Good Fit Indexes	Acceptable Fit Indexes
$\chi 2/df$	$0 \leq \chi 2/df \leq 2$	$2 < \chi 2/df \leq 3$
AGFI	$.90 \leq AGFI \leq 1.00$	$.85 \leq AGFI < .90$
GFI	$.95 \leq GFI \leq 1.00$	$.90 \leq GFI < .95$
CFI	$.97 \leq CFI \leq 1.00$	$.95 \leq CFI < .97$
NFI	$.95 \leq NFI \leq 1.00$	$.90 \leq NFI < .95$
RMSEA	$0 \leq RMSEA \leq .05$	$.05 < RMSEA \leq .08$

Note. $\chi 2/df$ = Normed Chi-square, AGFI = Adjusted Goodness-of-Fit-Index, GFI = Goodness-of-Fit Index, CFI = Comparative Fit Index, NFI = Normed Fit Index, RMSEA = Root Mean Square Error of Approximation.

Firstly, model fix indexes of the given hypothetical model were examined. According to the results, $\chi 2/df$ value was found to be 54.642 and other fit indexes were found as AGFI = .296, GFI = .812, CFI = .812, NFI = .628, RMSEA = .412 (Table 3.13). Since values did not found to be in the acceptable value range given above, a modification proposed by the program was tested and a modified model was created (Figure 3.2). The reason for the defect in fix indexes were found to be the lack of covariance between errors of relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms because these two scales are measuring two different aspects of the same theme which is relationship obsessive compulsive disorder. Also, it was proposed by the program to inspect the direct effect of insecure attachment on both relationship centered and partner focused obsessive compulsive symptoms. As explained in the Introduction section explaining Adult Attachment Styles and Insecure Attachment, there is a direct relationship between insecure attachment and both ROCD types (Doron et al., 2009; Doron et al., 2013; Doron et al., 2014a). The proposed modification was implemented, and the new model was examined.

The results of the modified model were calculated as $\chi 2/df = 1.606$, AGFI = .970, GFI = .998, CFI = .999, NFI = .997, RMSEA = .044 (Table 3.13). According to these results, modified model's fit indexes were found to be in the acceptable value range.

Table 3. 13. *Model Fit Index Values of the First and the Modified Model*

Fit Indexes	Values of the First Model	Values of the Modified Model
$\chi 2/df$	54.642	1.606
AGFI	.296	.970
GFI	.812	.998
CFI	.628	.999
NFI	.628	.997
RMSEA	.412	.044

Note. $\chi 2/df$ = Normed Chi-square, AGFI = Adjusted Goodness-of-Fit-Index, GFI = Goodness-of-Fit Index, CFI = Comparative Fit Index, NFI = Normed Fit Index, RMSEA = Root Mean Square Error of Approximation.

3.5.2. Evaluation of direct effects

The significance of all parameters in the modified model were examined after model fit indexes found to be in the acceptable value range. According to path analysis, all path coefficients were found to be significant with the exception of one. Modified model and path coefficients are shown in Figure 3.2.

According to the results, insecure attachment scores predicted relationship satisfaction ($\beta = -.55$, $p < .001$), intention of infidelity ($\beta = .22$, $p < .001$), relationship centered obsessive compulsive symptoms ($\beta = .33$, $p < .001$), and partner focused obsessive compulsive symptoms ($\beta = .17$, $p < .001$). Moreover, relationship satisfaction is found to predict relationship centered obsessive compulsive symptoms ($\beta = -.33$, $p < .001$), and partner focused obsessive compulsive symptoms ($\beta = -.47$, $p < .001$). Regarding intention of infidelity, it was found that intention of infidelity predicted partner focused obsessive compulsive symptoms ($\beta = .09$, $p < .05$), but not relationship centered obsessive compulsive symptoms ($\beta = .04$, $p < .05$).

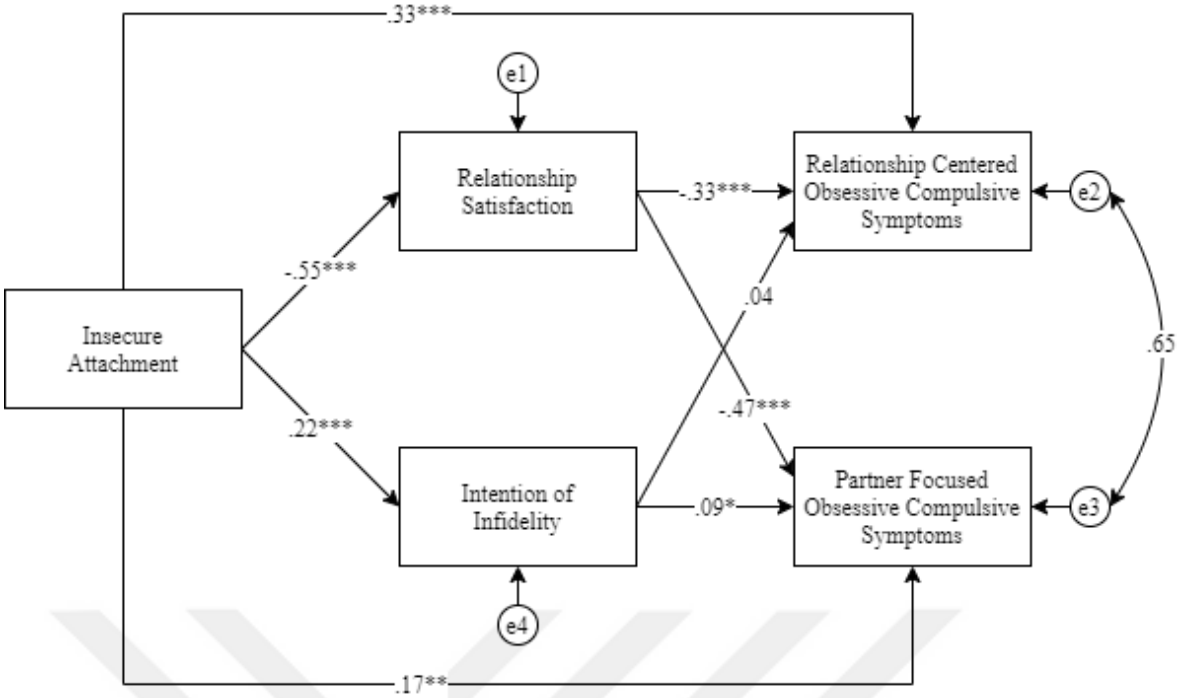

Figure 3. 2. *Modified Model of the Study*

Non-standardized regression values (B) were examined in order to investigate the results furthermore. According to results, insecure attachment scores negatively predicted relationship satisfaction which can be interpreted as insecure attachment scores increases, relationship satisfaction decreases (B = -.16). On the other hand, it was found that as insecure attachment scores increase, intention of infidelity (B = .06), relationship centered obsessive compulsive symptoms (B = .10), and partner focused obsessive compulsive symptoms (B = .09) increases which indicates that these variables were positively predicted by insecure attachment scores. Moreover, relationship satisfaction negatively predicted both relationship centered obsessive compulsive symptoms (B = -.33) and partner focused obsessive compulsive symptoms (B = -.78) which shows that when relationship satisfaction increases, both relationship centered and partner focused obsessive compulsive symptoms decrease. Regarding intention of infidelity, it was found that intention of infidelity positively predicted partner focused obsessive compulsive symptoms; an increase in one predicted an increase in the other (B = .19). The direction of the relationship between intention of infidelity and relationship centered obsessive compulsive symptoms were not given since it was found to be not significant. The path coefficients for direct effects were shown in Table 3.14.

Table 3. 14. *Path Analysis Results Regarding Direct Effects*

			B	S.E.	*β*	*p*
Relationship Satisfaction	←	IAS	-.16	.01	-.55***	.000
Intention of Infidelity	←	IAS	.06	.01	.22***	.000
RCOCS	←	IAS	.10	.02	.33***	.000
PFOCS	←	IAS	.09	.03	.17**	.002
RCOCS	←	Relationship Satisfaction	-.33	.05	-.33***	.000
PFOCS	←	Relationship Satisfaction	-.78	.09	-.47***	.000
RCOCS	←	Intention of Infidelity	.05	.06	.04	.359
PFOCS	←	Intention of Infidelity	.19	.09	.09*	.040

*Note. RCOCS = Relationship Centered Obsessive Compulsive Symptoms, PFOCS = Partner Focused Obsessive Compulsive Symptoms, IAS = Insecure Attachment Styles, B = Unstandardized Regression Weight, S.E.= Standard Error, β = Standardized Regression Weight, ***p < .001, **p < .01, *p < .05.*

3.5.3. Evaluation of indirect effects (mediations)

Since the purpose of this study was to mainly assess whether insecure attachment scores predicts relationship centered and partner focused obsessive compulsive symptoms with the mediation of relationship satisfaction and intention of infidelity, indirect effects were investigated. Bootstrap method, which is "a resampling technique used to estimate statistics on a population by sampling a dataset with replacement", was used to evaluate the significance level of indirect effects (Shrout and Bolger, 2002). With the program, 1000 bootstrap samples were generated from the original data set to acquire 1000 estimates for each path rotations, and the fully mediated structural model was repeated with bootstrap method.

Mediation effects were analyzed with using the modified model of the study (Figure 3.2.). Mediator role of relationship satisfaction and intention of infidelity between insecure attachment scores and relationship centered obsessive compulsive symptoms, and mediator role of relationship satisfaction and intention of infidelity between insecure attachment scores and partner focused obsessive compulsive symptoms were examined. Results of the analyses are given in Table 3.15.

Table 3. 15. *Mediator Role of RS and IOI between IAS and RCOCS and IAS and PFOCS*

						95% Confidence Level		
Independent Variable		Mediators		Dependent Variable	*β*	S.E.	Lower Bounds	Upper Bounds	*p*
Insecure Attachment Scores	→	Relationship Satisfaction and Intention of Infidelity	→	Relationship Centered Obsessive Compulsive Symptoms	.19	.03	.130	.266	.002**
Insecure Attachment Scores	→	Relationship Satisfaction and Intention of Infidelity	→	Partner Focused Obsessive Compulsive Symptoms	.28	.04	.208	.367	.001**

*Note. β = Standardized Indirect Effect, S.E. = Standard Error, ** p < .01.*

Lower and upper bounds were examined in order to determine the significance of indirect effects. For the mediating role of relationship satisfaction and intention of infidelity between insecure attachment scores and relationship centered obsessive compulsive symptoms, the lower endpoint of a two-sided bias-corrected bootstrap confidence interval was found to be .130 and the upper endpoint of a two-sided bias-corrected bootstrap confidence interval was found to be .266 with the indirect effect is significantly different from zero at 0.001 level (β = .19, p = .002). Since the absence of zero in these ranges is achieved and the significance values were found to be less than .05, mediation effect was found to be significant. Standardized indirect effect results indicate that when insecure attachment scores goes up by 1 standard deviation, relationship centered obsessive compulsive symptoms goes up by .19 standard deviations.

Likewise, in the investigation of the mediating role of relationship satisfaction and intention of infidelity between insecure attachment scores and partner focused obsessive compulsive symptoms, the lower endpoint of a two-sided bias-corrected bootstrap confidence interval was found to be .208 and the upper endpoint of a two-sided bias-corrected bootstrap confidence interval was found to be .367 with the indirect effect is significantly different from zero at 0.001 level (β = .28, p = .001). Since the absence of zero in these ranges is achieved and the significance values were found to be less than .05,

mediation effect was found to be significant. Standardized indirect effect results indicate that when insecure attachment scores goes up by 1 standard deviation, partner focused obsessive compulsive symptoms goes up by .28 standard deviations.

Results indicate that relationship satisfaction and intention of infidelity are mediating the relationship between insecure attachment scores and both relationship centered and partner focused obsessive compulsive symptoms.

3.6. Summary of the Results

In this section, all results given above is summarized with the presentation of accepted and rejected hypotheses.

1. There are gender and relationship status related differences on relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms:

Hypothesis 1 is rejected: There is a significant main effect of gender on relationship centered obsessive compulsive symptoms.

Hypothesis 2 is rejected: There is a significant main effect of gender on relationship centered obsessive compulsive symptom dimensions, which are Love for the Partner, Being Loved by the Partner, and Relationship "Rightness".

Hypothesis 3 is rejected: There is a significant main effect of gender on partner focused obsessive compulsive symptoms.

Hypothesis 4 is accepted: There is a significant main effect of gender on partner focused obsessive compulsive symptom dimensions, which are Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence.

Hypothesis 5 is accepted: There is a significant main effect of relationship status on relationship centered obsessive compulsive symptoms.

Hypothesis 6 is accepted: There is a significant main effect of relationship status on relationship centered obsessive compulsive symptom dimensions, which are Love for the Partner, Being Loved by the Partner, and Relationship "Rightness".

Hypothesis 7 is accepted: There is a significant main effect of relationship status on partner focused obsessive compulsive symptoms.

Hypothesis 8 is accepted: There is a significant main effect of relationship status on partner focused obsessive compulsive symptom dimensions, which are Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence.

Hypothesis 9 is rejected: There is a significant interaction effect of gender and relationship status on relationship centered obsessive compulsive symptoms.

Hypothesis 10 is accepted: There is a significant interaction effect of gender and relationship status on relationship centered obsessive compulsive symptom dimensions, which are Love for the Partner, Being Loved by the Partner, and Relationship "Rightness".

Hypothesis 11 is rejected: There is a significant interaction effect of gender and relationship status on partner focused obsessive compulsive symptoms.

Hypothesis 12 is accepted: There is a significant interaction effect of gender and relationship status on the partner focused obsessive compulsive symptom dimensions, which are Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence.

2. There is a mediator role of relationship satisfaction and intention of infidelity between insecure attachment and relationship centered and partner focused obsessive compulsive symptoms. The model was modified according to the suggestions of the path analysis and two direct relationships regarding the prediction of insecure attachment on relationship centered obsessive compulsive symptoms (Hypothesis 3) and partner focused obsessive compulsive symptoms (Hypothesis 4) were added. The mediator relationship was tested after the modifications and the results below are given according the modified model.

   Direct effects:

Hypothesis 1 is accepted: Insecure attachment predicts relationship satisfaction in a negative way.

Hypothesis 2 is accepted: Insecure attachment predicts intention of infidelity in a positive way.

Hypothesis 3 is accepted: Insecure attachment predicts relationship centered obsessive compulsive symptoms in a positive way.

Hypothesis 4 is accepted: Insecure attachment predicts partner focused obsessive compulsive symptoms in a positive way.

Hypothesis 5 is accepted: Relationship satisfaction predicts relationship centered obsessive compulsive symptoms in a negative way.

Hypothesis 6 is accepted: Relationship satisfaction predicts partner focused obsessive compulsive symptoms in a negative way.

Hypothesis 7 is rejected: Intention of infidelity predicts relationship centered obsessive compulsive symptoms in a positive way.

Hypothesis 8 is accepted: Intention of infidelity predicts partner focused obsessive compulsive symptoms in a positive way.

Mediator effects:

Hypothesis 9 is partially accepted: Insecure attachment's positive prediction on relationship centered and partner focused obsessive compulsive symptoms is mediated by relationship satisfaction and intention of infidelity.

DISCUSSION

In this part of the paper, the results of the current study are evaluated, and their interpretations are discussed in light of the literature. The sequence of the discussion is arranged according to each result's order in the Results section. Afterwards, clinical implications and importance of the study, and limitations of the study and recommendations for further research are discussed.

4.1. Evaluation of the Results

Since the current study took place in the time frame of COVID-19 pandemic, firstly it was investigated whether the announcement of the first cases of COVID-19 pandemic in Turkey had any effects on the dependent variables of the study or not, namely; relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms. Secondly, correlations between relationship centered obsessive compulsive symptoms and its three dimensions (Love for the Partner, Being Loved by the Partner, and Relationship "Rightness"), partner focused obsessive compulsive symptoms and its six dimensions (Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence), insecure attachment styles and its two dimensions (Attachment Anxiety and Attachment Avoidance), relationship satisfaction, intention of infidelity, age and relationship duration were examined. Afterwards, according to an aim of the study, gender and relationship status differences on relationship centered obsessive compulsive symptoms and its three dimensions, and partner focused obsessive compulsive symptoms and its six dimensions were investigated. Finally, since the main aim of the current study was to examine the mediator role of relationship satisfaction and intention of infidelity between insecure attachment styles and relationship centered and partner focused obsessive compulsive symptoms, a hypothesized model was designed and later modified, and the modified mediation model was investigated by path analysis. Statistical results of these analyses can be viewed in the Results section.

4.1.1. Comparison of scores regarding relationship obsessive compulsive inventory and partner related obsessive compulsive symptoms inventory before and after the announcement of the first cases of COVID-19 pandemic in Turkey

The current study's data collection took place in both before and after the announcement of the first cases of COVID-19 in Turkey. Therefore, analyses were conducted to determine whether there was any effect of the announcement of the first cases of COVID-19 pandemic on relationship centered and partner focused obsessive compulsive symptoms. According to the results, no difference in terms of relationship centered and partner focused obsessive compulsive symptoms scores were found between the data collected before the announcement and after the announcement of the first cases of COVID-19 pandemic in Turkey.

There are no studies yet to inspect the relationship between COVID-19 pandemic and relationship obsessive compulsive disorder specifically, but there are studies regarding its relationship with obsessive compulsive disorder. In the time of COVID-19 pandemic, hygiene was one of the most debated topics worldwide. Governments and experts strongly suggested washing hands after touching a person or an object that might be contaminated and social isolation to avoid contamination. Unfortunately, obsessions about contamination/hygiene and washing/cleaning compulsions are the most common form of various symptom domains of OCD (Cordeiro et al., 2015). Therefore, combined with the virus-related suggestions, it was expected that individuals who already had clinically significant obsessive compulsive symptoms would be affected, and among those, mostly individuals with contamination/hygiene obsessive compulsive symptoms (Shafran et al., 2020). In some studies, obsessive compulsive symptoms of individuals were found to be increased after COVID-19 pandemic (Fontenelle & Miguel, 2020; Davide et al., 2020). On the other hand, contrary to the results of the given studies, in a study regarding the same question in mind, it was found that there was no increase in obsessive and compulsive symptoms after the COVID-19 pandemic (Chakraborty & Karmakar, 2020). According to these results, it can be suggested that there is no consensus regarding the topic yet.

Also, since OCD is a heterogenous disorder and there are different manifestations of OCD, it was suggested that COVID-19 may not be always directly relevant to OCD (Aardema, 2020). ROCD is a newly discussed symptom dimension of OCD and it is mainly focused on relationship between partners and perceived value of partner's different aspect.

Even though it is a dimension of OCD and is thought to share some mutual cognitive distortions, they are focused on the relationship or partner; symptoms of ROCD does not include other dysfunctional beliefs regarding other dimensions of OCD such as hygiene and contamination.

Since ROCD is a subtype of OCD which is mainly focused on romantic relationships, effects of disasters on relationships may also shed light on the topic. In some studies, regarding disasters such as tornados, floods, and hurricanes, it was found that different natural disasters does not imply long-term influence on marriage rates or divorces (Aguirre, 1980; Deryugina et al., 2014). On the other hand, a study inspecting the effects of 9/11 on relationships have found that divorce rates were decreased and then after some time, the rates were returned to pre-disaster levels (Cohan et al., 2009). According to Mikulincer & Shaver (2007), at the point when individuals experience this sort of danger to their existence, they usually look for security and solace from their closest other. In the aforementioned terrorist attack, many individuals died, and individuals felt uncertain about their mortality and the world as a whole which may be the explanation why romantic partners did choose to turn to each other. COVID-19 pandemic is somewhat similar to the mentioned terrorist attacks: romantic partners are experiencing a disaster with an unknown duration, a lot of deaths, an uncertainty about the future, and the thought of mortality. These needs for security and comfort expected from the romantic partner may be playing a role in this current study since there was no difference found between two groups (before the announcement of pandemic vs. after the announcement of pandemic) in terms of ROCD. As a result, there might not be a relationship between the COVID-19 pandemic period and relationship obsessive compulsive disorder. Further research regarding the concepts' relationship with each other and other possible complications might clarify the subject.

4.1.2. Correlations between study variables

Multiple bivariate correlation analyses were conducted in order to examine the correlation between the main variables of the study (relationship centered obsessive compulsive symptoms, partner focused obsessive compulsive symptoms, insecure attachment scores, relationship satisfaction, and intention of infidelity), age, and relationship duration.

Correlations between the dependent variables

Relationship centered obsessive compulsive symptoms and its three subscales were all found to positively and significantly correlated with each other. This result is consistent with the inventory's consistency data which is used to assess score of relationship centered obsessive compulsive symptoms.

Also, the results indicate that relationship centered obsessive compulsive symptoms and its dimensions (Love for the Partner, Being Loved by the Partner, Relationship "Rightness") were also positively and significantly correlated with partner focused obsessive compulsive symptoms and its dimensions (Morality, Sociability, Emotional Stability, Competence, Physical Appearance, Intelligence): when the score of one increase, score in the other one increases as well. In the literature, partner focused obsessive compulsive symptoms were investigated after the conceptualization of relationship centered obsessive compulsive symptoms. In a study conducted to evaluate their relationship, Doron et al. (2012b) found that moderate to high correlations did exist between relationship centered and partner focused obsessive compulsive symptoms, and it was suggested that combined with their clinical experience, the two relationship-related obsessive compulsive phenomena are associated with each other. It was suggested that an individual's obsessions regarding their partner's perceived flaws may increase uncertainty, doubts, and preoccupation about the individual's feelings toward their partner and the relationship and in turn, may increase the individual's alertness towards their partner's perceived flaws. The results of this study support the given suggestion.

Correlations between the dependent and the independent variables

The relationships between relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms with insecure attachment styles, relationship satisfaction and intention of infidelity are also the matter of the suggested mediation model of the study. The detailed information regarding these concepts and their relationships are given in the Discussion section regarding the model of the study.

Relationship centered obsessive compulsive symptoms and its dimensions were also found to be positively correlated with insecure attachment scores and its dimensions (Attachment Anxiety and Attachment Avoidance) suggesting that an increase in one is

followed by an increase in other. According to the literature, insecure attachment is found to play an important role in the maintenance and development of relationship centered obsessive compulsive disorder (Doron et al., 2014a). Also, an association between insecure attachment and relationship centered obsessive compulsive symptoms were reported in a study conducted in Turkey (Trak & İnözü, 2019). Since adult attachment is an important aspect regarding the romantic relationships, and relationship centered obsessive compulsive symptoms are directly connected to the experience of romantic partnership, the correlation between the aspects of this study is regarded as consistent with the early studies and the literature.

Another important aspect of this study is relationship satisfaction. As for the correlation between relationship centered obsessive compulsive symptoms, its dimensions, and relationship satisfaction, a negative and significant correlation was found. As relationship centered obsessive compulsive symptoms increases, relationship satisfaction decreases. This finding is in line with the literature since relationship centered obsessive compulsive symptoms are found to be associated with poor relationship satisfaction and this relationship is thought to be bidirectional (Doron et al., 2014b). Since relationship centered obsessive compulsive symptoms include constant preoccupation with thoughts such as "Am I in the right relationship?", "Does my partner really loves me?", "Do I really love my partner?", a decrease in relationship satisfaction is convenient to expect.

Additionally, relationship centered obsessive compulsive symptoms and its three dimensions were found to be positively correlated with intention of infidelity. These results suggest that increase in intention of infidelity is expected when there is an increase in relationship centered obsessive compulsive symptoms. There are no studies examined the relationship between these two concepts yet. Regardless of the lack of literature, since relationship centered obsessive compulsive symptoms are focused on the rumination of questioning the relationship's rightness and loving the partner/being loved by the partner, intention to find an alternative partner may be increased with this rumination and preoccupation.

Partner focused obsessive compulsive symptoms and its subscales were all positively and significantly correlated with each other, which is consistent with the inventory's consistency data.

Partner focused obsessive compulsive symptoms and its six dimensions (Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence) was found to be positively correlated with insecure attachment scores and its two dimensions (Attachment Anxiety and Attachment Avoidance). The results indicate that an increase in the scores of partner focused obsessive compulsive symptoms is related to an increase in the scores of insecure attachment. In the literature, it has been suggested that partner focused obsessive compulsive symptoms are related to attachment insecurities such as fear of abandonment or trusting others (Doron et al., 2012b). An individual with an insecure attachment may have worries whether their partner would be there for him/her in times of need and distrust toward the partner, and these thoughts may be related to partner focused obsessive thoughts such as "My partner may not be competent enough to be there for me when I need him." and "My partner may cheat on me and leave me.".

As for the correlation between partner focused obsessive compulsive symptoms and its dimensions and relationship satisfaction, it has been found negative and significant, suggesting that when partner focused obsessive compulsive symptoms increases, relationship satisfaction decreases. Partner focused obsessive compulsive symptoms were found to be correlated with poor relationship satisfaction (Doron et al., 2012b; Doron et al., 2014b) Since partner focused obsessive compulsive symptoms might damage the idealized perception of romantic partner, the satisfaction regarding the relationship may also be damaged.

Partner focused obsessive compulsive symptoms and its dimensions were found to be positively correlated with intention of infidelity. This result can be interpreted as when an individual's partner focused obsessive compulsive symptoms are increased, the individual's intention towards infidelity also increases. According to research, partner focused obsessive compulsive symptoms were found to be associated with compulsive neutralizing behaviors such as comparing the partner to other alternatives (Doron et. al., 2012b). An individual with partner focused obsessive compulsive symptoms may have obsessive thoughts such as "My partner is not handsome enough.", "My partner's moral codes are not compatible with mine.", "My partner is not intelligent enough." and in order to alleviate the distress caused by these obsessive thoughts, the individual might be compelled to search for new partners.

Correlations between the independent variables

The relationships between insecure attachment styles, relationship satisfaction and intention of infidelity are also the matter of the suggested mediation model of the study. The detailed information regarding these concepts and their relationships are given in the Discussion section regarding the model of the study.

Insecure attachment scores and its two dimensions were positively correlated with each other which demonstrates the scale used to measure the concept is congruent.

Also, insecure attachment scores and its dimensions were found to be negatively correlated with relationship satisfaction which can be interpreted as when an individual is insecurely attached in a relationship, a decrease in relationship satisfaction might be expected. There are numerous studies in the literature to support this result (Creasey, Hesson-McInnis, 2001; Banse, 2004; Mikulincer & Shaver, 2015; Hadden et al., 2014; Li & Chan, 2012). Insecurely attached individuals may experience constant fear of abandonment and/or may be more inclined to avoid intimate relationships which in turn may be linked with poor relationship satisfaction in their relationships.

Insecure attachment scores and its subscales were also positively and significantly correlated with intention of infidelity. In other words, the more an individual is insecurely attached, the more they may become more inclined towards infidelity. Insecure attachment and intention of infidelity was found to be associated in the literature (Boğda & Şendil, 2012).

The correlation of relationship satisfaction and intention of infidelity was also negative and significant, indicating when the score of one increases, the score of other one's decreases. This result is also support by the literature since poor relationship satisfaction was found to be associated with intention of infidelity (Prins et al., 1993; Bagarozzi, 2007).

Correlations between the measures of the study and age

Age was negatively and significantly correlated with relationship centered obsessive compulsive symptoms and its two dimensions which are Being Loved by the Partner and Relationship "Rightness" but not significantly correlated with Love for the Partner

dimension. This result demonstrates that when the age of an individual increases, their relationship centered obsessive compulsive symptoms in total, their RCOC symptoms regarding being loved by their partner and rightness of relationship decreases; but there is no increase or decrease in RCOC symptoms regarding love for their partner when the individual's age increases. In the literature, there are contradicting results regarding the correlation between relationship centered obsessive compulsive symptoms and age. In a study, no correlation between the concepts were found (Doron et al., 2013) but in another study a small and negative correlation between the concepts were found (Doron et al., 2012a). In a study conducted in Turkey, a negative correlation between age and relationship centered obsessive compulsive symptoms as a whole was also reported (Toroslu, 2020). In all studies, increase/decrease of the age were found to be associated with all relationship centered obsessive compulsive symptoms. But in this study, Love for the Partner dimension were found to be different than others, regarding the correlation. Age is an important concept regarding the romantic relationships. In this current study, the age of participants ranged from 18 to 65; thus, all participants are regarded as adults. As known in the literature, romantic relationships change with age, in adolescence individuals more tend to experience romantic relationships as casual and fleeting ones whereas in adulthood the romantic relationships become more stable, long, and intimate (Lantange & Furman, 2017). The perceived stability of romantic relationship may be the reason of decrease in relationship centered obsessive compulsive symptoms. Also, in the developmental application of social exchange theory, it was proposed that in adolescence, individuals focus dominantly on self, and their decisions regarding their romantic relationships are generally driven by personal gains. But as the individuals get older, their interest shifts from boosting personal gains to increasing mutual gains that both the individual and the romantic partner can benefit more together (Laursen & Jensen-Campbell, 1999). There may be a connection between this theory and the current's study's result regarding that with age, an individual's relationship centered obsessive compulsive symptoms regarding the love for their partner does not seem to change but other dimensions decrease. As age increases, individuals may be less prone to have obsessive thoughts regarding being loved by their partner or whether they are in the right relationship or not because they are less interested in personal gain, but on the other hand, their love for the partner includes mutual benefits as to incorporate the partner's gain as much as theirs. So, individuals' relationship centered obsessive compulsive symptoms regarding their love towards the partner may be working on a different intellectual mindset.

The three dimensions of relationship centered obsessive compulsive symptoms might be different from each other when an individual's age changes. Further investigation to examine if there is a different relationship between age and RCOC symptoms regarding Love for the Partner dimension when compared to other RCOC symptoms may benefit the ROCD literature.

Regarding the other subtype of ROCD, partner focused obsessive compulsive symptoms and its six dimensions, age was found to be negatively correlated with partner related obsessive compulsive symptoms and its three dimensions which are Emotional Stability, Competence, and Intelligence but not significantly correlated with Morality, Sociability, and Physical Appearance. These results can be interpreted as when age of an individual increases, their total PFOC symptoms and their symptoms regarding the partner's perceived flaws regarding emotional stability, competence, and intelligence decreases, but their symptoms regarding the partner's perceived flaws related to morality, sociability and physical appearance does not change. In the related literature, it has been found that partner focused obsessive compulsive symptoms does not correlate with age (Doron et al., 2012b). The current study's results may indicate there are significant differences in terms of age between different dimensions of partner focused obsessive compulsive symptoms. Since partner focused obsessive compulsive symptoms include obsessive thoughts regarding the partner's perceived personal aspects, investigating the age differences between the symptom dimensions may be related to personality traits. Roberts and his colleagues (2006) conducted a meta-analysis to see whether personality traits change with age or not and found that personality traits indeed change with age with the moderation of personal experiences. They have found that individuals tend to become more conscientious, which is associated with being more organized and disciplined, and emotionally stable with age. This may be associated with why obsessive thoughts and compulsions regarding partner's perceived emotional stability and competence decrease with age because if the partner is becoming more conscientious and emotionally stable over time, it can be expected that they also become more better at managing both their professional occupations and personal relationships. In result, their personality traits may be helping to decrease their partner's partner focused obsessive compulsive symptoms regarding emotional stability and competence. The logic between the conscientiousness trait change and age may also be implemented to Intelligence dimension of partner focused obsessive compulsive symptoms; individuals may be less prone to have obsessive thoughts regarding their partner's

intelligence since their partner also becomes more successful at managing their jobs and relationships; so, partner's intelligence may not be a concern anymore to the individual. As for the other dimensions of partner focused obsessive compulsive symptoms which are Morality, Sociability, and Physical Appearance that is found to be not changing with age in this study; a different personality trait may be playing a role. In the same meta-analysis, it was found that agreeableness trait of individuals significantly increases with age but only in the age group between 50 and 60 (Roberts et al., 2006). Agreeableness trait is associated with a tendency to perceive others in a more constructive way, and its sub levels are given as trust, straightforwardness, altruism, compliance, modesty, and tendermindedness (Costa Jr. et al., 1991). As a whole, it can be understood that as an individual's agreeableness trait is increasing, that person is becoming more empathetic, cooperative, sympathetic, more inclined to resolve conflicts, humble, and other-focused (Costa Jr et al., 1991). If both the individual and the partner's agreeableness traits are increasing, they both may be more understanding towards each other's morality, sociability, and physical appearance; because they are expected to be more humble, empathetic, and cooperative. They may understand each other more easily and may be less inclined to criticize each other's traits. But in the current study, mean age of all participants were found to be 34.32; which indicates that the participants aged between 50 and 60 are not constructing the majority of the sample of this study. This may be associated with why an individual's partner focused obsessive compulsive symptoms regarding their partners morality, sociability, and physical appearance did not seem to increase or decrease in this study with age: participants' agreeableness level may be changing through time, but the majority of the sample of this study is not consisted of individuals with increased agreeableness nor the decreased agreeableness. However, further investigation with a different sample might yield different results and may benefit the literature.

As for the correlation between age and insecure attachment scores, also for the correlation between age and avoidant attachment, it was found that there was no significant correlation. On the other hand, age and Attachment Anxiety were negatively and significantly correlated. These results can be interpreted as with age, individuals experience less attachment anxiety but there is not a change in attachment avoidance or their insecure attachment as a whole. According to Hazan and Shaver (1987), since attachment is motivational system that is persistent throughout an individual's lifespan, our results regarding the total insecure attachment scores and avoidant attachment is consistent with the

literature. As for the Attachment Anxiety, social investment theories suggest that commitment to some institutions such as romantic partnership also shapes personality development and with this personality development, individuals usually put their resources into age-graded social roles such as being a romantic partner, then they are rewarded if they can carry out the expectations of this specific social role (Roberts et al., 2005; Chopik & Edelstein, 2014). The expectations generally include the regulation of both behaviors and emotions, and it has been suggested that this regulation may help to decrease the intensity and occurrence of negative experiences which in turn decrease the attachment anxiety (Gross et al., 1997). According to this look of point, when an individual's age increases, the individual also regulates their behaviors and experience more positive experiences, and their attachment anxiety may decrease with their role in a romantic partnership. Supporting the results of this current study and the theory explained above, in a cross-sectional study that was conducted with more than 80.000 participants, it was found that attachment anxiety indeed decreased as age increased (Chopik et al., 2013). As for the Attachment Avoidance, since individuals with attachment avoidance are thought to be prone to avoid intimate relationships (Shaver & Mikulincer, 2005), they might not be increase or decrease in their attachment avoidance as their age increases because they may not be able to sustain their social role as a romantic partner.

Age was not found to be correlated with relationship satisfaction. For relationship satisfaction and age relationship, there are contradicting results in the literature as in some studies a correlation between the terms were found and in others no correlation was demonstrated (Cowan & Cowan, 2014; Gorchoff et al., 2008; Braun et al., 2018). Since relationship satisfaction is a concept that can be affected by many other aspects of relationships such as the duration of the relationship, relationship status, gender, trust, reciprocity etc., rather than being directly correlated with age, age may affect relationship satisfaction when it is combined with other aspects of relationships.

As for intention of infidelity, no correlation between the terms were found in this study and literature has contradicting results. In a study, a relationship between age and intention of infidelity did not seem to be demonstrated (Jackman, 2015). However, in a literature review conducted by Munsch (2012) regarding not intention of infidelity but infidelity in general, it was stated that age and infidelity have a relationship that may be affected by different aspects. Intention of infidelity, much like relationship satisfaction, is

associated with many factors besides age. Gender, race and ethnicity, education, income, opportunity, culture, history of infidelity, partner infidelity and religion are some aspects in addition to age that have found to be associated with infidelity in general (Munsch, 2012); thus, it has been suggested that age may be a variable that needs to be controlled to inspect the relationship of intention of infidelity with other concepts (Jackman, 2015). Much like relationship satisfaction, a singular correlation between age and intention of infidelity may not be present.

Correlations between the measures of the study and relationship duration

Relationship duration was significantly and negatively correlated with relationship centered obsessive compulsive symptoms and its two dimensions which are Being Loved by the Partner and Relationship "Rightness", but not significantly correlated with Love for the Partner dimension. It appears that as relationship length becomes increased, individuals experience less relationship centered obsessive compulsive symptoms except their love for their partner. In the literature, there are contradicting results regarding the topic. In one study, relationship duration was not found to be correlated with relationship centered obsessive compulsive symptoms (Doron et al., 2012a). According to the results of another study, it was found that ROCD symptoms does not change as relationship duration changes; some individuals have symptoms in 3-month long relationships, some individuals have them in 2 years long relationships and some experience the symptoms through all marriage (Doron et al., 2014b). On the other hand, in a longitudinal study, it was found that relationship length was significantly and negatively correlated with ROCD symptoms (Szepsenwol et al., 2016). The results of the current study may be understood under the light of Sternberg's (1998) triangular theory of love and also personality traits. According to the triangular theory of love, love is an interpersonal relationship in which different types of love might be the result of different combination of three aspects (intimacy, passion, commitment) of love. Intimacy refers to feeling close, connected, and bonded. Passion refers to the urges leading to physical attraction, sexual relationships, and romance. Commitment refers to decision to maintain the love toward the individual. As mentioned above, different combination of these aspects leads to different types of love, and they interact with each other; thus, they are likely to change as relationship length is increasing (Sternberg, 1986; 1998). In a study conducted with English adults, it was found that commitment was positively associated with relationship duration whereas passion was negatively associated with relationship duration (Ahmetoğlu

et al., 2010). It was also suggested that as a relationship progresses, passion may decrease, and instead of passion, intimacy, commitment, or combination of these dimensions may be dominant and in turn, characteristics that come with passionate love such as feelings of anxiety, intensity, and urgency may be reduced (Ahmetoğlu et al., 2010). In the same study, commitment was found to be associated with Agreeableness trait. Taken all together, the interaction may be interpreted as this: As the relationship length increases, the individuals become more agreeable towards their partner; they become more likely to perceive their partners more positively, and in addition also become more responsive and expressive in their interactions which may help them to maintain their positive romantic relationships in a more constructive way, and their love also may increase in commitment which indicates the love towards the partner is maintained (Detailed information regarding the Agreeableness trait can be found in the discussion section in which the correlation between age and partner focused obsessive compulsive symptoms are discussed.). The negative correlation between relationship duration and two partner focused obsessive compulsive symptom dimensions which are Being Loved by the Partner and Relationship "Rightness" may be interpreted according the information above. Individuals who are more agreeable with and more committed to their partners while their passion, which is related to anxiety, decreases as the duration of relationship is increasing may be having fewer obsessive thoughts and compulsions about whether they are in the right relationship or not, and also whether they are loved by their partner or not, because they are able to maintain a positive relationship with their partner. In line with this information, an individual's obsessive thoughts regarding their love for the partner may not change with relationship duration, since the love they feel for the partner might include different combination of love dimensions and may need further investigation.

Also, relationship duration was not found be correlated with partner focused symptoms and its dimensions with the exception of Competence dimension which was found to be negatively correlated. It can be stated according to these results that as relationship duration increases, an individual may experience less competence related partner focused obsessive compulsive symptoms. According to the literature, there is not a relationship between relationship duration and total partner focused obsessive compulsive symptoms (Doron et al., 2012b). When inspecting the correlation between dimensions and relationship duration, social-exchange theory may help to understand the relationship. According to social-exchange theory, there is a shift from motivations to increase personal gain to

increasing dyadic gain as relationship duration becomes longer since as the time moves forward, individuals become more interdependent and dyadic, and mutual gains receive much more importance (Laursen & Jensen-Campbell, 1999). Relationships with longer durations seem to have increased levels of support in which romantic partners are perceived as the provider of support (Lantagne & Furman, 2017). Also, individuals in longer relationships have more daily interactions and there is an increased interdependence between the romantic partners (Adams et al., 2001; Connolly & Johnson, 1996). Partner focused obsessive compulsive symptoms about the partner's perceived flaws regarding their competence may be decreasing as relationship duration increases because the partners may become more interdependent and having much more daily interactions with each other, which in turn may create a similarity between their competence levels. Furthermore, romantic partners in longer relationships are demonstrated to have more positive interactions than their peers in shorter relationships (Connolly & Johnson, 1996; Rostosky et al., 2000). Other dimensions of partner focused obsessive compulsive may not be changing with relationship duration because mutual gains become much more important to both partners, and thoughts regarding partner's perceived flaws regarding their morality, sociability, emotional stability, intelligence, and physical appearance may lose their importance in the relationship dynamic.

As for the correlation between relationship duration and total insecure attachment scores, it was found that there was no significant correlation. On the other hand, relationship duration and Attachment Anxiety were negatively and significantly correlated whereas relationship duration and Attachment Avoidance were positively correlated. These results indicate that as relationship duration increases, Attachment Anxiety decreases but Attachment Avoidance increases. The literature includes contradictory results regarding this topic. In one study, insecure attachment was stated to be related to lower relationship duration in general (Hazan & Shaver, 1987). In other studies, no relationship between insecure attachment and relationship duration was found (Feeney, 2004; Hirschberger et al., 2009). Also, according to the literature, both attachment anxiety and attachment avoidance decrease with longer durations of relationships (Chopik et al., 2013; Umemura et al., 2018). Regarding the results of the current study, it can be interpreted that individuals may be feeling less anxious regarding their romantic relationship as the relationship itself persists over time. Since attachment anxiety is characterized by the beliefs regarding the availability of the romantic partner, the increased relationship duration may reduce the anxiety of

participants because their partner is with them for a long time. Crowell and his colleagues (2016) also suggested a similar association by stating that individuals are more uncertain at the beginning of relationship since they are not sure that their partners will abandon them or not, but as the relationship persists over time, they become more certain that their partners will be there for them. On the other hand, the increase in attachment avoidance as the relationship duration increases contradicts the literature in general. According to Swann's (2012) self-verification theory, individuals are more inclined to connect with others whose longtime expectations are more similar to them so they can maintain foreseeable social reality in their minds which in turn affirm their self-conceptions. The individuals in the current study may be in a relationship with partners like themselves; individuals whose attachment style is avoidant, and this relationship as the time went by might have been feeding their own attachment avoidance.

Relationship duration was not found to be correlated with relationship satisfaction. In the literature, in a study it was found that as relationship duration increases, relationship satisfaction decreases (Mitnick et al., 2009). Since relationship satisfaction is affected by many factors, relationship duration itself may not be able to increase or decrease relationship satisfaction by itself. For example, relationship satisfaction may be low in a 40-year relationship that is abusive, but high in a 2-year relationship without the abuse. Supporting this idea, in a study it was demonstrated that individuals who were in a longer relationship had more support; but on the other hand, they had greater levels of control over their partners, jealousy, and negative interactions with their partners (Lantagne & Furman, 2017).

Lastly, there was no correlation found between relationship duration and intention of infidelity in this study. The literature has contradicting results regarding the topic. In one study, relationship duration and infidelity were not found to be associated with each other (McAlister et al., 2005). In other studies, longer relationship durations are found to have greater association with infidelity regardless of gender (Forste et al., 1996; Hansen, 1987). Much like the correlation between age and intention of infidelity, correlation between relationship duration and intention of infidelity may be associated with other elements. In a study, ethnicity, religiosity, education status, income level, parental status, and infidelity history were found to be associated with infidelity (Adamopoulou, 2013). Further investigation regarding intention of infidelity and its relationship with socio-demographic variables may be valuable for the literature.

Correlation between age and relationship duration

According to the results, as age increases, relationship duration of participants also increased. In the literature, it has been also found that age and relationship duration are moderately associated with each other (Seiffge-Krenke, 2003; Lantagne & Furman, 2017). When the individual is in adolescence, they are expected to experience relationships as brief and multiple romantic relationships, but when the individual is an early adult, they are expected to engage in singular and longer in duration intimate relationships (Brown, 1999; Connolly & Goldberg, 1999).

4.1.3. Gender and relationship status differences of relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms

Relationship centered obsessive compulsive symptoms

The difference of gender on the relationship centered obsessive compulsive symptoms was not significant in terms of total scores and for its three dimensions when taken individually. In the literature, similar results were found. In a study conducted to demonstrate whether gender and relationship centered obsessive compulsive symptoms are correlated, it was found they were not correlated (Doron et al., 2013). The same results were demonstrated in different studies, too (Doron et al., 2012a; Doron et al., 2014b). Relationship centered obsessive compulsive symptoms does not seem to be differentiated by the individual's gender.

On the other hand, the difference of relationship status on the total score of relationship centered obsessive compulsive symptoms was found to be significant. The results indicate that when an individual is in a relationship, their total relationship centered obsessive compulsive symptoms was lower than an individual who is not in a relationship. When the dimensions are inspected individually, Being Loved by the Partner and Relationship "Rightness" dimensions are found to be significantly differentiated by relationship status, but not Love for the Partner dimension. Individuals who are in a relationship appear to have lower Being Loved by the Partner and Relationship "Rightness"

related symptoms than individuals who are not in relationship. However, an individual's RCOC symptoms regarding their love towards their partner seems to be stable whether the individual is in a relationship or not. The results of the current study are found to contradict the literature. The literature yielded results suggesting that relationship status was not related to relationship centered obsessive compulsive symptoms (Doron et al., 2016). It was indicated that ROCD symptoms can appear outside of an ongoing romantic relationship (Doron et al., 2014a). No study inspected the difference of relationship status on dimensions individually yet. Nevertheless, relationships, especially marriages, are found to be helpful to individuals' mental health in general and well-being (Brown, 2000; Gove et al., 1983; Kurdek, 1991; Waite, 1995, as cited in Dush & Amato, 2005). In their study, Dush and Amato (2005) have stated that the relationship between being in a relationship and well-being can be explained by social support and integration gained by the relationship. Individuals who are interacting with both supportive and helpful others are claimed to have greater emotional health and life satisfaction by the interaction providing a protective effect against the stressful life events in general, and marriage is seen as a key component of social support (House et al., 1988; Umberson et al., 1996, as cited in Dush & Amato, 2005). In line with the literature, it was found that even for controlling the happiness in relationship, individuals who are in a relationship showed higher levels of subjective well-being (Dush & Amato, 2005). When integrated with this knowledge, levels of obsessive thoughts and compulsions regarding whether the relationship is right or wrong for the individual and the love from partner may be reduced in participants who are in a relationship than individuals who are not in a relationship because their subjective well-being are higher than them. As for the obsessive compulsive symptoms regarding Love for the Partner dimension, it may be that an individual's uncontrollable intrusive thoughts if they really love a partner or not may be continuing even if there is not a current relationship because it is mainly about their feelings.

The difference of gender and relationship status interaction on total relationship centered obsessive compulsive symptoms was not found to be significant. However, their interaction effect on three dimensions was found to be significant. When dimensions are taken individually, Relationship "Rightness" dimension is differentiated by gender and relationship status interaction but not other two dimensions. Female individuals who are in a relationship appeared to have more Relationship "Rightness" related symptoms than male individuals who are in a relationship. The results can be interpreted as women are

experiencing more Relationship "Rightness" related obsessive compulsive symptoms than men when they are currently in a relationship. According the literature, neither gender nor relationship status has any effect on relationship centered obsessive compulsive symptoms as discussed in the previous passages (Doron et al., 2014a). This current study has different results. According to the evolutionary point of view, in sexual strategies theory, it was suggested that mating strategies at the biological level have evolved as to maximize the efficacy of reproduction for two genders independently (Buss & Schmitt, 1993). It was explained as:

> For men, one major reproductive constraint has been the number of reproductively valuable or fertile women they can successfully inseminate. For women, one major reproductive constraint has been obtaining as mates, men who showed an ability and willingness to invest resources in themselves and their offspring. (Buss & Schmitt, 1993)

As it can be deducted from this aspect, men are capable of impregnate many women as they can if women are reproductive enough and father many children but for women, the situation changes. Women go through a gestation period for approximately nine months, and this limits the number of children they can bear. So, for women, well-resourced men who can provide more resources for both herself and the children by means of maintaining a long-term relationship is pursued (Perrin et al., 2011). According to this perspective, since the maintenance of a long-term relationship is important, being in the right relationship may also be important; women in the current study who are in a relationship may have more obsessive compulsive symptoms as to whether if they are in the right relationship or not than men.

Partner focused obsessive compulsive symptoms

The difference of gender on the partner focused obsessive compulsive symptoms was not significant in terms of total scores. However, the main effect of gender on six dimensions (Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence) was found to be significant. When the dimensions are inspected individually, it was demonstrated that males have significantly higher scores than females in Physical Appearance dimension. The other dimensions did not yield a difference between two genders. In other words, males were more preoccupied with partner focused obsessive compulsive symptoms about their partners' perceived flaws regarding physical appearance

compared to females. In a study conducted with 3 groups (participants with general OCD symptoms, participants with ROCD symptoms, and control group), no significant gender difference was found between these groups (Doron et al., 2016). Also, in another study it was found that gender and partner focused obsessive compulsive symptoms are not correlated with each other (Doron et al., 2012b). This study's results with the exception of Physical Appearance dimension demonstrated similar results with the literature. Males may have different thoughts for the importance of physical appearance than females. As discussed above in the relationship centered obsessive compulsive symptoms section, evolutionary aspect may help us to understand the difference. Some aspects of physical appearance are thought to be associated with youth such as radiant hair, full lips, smooth skin, and favorable muscle tone in addition to behavioral signs of youth such as high energy and energetic motion (Symons, 1979; Williams, 1975, as cited in Buss, 1989). It has been suggested that men who prefer to mate with women who have these attributes, which signal high reproductive value and fertility since relative youth is associated with reproduction, would have more offspring; thus, men are thought to be evolved to feel sexual attraction towards women whose physical appearances cue reproductive value (Buss, 1989). It has been found in a study that men indeed value physical attractiveness and reproductive youth in their potential mates more than females across cultures, which supports the evolution-based hypothesis that men prefer women who show cues regarding high reproductive capacity (Buss, 1989). On the other hand, it has also been suggested that since reproductive value of men cannot be determined by physical appearance because male fertility is not as much as age-graded from puberty to old age as female fertility, physical appearance of men should be less central to women. This evolutionary difference between men and women may be linked with men having more obsessive compulsive symptoms regarding their partners' physical appearance than women.

On the other hand, the difference of relationship status on the total score of partner focused obsessive compulsive symptoms was found to be significant. The results indicate that when an individual is in a relationship, their total partner focused obsessive compulsive symptoms is lower than an individual who is not in a relationship. When the dimensions are inspected individually, Morality, Sociability, Emotional Stability, and Intelligence dimensions were found to be significantly differentiated by relationship status, but not Competence and Physical Appearance dimensions. Individuals who are in a relationship appear to have lower symptoms about their partner's perceived flaws regarding morality,

sociability, emotional stability, and intelligence than individuals who are not in relationship. However, an individual's partner focused obsessive compulsive symptoms regarding their partner's physical appearance or competence seems to be consistent whether the individual is in a relationship or not. The results of the current study are found to contradict the literature. The literature suggests that relationship status is not related to partner focused obsessive compulsive symptoms (Doron et al., 2016). In their study in which they compared three groups (OCD, ROCD, and control), Doron and his colleagues (2016) found that relationship status was not related to partner focused obsessive compulsive symptom severity in any of the groups. As emphasized in the relationship centered obsessive compulsive symptoms passage, the ROCD symptoms as total can be experienced even if the individual is not currently in a relationship (Doron et al., 2014a). Similar to RCOCS dimensions, there are no studies yet that examined the difference of relationship status on partner focused obsessive compulsive dimensions individually. One point of view to explain the results of the current study may come from the theories that are proposed to explain the mere exposure effect. Mere exposure effect refers to the finding that individuals tend to demonstrate enhanced liking for a stimulus (or a person) because of repeated exposure to the same stimulus (Zajonc, 1968). One group of theory explained the mere exposure effect by suggesting that repeated exposure to a stimulus increases fluency, which makes it easier to process the stimulus; thus, directly increasing liking since individuals like things they can easily process (Reber et al., 1998, as cited in Mrkva & Van Boven, 2020). One of mere exposure's implications is found to increase the romantic attraction (Moreland & Beach, 1992). This may suggest that when an individual is in a relationship and spends more and more time with the same partner, liking the partner and their different characteristics may be enhanced through just being repeatedly exposed to the same individual and their characteristics. The decrease in obsessive compulsive symptoms regarding the perceived flaws of partner's morality, sociability, emotional stability, and intelligence in the current study may be related to the same liking process; as time being exposed to the partner increases, the individuals may like their characteristics more and more, and being in a relationship may reduce their obsessive thoughts and compulsions regarding the partner. Since obsessions and compulsions regarding the perceived flaws of romantic partner's physical appearance and competence are not found to be differentiated by relationship status, they may be different than others in terms of perception. Further research may assist the

literature to understand the mechanisms underlying the difference of six dimensions of partner focused obsessive compulsive symptoms.

The difference of gender and relationship status interaction on total partner focused obsessive compulsive symptoms was not found to be significant. However, their interaction effect on six dimensions was found to be significant. Yet, when dimensions are taken individually and univariate analyses were computed, none of the dimensions were found to be significantly affected by gender and relationship status interaction. In the literature, it was suggested that neither gender nor relationship status has any effect on partner focused obsessive compulsive symptoms as discussed in the previous passage. This current study has contradicting results regarding the interaction. Further investigation might be necessary to shed light on the topic.

4.1.4. Model of the study: direct and indirect effects

The investigation regarding the mediator role of relationship satisfaction and intention of infidelity between insecure attachment scores and relationship centered and partner focused obsessive compulsive symptoms is discussed in this chapter. Direct effects regarding the insecure attachment scores' prediction on relationship satisfaction, intention of infidelity; direct effects regarding the relationship satisfaction's prediction on relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms; direct effects regarding the intention of infidelity's prediction on relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms were inspected and reported individually. Also, since the model was modified according to the suggestions, direct effects regarding the insecure attachment scores' prediction on relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms were also inspected. As for indirect effects, insecure attachment score's prediction on relationship centered obsessive compulsive symptoms mediated by relationship satisfaction and intention of infidelity, and insecure attachment score's prediction on partner focused obsessive compulsive symptoms mediated by relationship satisfaction and intention of infidelity were examined and reported.

According to model fit criteria results, first model that was hypothesized was not found to be acceptable. A modification regarding the covariance between errors of relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms and a direct effect of insecure attachment styles on both relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms were implanted and the model was inspected after that. The modifications that were suggested and applied is consistent with the literature because these two scales are measuring two different aspects of the same theme which is relationship obsessive compulsive disorder. Relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms were found to be strongly associated with each other (Doron et al., 2012b; Doron et al., 2014a). It was reported that when an individual has partner focused obsessive compulsive symptoms related intrusive thoughts such as "I wonder if my partner is handsome enough", relationship centered obsessive compulsive symptoms such as evaluating the relationship's rightness repeatedly in the same individual increases over time (Doron et al., 2012b). Also, regarding the other modification which included a direct effect of insecure attachment on both relationship centered and partner focused obsessive compulsive symptoms, insecure attachment and ROCD are also associated with each other. Detailed information regarding the relationships between concepts is discussed in the following parts.

Discussion of direct effects

Insecure attachment scores predicted relationship satisfaction, intention of infidelity, relationship centered obsessive compulsive symptoms, and partner focused obsessive compulsive symptoms. In addition, relationship satisfaction predicted relationship centered and partner focused obsessive compulsive symptoms, and intention of infidelity predicted partner focused obsessive compulsive symptoms but did not predict relationship centered obsessive compulsive symptoms significantly. These findings will be discussed in detail in the following sections.

According to the results, if an individual's **insecure attachment score** increases, relationship satisfaction of this individuals decreases at the same time. The literature also supports these results. In two meta-analyses, it was reported that insecure attachment styles (Attachment Anxiety and Attachment Avoidance) are indeed destructive for relationship satisfaction (Hadden et al., 2014; Li & Chan, 2012). In a meta-analysis, it was found that

higher levels of insecure attachment were associated with both lower personal relationship satisfaction and lower levels of relationship satisfaction in partners (Candel & Turliuc, 2019). Attachment anxiety is related to many factors that are also related to less relationship satisfaction such as higher pessimistic attribution, more perceived conflict, and negative affect (Kimmes et al., 2015; Brassard et al., 2009; Molero et al., 2017, as cited in Candel & Turliuc, 2019). Likewise, attachment avoidance is related to many factors which also decrease relationship satisfaction such as lower trust and lower perceived support from the partner (Givertz et al., 2013; Chi Kuan Mak et al., 2010, as cited in Candel & Turliuc, 2019). Since insecurely attached individuals either be anxious about their relationships and act in that way, such as seeking proximity to the partner all the time and experiencing high levels of distress for fear of abandonment or fear of being betrayed, or avoidant about their relationships and act in that way, such as not demanding proximity from the partner, it is understandable that these individuals experience lower relationship satisfaction.

This study also yielded results regarding that if individual's insecure attachment score increases, intention of infidelity of that person also increases. Individuals with increased attachment anxiety are more inclined to use sex in order to satisfy their unmet needs (Birnbaum et al., 2006) since they are more prone to feel that in their relationship in which their needs to feel intimate are not being met (Mikulincer & Shaver, 2013). It was suggested that according to these underlying reasons, individuals with high attachment anxiety may be more likely to seek intimacy through infidelity (Russell et al., 2013). Individuals with attachment avoidant are more likely not to expect fulfillment of their needs by their romantic partners. Correlatively, the same theory goes for the individuals with attachment avoidance since they are found to be less committed to their romantic relationships (DeWall et al., 2011) and commitment to relationship is associated with infidelity (Drigotas et al., 1999). Thus, individuals with attachment avoidance also may be more prone to intentions of infidelity.

Insecure attachment score increases also led to increases in relationship centered and partner focused obsessive compulsive symptoms. Early in life, parents are the main attachment figure for individuals, but later in life, romantic partners are the main attachment figures instead of parents. Individuals with attachment anxiety tend to respond to failures by exaggerating the negative outcomes of the unpleasant experience and ruminating on it; thus, enhancing the mental activation of fears such as fear of abandonment (Mikulincer & Shaver, 2003). Also, they have dysfunctional coping mechanisms that provokes sensitive self-

domains since their dysfunctional strategies for coping with the distress caused by their constant need to remain intimate with their partner increases their anxiety even more and results in ineffective responses (Doron et al., 2009; Doron et al., 2014a). As a result of these, individuals with attachment anxiety are thought to be more vulnerable to relationship centered obsessive compulsive symptoms (Doron et al., 2014a). In the literature, it was demonstrated that attachment anxiety is strongly associated with more severe ROCD symptoms, especially in individuals for whom their self-worth is strongly dependent on their relationship (Doron et al., 2013; Trak & İnözü, 2019). An individual who has attachment anxiety may feel a fear that their partner may leave them, and they may not be there when they need them, and this may trigger relationship related and partner focused obsessive thoughts such as "Does my partner really love me?" or "What if my partner is not competent enough to maintain a relationship with me and eventually leaves me?". Individuals with attachment avoidance generally adapts strategies such as denying the attachment needs and suppressing emotions and thoughts which are attachment related (Doron et al., 2014a). An individual with attachment avoidance may use deactivating strategies such as avoiding being intimate with the partner and this may trigger relationship centered and partner focused obsessive thoughts such as "Do I really love my partner if I don't feel the need to be intimate with them?" or "Does my partner have the characteristics that I want in a romantic partner?". Altogether, the results of this study and earlier studies suggest that individuals with attachment insecurities may be more prone to develop and enhance relationship centered and partner focused obsessive compulsive symptoms.

In the current study, it was found that when **relationship satisfaction** increases, relationship centered and partner focused obsessive compulsive symptoms decrease. According to Doron and his colleagues (2014b), ROCD symptoms may result in unwanted responses from the romantic partner and become a source of relationship conflict since in ROCD, preoccupation of intrusive thoughts and images are mainly focused on relationship or partner. In turn, this relationship conflict may become constant and as a result, seriously damage relationship satisfaction and the relationship between the concepts may be bidirectional as in the decrease in relationship satisfaction may increase the individual's relationship centered and partner focused obsessive compulsive symptoms. As for the relationship centered obsessive compulsive symptoms distinctively, the decrease in relationship satisfaction may lead to individual being preoccupied with thoughts such as "Is he the right one for me if I do not experience satisfaction in my relationship?", "Does he

really love me?", "Do I really love my partner?". These thoughts may destabilize the relationship even further because the individual is rather distracted with these thoughts than to enjoy the relationship itself. As for the partner focused obsessive compulsive symptoms distinctively, the decrease in relationship satisfaction may lead to individual being more preoccupied with thoughts such as "Is my partner emotionally stable enough?", "I wonder if my partner is competent enough to achieve his dreams.". These thoughts may also destabilize romantic relationship because for individuals with these symptoms, maintaining idealized partner perceptions are rather difficult. In one study, it was found that even for controlling attachment anxiety and avoidance, mood symptoms, other OCD symptoms, low self-esteem and relationship ambivalence, relationship centered obsessive compulsive symptoms were found to be significantly associated with poor relationship satisfaction (Doron et al., 2012a). A subsequent study replicated the same results for partner focused obsessive compulsive symptoms, with similar controls and also when controlling relationship centered obsessive compulsive symptoms (Doron et al., 2012b).

According to the results, it was found that as **intention of infidelity** increases, partner focused obsessive compulsive symptoms increases as well. Even though there are no studies yet to examine the association between intention of infidelity and partner focused obsessive compulsive symptoms, the concepts seem to be related to each other, considering that an individual with an intention of infidelity may have doubts about their partner's characteristics regarding morality, sociability, emotional stability, competence, physical appearance, or intelligence. Having the intention of infidelity in mind may enhance rumination of these doubts constantly and increased intrusive thoughts and urges may in turn increase the intention of infidelity itself. There may be even a circular relationship between concepts. In other words, an individual who is inclined to search for another partner may be more preoccupied with these urges and thoughts, and in return they may try to cope with these urges and thoughts with compulsive neutralizing behaviors such as comparing the partner to other possible romantic alternatives in mind (Doron et al., 2012b). Also, intention of infidelity may become the center of obsessions nourished by these partner focused obsessive compulsive symptoms, and be one of the symptoms. The distress caused by obsessive thoughts and following compulsive behaviors to compare the partner to other possible partners may increase the intention towards infidelity, and in turn, the intention of infidelity may become the main obsession and engaging in infidelity may become the main compulsion to decrease the distress, which in fact increase the distress as a result and the

cycle may repeat itself. Further investigation regarding the topic may be very beneficial for the literature. On the other hand, the study's results suggest that there is not a significant relationship between intention of infidelity and relationship centered obsessive compulsive symptoms. Intention of infidelity may be relatable to the partner's characteristics more than the relationship itself and being certain about the love for the partner and being loved by the partner. An individual may not be having obsessive thoughts about the rightness of relationship, believing that the relationship is right for them and yet still have obsessive thoughts and urges to compare their partner to alternatives. Nevertheless, since relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms are connected to each other as dimensions, further investigation to test if and why the intention of infidelity is associated with one but not the other would be useful.

Discussion of indirect effects (mediators)

Since the purpose of this study was to mainly assess the mediator role of relationship satisfaction and intention of infidelity between insecure attachment scores and relationship centered obsessive compulsive symptoms, and mediator role of relationship satisfaction and intention of infidelity between insecure attachment scores and partner focused obsessive compulsive symptoms, analyses were conducted, and results regarding the mediation relationship were found.

It was found that with relationship satisfaction and intention of infidelity mediating the relationship between insecure attachment scores of individuals and their relationship centered obsessive compulsive symptoms, as their insecure attachment scores increases, their relationship centered obsessive compulsive symptoms also increases. As explained in the previous section of direct effects, there are significant associations between the terms with the exception of intention of infidelity directly predicting relationship centered obsessive compulsive symptoms. An anxiously/avoidantly attached individual with lower relationship satisfaction and high intention of infidelity, which are also affected by the insecure attachment of individual, may have significantly elevated relationship centered obsessive compulsive symptoms. For example, an individual with attachment anxiety in a relationship may have increased fears of abandonment and betrayal, and also seek closeness to their partner. In turn, this individual's relationship satisfaction may be lower than a securely attached individual since the distress caused by the fears and the constant pursuit of intimacy, which may not be met by the partner, would decrease the individual's satisfaction

gained from relationship. At the same time, this individual may have intentions of infidelity to alleviate the distress caused by this fear and the unmet expectations of proximity from the partner, thinking that maybe other partner can be better. When combined together, the individual may have relationship centered obsessive thoughts regarding their relationship such as "Does my partner really loves me if he is not meeting the expectations on my mind?" or "If I was loved truly by my partner maybe I would not be having such thoughts as to look for other partners." and compulsive behaviors such as repeatedly checking and questioning if their partner loves them or not or if they truly love their partner. Since higher intention of infidelity did not directly predict relationship centered obsessive compulsive symptoms by itself, high intention of infidelity and lower relationship satisfaction when combined together may have different effects and may be suggested to feed each other in the mediation between insecure attachment and relationship centered obsessive compulsive symptoms.

Likewise, in the investigation of the mediating role of relationship satisfaction and intention of infidelity between insecure attachment scores and partner focused obsessive compulsive symptoms, it was found that when insecure attachment scores increase, partner focused obsessive compulsive symptoms increase with the mediation of relationship satisfaction and intention of infidelity. Similar to relationship centered obsessive compulsive symptoms, an example can be that an individual in a relationship with high scores of attachment avoidance is expected to be disinterested in their partner with mistrust against the partner, and also they may use deactivation strategies such as distancing themselves by searching for another partner (Shaver & Mikulincer, 2005). In line with the avoidant attachment of individual, they may have low relationship satisfaction since they are not feeling secure in the relationship and is disinterested in their partner. Also, intention of infidelity may exist for this individual since they believe that their needs would not be met by their partner so maybe another partner with different characteristics may be the answer as a form of deactivation strategy. When these are combined, the individual may have partner focused obsessive thoughts such as "I may be happy with someone else who is more competent than my partner." or "My partner's not beautiful enough or else, I would not be having such thoughts to change partners." and compulsive behaviors such as comparing the partner to other alternatives constantly. Furthermore, an individual with attachment anxiety can be expected to be fearful of being betrayed and use hyperactivating strategies such as checking the partner repeatedly (Shaver & Mikulincer, 2005). With these thoughts and strategies in mind, the individual may experience low relationship satisfaction. Also, the

individual may have intentions of infidelity such as finding another partner to suppress the distress caused by these thoughts and the low satisfaction gained by relationship. When these are combined, the individual may have partner focused obsessive thoughts such as "My partner is not moral enough or else I would not be afraid of being betrayed." or "If my partner was really an intelligent person maybe he would understand that I need more attention."

4.2. Clinical Implications and Importance of the Current Study

Relationship obsessive compulsive disorder is a relatively new discovered subtype of obsessive compulsive disorder. For example, ROCD was not included in DSM 5. Clinical applications regarding ROCD symptoms are limited to this day (Doron et al., 2014a). Romantic relationships are an important part of individuals' life; thus, dysfunctions in the relational domains affect individuals' lives thoroughly. ROCD symptoms are reported to cause increased distress, anxiety, and associated with depressive symptoms (Doron et al., 2012b). ROCD symptoms, similar to other OCD symptoms, also increase the feelings of shame and guilt regarding individuals' intrusive thoughts and following compulsive actions (Doron et al., 2014a). Intention of infidelity is also an important aspect of relationship and individuals' personal lives. In this study, important contributions are made to ROCD literature since before this study ROCD and intention of infidelity relationship was not researched. Also, in previous studies working with ROCD, relationship status, gender, relationship duration, and age was not found to be associated with the symptoms of the disorder but in this study, different results were demonstrated. This may point to a difference between other cultures and Turkey in terms of importance of demographic characteristics on ROCD.

In the Turkish sample which this study is conducted with, both infidelity and romantic relationships are given significant value by individuals. However, individuals in Turkey usually are not inclined to seek professional help regarding these kinds of problems since it is a collectivist culture and relationship secrecy is valued as of the upmost importance. Since the individuals may be abstained to give any information regarding the factors, clinicians may incorporate the questions whether there is an intention towards infidelity in the patient, as it is found to be associated with both insecure attachment of the individual and possibility of developing or enhancing the ROCD symptoms.

In addition, this study demonstrates that ROCD symptoms are also associated with other factors such as insecure attachment and relationship satisfaction. Even though attachment styles were researched in many studies, in this study the concept was combined with other factors to make its understanding more comprehensive. Early attachments and their effects are used in many different therapy approaches such as psychodynamic therapies, schema therapy, and in different eclectic therapy approaches. In couple therapies, attachment style of individuals may be assessed to prevent any future infidelity engagements which would be detrimental for relationship and would increase ROCD symptoms, and also to increase relationship satisfaction for problem solving. Also, since ROCD is a newly introduced disorder to the area, clinicians may not yet focus on distinctively on the possibility of ROCD. For example, while working with an individual with relationship problems, the possibility of the individual showing ROCD symptoms may not come to mind in the first place. But it would be beneficial for the therapy to incorporate the assessments regarding ROCD to specialize the type of problem the individual is struggling. Also, in cognitive behavioral therapy, cognitive distortions regarding ROCD may be differentiated from other cognitive distortions and there may be distinctive exercises to focus on the problem. Clinicians working with children may also benefit from this study in addition to other studies in the literature to assess children's attachment styles and including practices regarding attachment styles in the treatment plan to work on them to lean the attachment into a more secure style to prevent any ROCD related and relationship related problems in the future since attachment style in childhood is thought to determine the attachment style in adulthood. Furthermore, clinicians may also benefit from this study as to link the aforementioned factors with each other in therapy to work on them to achieve conclusive results, especially with patients who are ashamed or not willing to share their intimate experiences.

Also, other findings of this study suggest that as an individual's relationship duration increases, most of the relationship centered and competence related partner focused obsessive compulsive symptoms decrease; so, for individuals with ROCD, strategies to increase relationship satisfaction, relationship quality, and other relationship stability increasing factors may be the focus of the therapy for ROCD related problems. Much like the duration of relationship, relationship status of individuals is also found to be associated with ROCD symptoms as there may be a protective effect of being in a relationship to reduce both relationship centered and partner focused obsessive compulsive symptoms. So,

clinicians may give importance to the civil status of patients since being single may project possible ROCD symptoms that are continuing from the past to present.

4.3. Limitations and Further Recommendations

Even though this study is thought to make contributions to literature regarding the factors inspected in here, there are some limitations. First of all, this study was conducted with a non-clinical sample, and results may change when the study is replicated with a clinical sample. Secondly, the current study's method is cross sectional. Thus, no inference of cause-effect relationships may be deducted from the results. Furthermore, the data was collected via the Internet, as a result, only participants who were able to use an electronic device with internet connection were able to participate in the current study. Also, this study's data collection is conducted with self-report questionnaires. Participants who were with other people while filling out the forms, or who were not sure whether their answers may be exposed to other people or not might answered the questions differently. Especially questions regarding intention of infidelity may be answered biasedly since it is a delicate construct.

Also, in the mediation analysis, intention of infidelity and relationship satisfaction were included together as a factor. Their combined effects are found to be significant. Their individual effects that are investigated as singular models may also benefit the literature. Furthermore, in the model analysis of the study, two relationship obsessive compulsive disorder dimensions which are relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms were inspected together, and their individual subdimensions were not investigated. Further research may inspect the subdimensions individually to shed more on the topic of ROCD. Finally, insecure attachment scores are used in the model as a composite score in the current study. Attachment avoidance and attachment anxiety were not included in the model separately. Further research may investigate their effects in the related models singularly.

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APPENDICES

APPENDIX 1: INFORMED CONSENT FORM

BİLGİLENDİRİLMİŞ GÖNÜLLÜ ONAM FORMU

Bu araştırma, Başkent Üniversitesi Psikoloji Bölümü Klinik Psikoloji yüksek lisans öğrencisi Ezgi Su Balcı tarafından yürütülen tez kapsamında Dr. Esra Güven danışmanlığında yapılmaktadır. Çalışmanın içeriği açısından bu çalışmaya 18-65 yaş aralığında olan ve daha önce romantik ilişki deneyimine sahip kadın veya erkek katılımcıların katılması uygun görülmektedir. Bu çalışmanın amacı bireylerin romantik ilişkileri ile ilgili deneyim ve düşüncelerini, romantik ilişkiler bağlamında bireysel farklılıkları ve bu içeriklere yol açabilecek faktörlerin incelenmesidir. Araştırmada sizden tamamlanmaları toplamda yaklaşık 20-30 dakika aralığında sürecek olan bazı ölçekleri doldurmanız istenecektir.

Çalışmaya katılım tamamen gönüllülük esasına dayanmaktadır. Çalışmanın herhangi bir noktasında kendinizi rahatsız hissetmeniz durumunda çalışmayı yarıda bırakabilirsiniz. Ancak araştırmanın sağlıklı veriler ile işlemlenebilmesi bakımından çalışmayı eksiksiz tamamlamanız beklenmektedir. Çalışmaya dair veriler, size atanacak olan bir katılımcı kodu ile saklanacak ve verdiğiniz kişisel bilgiler herhangi bir şekilde kullanılmayacaktır. Ölçeklerdeki soruların doğru veya yanlış cevapları bulunmamaktadır ve size yöneltilmiş olan sorulara içtenlikle cevap vermeniz önemlidir. Çalışmayla veya ölçeklerle ilgili aklınıza gelen her tür soruyu araştırmacıya danışabilirsiniz. Araştırmayla, araştırmacıyla veya ölçeklerle ilgili aklınıza gelen her tür soru için Ezgi Su Balcı'ya ezgisubalci@hotmail.com mail adresinden ulaşabilirsiniz.

Katıldığınız ve zaman ayırdığınız için teşekkür ederiz.

Ezgi Su Balcı tarafından yürütülmekte olan bu araştırmaya katılmayı gönüllü olarak kabul ediyorum. Bilgilendirilmiş onam formunun tüm metnini okudum, çalışmanın amacını ve sorumluluklarımı anladım. Kişisel bilgilerimin güvenle saklanacağının, çalışmayla ilgili sorularımı araştırmacıya sorabileceğimin ve çalışmanın herhangi bir anında çalışmadan neden belirtmeksizin ayrılabileceğimin bilgisini aldım.

☐ Çalışmaya katılmayı kabul ediyorum.

☐ Çalışmaya katılmayı kabul etmiyorum.

Tarih:

APPENDIX 2: DEMOGRAPHIC INFORMATION QUESTIONNAIRE

DEMOGRAFİK BİLGİ FORMU

Lütfen aşağıdaki soruları inceleyip cevaplayınız.

1. **Cinsiyetiniz:** ☐ K ☐ E ☐ Belirtmek istemiyorum.
2. **Yaşınız:** …….
3. **Eğitim Durumunuz:**

☐ Okur-yazar değil.
☐ Okur-yazar
☐ İlkokul Mezunu
☐ Ortaokul Mezunu
☐ Lise Mezunu
☐ Lisans Mezunu
☐ Lisansüstü

4. **Medeni Durumunuz:**

☐ Bekar
☐ Evli
☐ Birlikte Yaşıyor
☐ Diğer

5. **Çalışma Durumunuz:**

☐ Tam zamanlı çalışıyorum.
☐ Yarı zamanlı çalışıyorum.
☐ Çalışmıyorum.

6. **Yaklaşık aylık geliriniz**: ……TL
7. **Şu anda sizi yardım almaya yönlendiren veya profesyonel yardım aldığınız psikiyatrik bir tanınız var mı?**

☐ Evet ☐ Hayır

Cevabınız "Evet" ise tanıyı belirtiniz: ……

8. **Şu anda kullanmakta olduğunuz psikiyatrik bir ilaç var mı?**

☐ Evet ☐ Hayır

Cevabınız "Evet" ise ilacınızı belirtiniz: ……

9. Şu anda devam etmekte olan bir ilişkiniz var mı?

☐ Evet ☐ Hayır

Cevabınız “Evet” ise ilişkinizin süresini belirtiniz: …….ay …….yıl

Cevabınız “Hayır” ise son ilişkinizin süresini ve ne kadar zaman önce bittiğini belirtiniz:

……ay…….yıl sürdü; ……ay ……. yıl önce bitti.

APPENDIX 3: RELATIONSHIP OBSESSIVE COMPULSIVE INVENTORY

ROMANTİK İLİŞKİ OBSESYON VE KOMPULSİYONLARI ÖLÇEĞİ (RİOKÖ)

Aşağıda insanların yakın ilişkilerinde yaşayabilecekleri deneyimlere ilişkin ifadeler yer almaktadır. **Sizin** yakın ilişkilerinizde neler yaşadığınızı değerlendirmek istiyoruz. Lütfen aşağıdaki ifadelerin yakın ilişkilerinizde deneyimlediğiniz düşünce ve davranışları ne ölçüde yansıttığını belirtiniz. "Partner" ifadesiyle romantik ilişki içinde olduğunuz kişi (eş, sevgili, nişanlı, sözlü vb.) kastedilmektedir.

Rakamlar aşağıda görülen sözlü ifadelere denk gelmektedir:

Bana hiç uygun değil. 0	Bana biraz uygun. 1	Bana orta düzeyde uygun. 2	Bana oldukça uygun. 3	Bana çok uygun. 4

1.	Partnerimi gerçekten sevmediğim fikrini aklımdan çıkaramam.	0	1	2	3	4
2.	Partnerimle ilgili şüphelerimi aklımdan kolaylıkla çıkarabilirim.	0	1	2	3	4
3.	İlişkimden sürekli şüphe duyarım.	0	1	2	3	4
4.	Partnerimin bana olan sevgisiyle ilgili şüphelerimi aklımdan çıkarmakta zorlanırım.	0	1	2	3	4
5.	İlişkimin doğru olup olmadığını tekrar tekrar kontrol ederim.	0	1	2	3	4
6.	Sürekli, partnerimin beni gerçekten sevdiğine dair kanıt ararım.	0	1	2	3	4
7.	Partnerimi neden sevdiğimi kendime tekrar tekrar hatırlatmam gerektiğini hissederim.	0	1	2	3	4
8.	Partnerimin beni sevdiğinden eminim.	0	1	2	3	4
9.	İlişkimde bir şeylerin "doğru olmadığına" dair düşüncelerden aşırı derecede rahatsız olurum.	0	1	2	3	4
10.	Partnerime olan sevgimden sürekli şüphe duyarım.	0	1	2	3	4
11.	Partnerime sürekli beni sevip sevmediğini sorarım.	0	1	2	3	4
12.	Sık sık ilişkimin "doğru" olduğuna dair onay ararım.	0	1	2	3	4

13.	Partnerimin aslında benimle birlikte olmak istemediği düşüncesi beni sürekli rahatsız eder.	0	1	2	3	4
14.	Partnerimi ne kadar sevdiğimi tekrar tekrar kontrol etmem gerektiğini hissederim.	0	1	2	3	4

APPENDIX 4: PARTNER RELATED OBSESSIVE COMPULSIVE SYMPTOMS INVENTORY

PARTNERE İLİŞKİN OBSESİF KOMPULSİF BELİRTİ ÖLÇEĞİ (PİOKBÖ)

Aşağıda insanların romantik ilişkilerinde yaşayabilecekleri deneyimlere ilişkin ifadeler yer almaktadır. **Sizin** yakın ilişkilerinizde neler yaşadığınızı değerlendirmek istiyoruz. Lütfen aşağıdaki ifadelerin yakın ilişkilerinizde deneyimlediğiniz düşünce ve davranışları ne ölçüde yansıttığını belirtiniz. "Partner" ifadesiyle romantik ilişki içinde olduğunuz kişi (eş, sevgili, nişanlı, sözlü vb.) kastedilmektedir.

Rakamlar aşağıda görülen sözlü ifadelere denk gelmektedir:

Bana hiç uygun değil. 0	Bana biraz uygun. 1	Bana orta düzeyde uygun. 2	Bana oldukça uygun. 3	Bana çok uygun. 4

1.	Partnerimin sahip olduğu ahlak düzeyinden memnunum.	0	1	2	3	4
2.	Partnerimin sosyal becerilerini tekrar tekrar gözden geçiririm.	0	1	2	3	4
3.	Partnerimin yeterince akıllı ve derinlik sahibi biri olup olmadığını sürekli sorgularım.	0	1	2	3	4
4.	Partnerimin dış görünüşünden memnunum.	0	1	2	3	4
5.	Partnerimin sosyal becerileri ile ilgili düşünceler beni rahatsız eder.	0	1	2	3	4

6.	Partnerimin ahlaki düzeyine ilişkin şüpheler beni sürekli rahatsız eder.	0	1	2	3	4
7.	Partnerimin zihinsel olarak dengesiz olduğu fikrini aklımdan çıkarmakta zorlanırım.	0	1	2	3	4
8.	Partnerimin yeterince zeki olup olmadığı konusunda çevremdeki insanlardan (arkadaşlarımdan, ailemden vs.) sık sık onay ararım.	0	1	2	3	4
9.	Partnerimle birlikteyken onun fiziksel kusurlarını görmezden gelmekte zorlanırım.	0	1	2	3	4
10.	Partnerimin hayatta "bir şey başarma" becerisini sürekli diğer kadın/erkeklerinkiyle karşılaştırırım.	0	1	2	3	4
11.	Partnerimin zeka seviyesini diğer kadın/erkeklerinkiyle sürekli karşılaştırırım.	0	1	2	3	4
12.	Partnerimin duygusal tepkilerini diğer kadın/erkeklerle karşılaştırma eğilimimi kontrol etmekte zorlanırım.	0	1	2	3	4
13.	Partnerimin yeterince zeki olmadığı düşüncesi beni çok rahatsız eder.	0	1	2	3	4
14.	Partnerimin fiziksel görünüşündeki kusurlarla ilgili düşünceler beni sürekli rahatsız eder.	0	1	2	3	4
15.	Her gün, partnerimin "iyi ve ahlaklı" bir insan olmadığı düşüncesinden rahatsız olurum.	0	1	2	3	4
16.	Partnerimin zeka seviyesinden memnunum.	0	1	2	3	4
17.	Sürekli, partnerimin yeterince ahlaklı olduğuna dair kanıt ararım.	0	1	2	3	4

18.	Partnerimin sosyal konulardaki beceriksizliğine ilişkin düşünceler beni her gün rahatsız eder.	0	1	2	3	4
19.	Partnerim aklıma her geldiğinde görünüşündeki kusurları düşünürüm.	0	1	2	3	4
20.	Partnerimin ahlak düzeyini sürekli incelerim.	0	1	2	3	4
21.	Sürekli, partnerimin sosyal yetersizliklerini telafi etmeye çalışırım.	0	1	2	3	4
22.	Partnerimin duygusal olarak dengesiz olduğuna ilişkin şüpheler beni rahatsız eder.	0	1	2	3	4
23.	Partnerimin sosyal becerilerinden memnunum.	0	1	2	3	4
24.	Partnerimin tuhaf bir şekilde davranıp davranmadığını sürekli incelerim.	0	1	2	3	4
25.	Zihnim partnerimin hayatta başarılı olup olmayacağını değerlendirmekle çok meşguldür.	0	1	2	3	4
26.	Partnerimin fiziksel kusurlarını diğer kadın/erkeklerinkiyle karşılaştırma konusunda kontrol edemediğim bir dürtü hissederim.	0	1	2	3	4
27.	Partnerimi düşündüğümde, modern dünyada başarılı olabilecek türden biri olup olmadığını merak ederim.	0	1	2	3	4
28.	Sürekli, partnerimin iş hayatındaki başarısına dair kanıt ararım.	0	1	2	3	4

APPENDIX 5: RELATIONSHIP ASSESSMENT SCALE

İLİŞKİ DOYUMU ÖLÇEĞİ

Lütfen her bir ifadenin size uygunluğunu 7 dereceli ölçek üzerinden değerlendirip ifadelerin yanındaki boşluğa uygun sayıyı yazınız.

1. Sevgiliniz ihtiyaçlarınızı ne kadar iyi karşılıyor?

1	2	3	4	5	6	7
Hiç karşılamıyor						Çok iyi karşılıyor

2. Genel olarak ilişkinizden ne kadar memnunsunuz?

1	2	3	4	5	6	7
Hiç memnun değilim						Çok memnunum

3. Diğerleri ile karşılaştırıldığında ilişkiniz ne kadar iyi?

1	2	3	4	5	6	7
Çok daha kötü						Çok daha iyi

4. Ne sıklıkla ilişkinize hiç başlamamış olmayı istiyorsunuz?

1	2	3	4	5	6	7
Hiçbir zaman						Her zaman

5. İlişkiniz ne dereceye kadar sizin başlangıçtaki beklentilerinizi karşılıyor?

1	2	3	4	5	6	7
Hiç karşılamıyor						Tamamen karşılıyor

6. Sevgilinizi ne kadar seviyorsunuz?

1	2	3	4	5	6	7
Hiç						Çok
sevmiyorum						seviyorum

7. İlişkinizde ne kadar problem var?

1	2	3	4	5	6	7
Hiç						Çok fazla
yok						problem var

APPENDIX 6: EXPERIENCES IN CLOSE RELATIONSHIP-REVISED SCALE

YAKIN İLİŞKİLERDE YAŞANTILAR ENVANTERİ-II

Aşağıdaki maddeler romantik ilişkilerinizde hissettiğiniz duygularla ilgilidir. Bu araştırmada sizin ilişkinizde yalnızca şu anda değil, genel olarak neler olduğuyla ya da neler yaşadığınızla ilgilenmekteyiz. Maddelerde sözü geçen "birlikte olduğum kişi" ifadesi ile romantik ilişkide bulunduğunuz kişi kastedilmektedir. Eğer halihazırda bir romantik ilişki içerisinde değilseniz, aşağıdaki maddeleri bir ilişki içinde olduğunuzu varsayarak cevaplandırınız. Her bir maddenin ilişkilerinizdeki duygu ve düşüncelerinizi ne oranda yansıttığını karşılarındaki 7 aralıklı ölçek üzerinde, ilgili rakam üzerine çarpı (X) koyarak gösteriniz.

1 2 3 4 5 6 7

Hiç katılmıyorum — Kararsızım/ fikrim yok — Tamamen katılıyorum

1. Birlikte olduğum kişininsevgisini kaybetmekten korkarım.	1	2	3	4	5	6	7
2. Gerçekte ne hissettiğimi birlikte olduğum kişiye göstermemeyi tercih ederim.	1	2	3	4	5	6	7
3. Sıklıkla, birlikte olduğum kişinin artık benimleolmakistemeyeceğikorkusuna kapılırım.	1	2	3	4	5	6	7
4. Özelduygu vedüşüncelerimibirlikte olduğum kişiyle paylaşmak konusunda kendimi rahat hissederim.	1	2	3	4	5	6	7
5. Sıklıkla, birlikte olduğum kişinin beni gerçekten sevmediği kaygısına kapılırım.	1	2	3	4	5	6	7
6. Romantik ilişkide olduğum kişilere güvenip inanmak konusunda kendimi rahat bırakmakta zorlanırım.	1	2	3	4	5	6	7
7. Romantik ilişkide olduğum kişilerin beni, benim onları önemsediğim kadar önemsemeyeceklerinden endişe duyarım.	1	2	3	4	5	6	7
8. Romantik ilişkide olduğum kişilere yakın olma konusunda çok rahatımdır.	1	2	3	4	5	6	7

9. Sıklıkla, birlikte olduğum kişinin bana duyduğu hislerin benim ona duyduğum hisler kadar güçlü olmasını isterim.	1	2	3	4	5	6	7
10. Romantik ilişkide olduğum kişilere açılma konusunda kendimi rahat hissetmem.	1	2	3	4	5	6	7
11. İlişkilerimi kafama çok takarım.	1	2	3	4	5	6	7
12. Romantik ilişkide olduğum kişilere fazla yakın olmamayı tercih ederim.	1	2	3	4	5	6	7
13. Benden uzakta olduğunda, birlikte olduğum kişinin başka birine ilgi duyabileceği korkusuna kapılırım.	1	2	3	4	5	6	7
14. Romantik ilişkide olduğum kişi benimle çok yakın olmak istediğinde rahatsızlık duyarım.	1	2	3	4	5	6	7
15. Romantik ilişkide olduğum kişilere duygularımı gösterdiğimde, onların benim için aynı şeyleri hissetmeyeceğinden korkarım.	1	2	3	4	5	6	7
16. Birlikte olduğum kişiyle kolayca yakınlaşabilirim.	1	2	3	4	5	6	7
17. Birlikte olduğum kişinin beni terk edeceğinden pek endişe duymam.	1	2	3	4	5	6	7
18. Birlikte olduğum kişiyle yakınlaşmak bana zor gelmez.	1	2	3	4	5	6	7
19. Romantik ilişkide olduğum kişi kendimden şüphe etmeme neden olur.	1	2	3	4	5	6	7
20. Genellikle, birlikte olduğum kişiyle sorunlarımı ve kaygılarımı tartışırım.	1	2	3	4	5	6	7
21. Terk edilmekten pek korkmam.	1	2	3	4	5	6	7
22. Zor zamanlarımda, romantik ilişkide olduğum kişiden yardım istemek bana iyi gelir.	1	2	3	4	5	6	7
23. Birlikte olduğum kişinin, bana benim istediğim kadar yakınlaşmak istemediğini düşünürüm.	1	2	3	4	5	6	7
24. Birlikte olduğum kişiye hemen hemen her şeyi anlatırım.	1	2	3	4	5	6	7
25. Romantik ilişkide olduğum kişiler bazen bana olan duygularını sebepsiz yere değiştirirler.	1	2	3	4	5	6	7
26. Başımdan geçenleri birlikte olduğum kişiyle konuşurum.	1	2	3	4	5	6	7
27. Çok yakın olma arzum bazen insanları korkutup uzaklaştırır.	1	2	3	4	5	6	7

28. Birlikte olduğum kişiler benimle çok yakınlaştığındagergin hissederim.	1	2	3	4	5	6	7
29. Romantik ilişkide olduğum bir kişi beni yakından tanıdıkça, "gerçek ben"den hoşlanmayacağından korkarım.	1	2	3	4	5	6	7
30. Romantik ilişkide olduğum kişilere güvenip inanma konusunda rahatımdır.	1	2	3	4	5	6	7
31. Birlikte olduğum kişiden ihtiyaç duyduğum şefkat ve desteği görememek beni öfkelendirir.	1	2	3	4	5	6	7
32. Romantik ilişkide olduğum kişiye güvenip inanmak benim için kolaydır.	1	2	3	4	5	6	7
33. Başka insanlara denk olamamaktan endişe duyarım	1	2	3	4	5	6	7
34. Birlikte olduğum kişiye şefkat göstermek benim için kolaydır.	1	2	3	4	5	6	7
35. Birlikte olduğum kişi beni sadece kızgın olduğumda önemser.	1	2	3	4	5	6	7
36. Birlikte olduğum kişi beni ve ihtiyaçlarımı gerçekten anlar.	1	2	3	4	5	6	7

APPENDIX 7: THE INTENTIONS TOWARDS INFIDELITY SCALE

ALDATMAYA YÖNELİK NİYET ÖLÇEĞİ

Sorularda belirtilenleri ne derecede yapabilme olasılığınız olduğunu, aşağıdaki derecelendirmeyi kullanarak, her sorunun karşısında verilen numaraları işaretleyerek belirtiniz.

Hiç olası değil 1--------2--------3--------4--------5--------6--------7 Tümüyle olası

1. Yakalanmayacağınızı bilseydiniz, birlikte olduğunuz kişiyi aldatma olasılığınız ne kadar olurdu?	(1) (2) (3) (4) (5) (6) (7)
2. Birlikte olduğunuz kişiye onu aldattığınız konusunda yalan söyleme olasılığınız ne kadardır?	(1) (2) (3) (4) (5) (6) (7)
3. Birlikte olduğunuz kişiyi aldatırsanız bunu ona söyleme olasılığınız ne kadardır?	(1) (2) (3) (4) (5) (6) (7)
4. Birlikte olduğunuz kişiyi aldatırsanız, bu durumdan kolayca sıyrılabilme olasılığınızın ne kadar olduğunu düşünüyorsunuz?	(1) (2) (3) (4) (5) (6) (7)
5. Yeni tanıştığınız çekici bir kişiden kendi yakın ilişkinizi saklama olasılığınız ne kadardır?	(1) (2) (3) (4) (5) (6) (7)
6. Gelecekte birlikte olacağınız kişileri aldatma olasılığınız ne kadardır?	(1) (2) (3) (4) (5) (6) (7)
7. Gelecekte kocanızı veya karınızı (partnerinizi) aldatma olasılığınız ne kadardır?	(1) (2) (3) (4) (5) (6) (7)

APPENDIX 8: ETHICAL APPROVAL

1993
BAŞKENT ÜNİVERSİTESİ
Akademik Değerlendirme Koordinatörlüğü

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KALİTE SİSTEM BELGESİ

Sayı : 62310886-604.01.01/ 4970 07/02/2020
Konu : Ezgi Su Balcı'nın Etik Onay Başvurusu Hk.

SOSYAL BİLİMLER ENSTİTÜSÜ MÜDÜRLÜĞÜNE

İlgi : 20/01/2020 tarih ve 2242 sayılı yazınız.

Enstitünüz Klinik Psikoloji Tezli Yüksek Lisans Programı öğrencisi Ezgi Su Balcı'nın, Dr. Öğretim Üyesi Esra Güven'in danışmanlığında yürütmekte olduğu "The Relationship of Adult Attachment Styles, Relationship Satisfaction, and Intention of Infidelity with Relationship - centered and Pantner-focused Obsessive - Compulsive Symptoms" başlıklı yüksek lisans tez çalışması, Sosyal ve Beşeri Bilimler ve Sanat Araştırma Kurulunda değerlendirilmiş ve bilgilerinize ekte sunulmuştur.

e-imzalıdır
Prof. Dr. M. Abdülkadir VAROĞLU
Kurul Başkanı

Ek : Değerlendirme Formu

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Sayı : 17162298.600-320 27 OCAK 2020
Konu : Tez Çalışması

İlgili Makama

Üniversitemiz Sosyal Bilimler Enstitüsü Klinik Psikoloji Tezli Yüksek Lisans Programı öğrencisi Ezgi Su Balcı'nın, Dr. Öğretim Üyesi Esra Güven'in danışmanlığında yürütmekte olduğu "The Relationship of Adult Attachment Styles, Relationship Satisfaction, and Intention of Infidelity with Relationship - centered and Pantner - focused Obsessive - Compulsive Symptoms" başlıklı yüksek lisans tez çalışması değerlendirilmiş ve yapılmasında bir sakınca olmadığı tespit edilmiştir.
Bilgilerinize saygılarımızla sunarız.

Başkent Üniversitesi Sosyal ve Beşeri Bilimler ve Sanat Araştırma Kurulu

Ad, Soyad	Değerlendirme	İmza
Prof. Dr. M. Abdülkadir Varoğlu	Olumlu/~~Olumsuz~~	
Prof. Dr. Kudret Güven	Olumlu/~~Olumsuz~~	
Prof. Ali Sevgi	Olumlu/~~Olumsuz~~	
Prof. Dr. Işıl Bulut	Olumlu/~~Olumsuz~~	
Prof. Dr. Sadegül Akbaba Altun	Olumlu/~~Olumsuz~~	
Prof. Dr. Can Mehmet Hersek	Olumlu/~~Olumsuz~~	
Prof. Dr. Özcan Yağcı	Olumlu/~~Olumsuz~~	

SUPPLEMENTARY ANALYSIS: DESCRIPTIVE ANALYSIS OF THE DEMOGRAPHICS OF THE STUDY

Descriptive analyses including minimum scores, maximum scores, means, standard deviations, and skewness and kurtosis values were conducted for demographics which are age, gender, relationship status, and relationship duration, (for detailed information see Table.5.1). Skewness and kurtosis values were investigated in the interest of ensuring that normal distribution is achieved for each one of them. According to the results, all demographics are regarded as normally distributed since since values of skewness and kurtosis for all demographic variables were between -2 and +2 (George and Mallery, 2010). For a better understanding of the minimum scores, maximum scores, means and standard deviations of categorical variables, which are gender, and relationship status, the values are explained here. For gender, value of 1 indicated "female" whereas values of 2 indicated "male" participants. Also, in terms of relationship status, value of 1 is used to mark the participants who were in a relationship in the time of study whereas value of 2 is used to mark the participants who were not in a relationship in the time of study.

Table 5. 1. *Descriptive Features of Demographic Variables*

Variables	N	Min	Max	Mean	SD	Skewness	Kurtosis
Age	317	18	65	34.32	12.68	.722	-.857
Gender	317	1	2	1.34	.475	.675	-1.554
Relationship Status	317	1	2	1.27	.447	1.016	-.974
Relationship Duration	230	1	468	121.41	130.02	1.063	-.228

Note. N = Number, SD = Standard Deviation