

THE INFLUENCE OF
ATTACHMENT STYLES, PERSONALITY CHARACTERISTICS,
SOCIAL COMPARISON, AND REASSURANCE SEEKING
ON
ROCD SYMPTOMS

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ABSTRACT

THE INFLUENCE OF ATTACHMENT STYLES, PERSONALITY CHARACTERISTICS, SOCIAL COMPARISON, AND REASSURANCE SEEKING ON ROCD SYMPTOMS

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The present study aimed (1) to examine differences of age, gender, and relationship duration differences on variables of the study; (2) to examine differentiation of personality traits, social comparison, reassurance seeking and Relationship Obsessive Compulsive Disorder (ROCD) Symptoms according to adult attachment styles; (3) to investigate associated factors of reassurance seeking, relationship related obsessive compulsive symptoms, and partner focused obsessive compulsive symptoms. Data was collected from 387 individuals (260 females and 127 males) who have a romantic relationship for at least one month, and have an age range from 18 to 53 ($M = 22.36$, $SD = 3.50$). Participants completed demographic information form, Experiences in Close Relationships – Revised Scale (ECR-R), Social Comparison and Social Comparison Frequency Scales, Basic Personality Traits Inventory, Reassurance-Seeking Scale, Relationship Obsessive Compulsive Inventory (ROCI), and Partner Related Obsessive Compulsive Symptom Inventory (PROCSI). Results

of the study demonstrated that each of the personality traits, social comparison scores and social comparison frequency, reassurance seeking, and ROCD symptoms differentiated among different attachment representations. Furthermore, anxiety dimension of attachment insecurity, Neuroticism personality trait, and social comparison frequency were significantly and positively associated with reassurance seeking. Moreover, anxiety and avoidance dimensions of attachment insecurity, some of the personality traits, social comparison frequency, and reassurance seeking were significantly associated with both relationship-centered and partner-focused obsessive compulsive symptoms.

Keywords: Relationship Centered Obsessive Compulsive Symptoms, Partner Focused Obsessive Compulsive Symptoms, Attachment styles, Personality Traits, Social Comparison, Reassurance Seeking

ÖZ

BAĞLANMA STİLLERİ, KİŞİLİK FAKTÖRLERİ, SOSYAL KARŞILAŞTIRMA VE ONAY ARAYICILIK DEĞİŞKENLERİNİN ROMANTİK İLİŞKİ İÇERİKLİ OBSESİF KOMPULSİF SEMPTOMLAR ÜZERİNDE ETKİSİ

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Bu çalışmada, (1) yaş, cinsiyet ve ilişki süresinin çalışmanın diğer değişkenleri üzerinde farklılaşmasını; (2) kişilik özellikleri, sosyal karşılaştırma eğilimleri, onay arayıcılık, ve romantik ilişki içerikli obsesif kompulsif semptomların yetişkin bağlanma stillerine göre farklılaşmasını; (3) onay arayıcılık, romantik ilişki ile ilgili obsesif kompulsif semptomlar ve partner odaklı obsesif kompulsif semptomları yordayan faktörleri incelemek amaçlanmaktadır. Çalışmanın verisi, yaşları 18 ile 53 ($O = 22.36$, $SS = 3.50$) arasında değişen ve en az bir aydır romantik ilişkisi bulunan 387 (260 kadın, 127 erkek) katılımcıdan toplanmıştır. Çalışma kapsamında katılımcılar Demografik Bilgi Formu, Yakın İlişkilerde Yaşantılar Envanteri-II, Temel Kişilik Özellikleri Ölçeği, Sosyal Karşılaştırma Ölçeği, Sosyal Karşılaştırma Sıklığı Ölçeği, Onay Arayıcılık Ölçeği, Romantik İlişki Obsesyon ve Kompulsiyonları Ölçeği ve Partnere İlişkin Obsesif-Kompulsif Belirti Ölçeği'ni tamamlamıştır. Çalışmanın sonuçlarına göre, yetişkin bağlanma stillerinin kişilik

faktörleri, sosyal karşılaştırma eğilimi ve sıklığı, onay arayıcılık, ve romantik ilişki içerikli obsesif kompulsif semptomlar üzerinde anlamlı farklılıklar gösterdiği gözlemlenmiştir. Ayrıca, yapılan regresyon analizlerine göre, kaygılı bağlanma, sosyal karşılaştırma sıklığı ve kişilik özelliklerinden Duygusal Dengenin, onay arayıcılığı anlamlı ve pozitif yönde yordadığı bulunmuştur. Romantik ilişki içerikli obsesif kompulsif belirtileri ise, kaygılı ve kaçınan bağlanmanın her ikisinin, kişilik faktörlerinden Duygusal Denge, Dışadönüklük, Sorumluluk ve Olumsuz Değerlik özelliklerinin, sosyal karşılaştırma sıklığı, ve onay arayıcılık eğilimlerinin anlamlı olarak yordadığı bulunmuştur.

Anahtar Kelimeler: Bağlanma Stilleri, Kişilik Özellikleri, Sosyal Karşılaştırma, Onay Arayıcılık, Romantik İlişki içerikli Obsesif Kompulsif Semptomlar

To My Family..

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CHAPTER 1

INTRODUCTION

Relationships have been a matter of humanity since the beginning of civilization and maintained its importance throughout the history. These unique human interactions have been the subject of considerable debates and researchers have maintained their interest on nature of relationships and the factors affecting them. Throughout the development of clinical psychology as a science, the effect of human relationships on the individuals' mental health was investigated, and the several pathological areas were detected. At the same time, with these efforts, various psychological factors that affect the human relationships were also investigated. In this study, these two interrelated research areas came together and both relationships and psychopathology were discussed.

This study aimed to examine the influence of different factors on obsessive-compulsive symptoms focusing on romantic relationships. Initially, adult attachment style, the main variable of the study, was investigated to see its influence on ROCD symptoms. Moreover, the effect of adult attachment styles on personality factors, social comparison tendencies of individuals, and reassurance seeking was investigated. Furthermore, the association between the variables of the study and possible influence of these associations on the symptom profile of ROCD were aimed to be investigated.

On the basis of these purposes, in the following sections, firstly, obsessive compulsive disorder, its prevalence, and its models were briefly mentioned. Then, a relatively unknown concept, relationship obsessive-compulsive disorder (ROCD) was introduced. Secondly, Attachment Theory and adult attachment styles, and implications in the literature regarding these were stated. Then, personality factors, social comparison theory and further studies, and reassurance seeking were mentioned, respectively. While

discussing each topic, the research findings regarding the topic and the association with other variables were stated.

1.1. Obsessive Compulsive Disorder (OCD)

Obsessive Compulsive Disorder (OCD) is a very common disease among the psychiatric population which is composed of the two main factors; obsessions and/or compulsions. Obsessions are intrusive and persistent stimuli appear in forms of thoughts, impulses, or unwanted images (American Psychiatric Association, 2013). An obsession is not simply about excessive worry regarding real-life problems, it is experienced as ego-dystonic, which means it occurs one's out of control and perceived as something disturbing. Examples of common obsessions can be listed as doubting, thoughts about contamination, aggressive or horrific impulses, and sexual imagery.

Compulsions are defined as overt and covert repetitive behaviors conducting to reduce anxiety caused by unwanted thoughts. Compulsions are also theorized as, according to patients' perception, preventing the patient from negative outcomes (American Psychiatric Association, 2013). While overt compulsions are composed of mostly active behaviors such as hand washing, hoarding, checking, and ordering of objects; covert compulsions occur in forms of mental activities and carried out internally, such as praying, mental counting, and visualization of a neutralizing object (Wells & Matthews, 1996).

In DSM-5, the diagnostic criteria for OCD are listed as followings. There should be the presence of obsessions and compulsions alone or both, obsessions and compulsions should be time-consuming, and symptoms should interfere with one's functioning. In addition, these symptoms should not be due to another medical condition and/or substance abuse (American Psychiatric Association, 2013).

According to DSM-5, the 12-month prevalence of OCD in the United States is 1.2%. International prevalence also showed a similarity (1.1%-1.8%; American Psychiatric

Association, 2013). While females are affected slightly more than males in adulthood, males are more commonly affected than females in childhood. DSM-5 also states that the mean age of onset in OCD is 19.5 years in the United States, and 25% of the cases have an onset age of 14. According to a study conducted by Cilli et.al. in Turkey, the 12-month period prevalence rate of OCD in a specific area (Konya) is 3.0% among 3,012 adults aged 18 and over. Similar with the DSM findings, OCD prevalence was higher among females (3.3%) than males (2.5%), however the difference was slight and not significant. Furthermore, individuals experiencing relationship difficulties such as divorcing and separation had higher risk (approximately 4 times) for OCD than the control groups (American Psychiatric Association, 2013; Cilli et. al., 2004).

1.1.1. Cognitive Models of OCD

The most comprehensive cognitive explanation of OCD in early years is Salkovskis's model. This model integrates early models and behavioral principles. The main theme in this model is responsibility. According to Salkovskis, the major source of distress in OCD is not the content of intrusion but the appraisal of intrusions. Patients interpret the emergence of intrusive thoughts as a sign showing that they may be responsible for harm if they do not attempt to prevent it. When patients appraise the intrusions negatively, their depressed mood increases, which causes an increase in accessibility of negative automatic thoughts and schemata. After this cycle is completed, patients tend to feel some sort of necessity for internal (e.g., trying to think positive thoughts), external (e.g., compulsive hand-washing in response to thoughts concerning contracting the disease), and neutralizing responses to decrease experienced responsibility and discomfort. In conclusion, according to the rationale of Salkovskis' model, treatment should focus especially on the thoughts and beliefs about responsibility for causing harm (Salkovskis 1985-1999; Shafran, 2005).

The second model which explains OCD is meta-cognitive model suggested by Wells and Matthews (1996). According to this model, intrusions activate beliefs about the

importance of the intrusion. Within this context, Rachman (1997) claimed a new concept called "thought-action fusion" (TAF) which explains that OCD patients believe that intrusive thoughts reflect reality, so they equate thoughts with actions. According to this concept, TAF beliefs elicit specific behavioral responses, such as attempts to control actions or thinking. In conclusion, it is stated that beliefs supporting the fusion of action and positive & negative beliefs about rumination, and neutralizing strategies are important in conceptualizing OCD (Rachman, 1997; Wells & Matthews, 1996).

The last and most common model of OCD is the general working model. In this model, there is a feedback cycle theorized as always returning to the beginning. This feedback cycle starts with a trigger which is most commonly an intrusive thought or doubt. This trigger activates the beliefs about the meaning of the trigger. These beliefs influence the patient's appraisal of intrusions, and then beliefs and appraisals come together with the positive and negative beliefs about compulsive rituals. As a result of this cycle patient performs a compulsive behavior. The reason for the feedback cycle to turn back to the intrusions or triggers can be explained through three mechanisms. Firstly, actions for suppressing intrusive thoughts are theorized as ending up with the enhancement of these thoughts. Secondly, mental actions that are carried out in order to neutralize the intrusive thoughts cause increased ruminations on these thoughts; thus, attention of the individual remains focused on the same thoughts, and intrusions maintain their place in mind. Finally, repeated behaviors make neural connections and associations in individual's mind with many different triggers, and as behaviors are maintaining, the array of the trigger stimuli is widening.

Cognitive-behavioral models of OCD also assign a central role to specific beliefs in the development, maintenance, and exacerbation of OC symptoms (Salkovskis 1985-1999; Rachman, 1997). According to an important unanimously agreed study of the Obsessive-Compulsive Cognitions Working Group (OCCWG, 1997), there are six main belief domains underlying the distorted appraisals of the OCD patients. These belief domains are named as responsibility, over-importance of thoughts and need to control

them, overestimation of threat, intolerance for uncertainty, and perfectionism. In addition to these, there are implicit beliefs that make OC beliefs stronger. These are the perceptions about the world as a "dangerous place" and individuals' himself as a "responsible one to prevent harm" (OCCWG, 1997; Doron, Kyrios, Moulding, Nedeljkovic, & Bhar, 2007).

In a recent study conducted by Doron, Kyrios, Moulding, Nedeljkovic, and Bhar, (2007), Cognitive models of OCD were proposed to be advanced by integrating the OC beliefs phenomena and worldview assumptions. For this purpose, Doron et. al. (2007) reviewed Janoff-Bulman's (1991) worldview model, and investigated how individuals' assumptions about world and others affect the occurrence and exacerbation of OC beliefs. According to Janoff-Bulman (1991), individuals' perceptions of the world are composed of three basic aspects; namely, the perceived benevolence of the world (assumptions about how much the social world is helpful and caring, and whether the impersonal world is a positive or a negative environment), the meaningfulness of the world (assumptions about predictability and controllability versus randomness of the world, and perceived justice in the world in accordance with individual's moral character), and the worthiness of the self (assumptions regarding what the individual deserves in the world, and the balance between controllability and luck in individual's personal life).

In their study, Doron et. al. (2007) hypothesized that occurrence and severity of OC cognitions such as overestimation of threat and control of thoughts would be affected by individuals' worldview assumptions. According to the results, worldview assumptions predicted 14% of the variance over and above OC-related beliefs. Moreover, OC-related cognitions predicted lesser than expected (20%) of the variance over and above worldview assumptions. In addition, some of the worldview assumptions were found to be related to OC symptoms. For instance, beliefs about the justice in the world regarding a moral character (i.e., good people deserve good things) were associated with higher OC symptom severity, especially when the individual considered himself as non-

deserving. Similarly, beliefs about self-controllability were associated with higher OC symptoms, particularly when they co-occur with the world controllability beliefs. In conclusion, the authors of this study proposed that the worldview assumptions should also be considered while the underlying mechanism of OCD is being investigated (Doron et. al., 2007).

1.2. Relationship Obsessive Compulsive Disorder (ROCD)

In the literature, there are studies claiming that OCD could be related to a variety of limitations in a person's capacity for intimacy. There are also studies focusing on how Obsessive-Compulsive (OC) symptoms impair people's life, and affect intimate relationships negatively. More clearly, OCD symptom severity was found to be negatively correlated with intimacy, relationship satisfaction, and self-disclosure (Abbey, Clopton, & Humphreys, 2007), and positively associated with marital distress (Emmelkamp, De Haan, & Hoogduin, 1990).

However, the studies examining the OC symptoms mainly focus on the relationship itself, and the effects of these specific symptoms on different domains were stunted. Considering this need, Doron, Derby, Szepsenwol, and Talmor (2012) theorized ROCD as one of the subtypes of OCD, which is defined as obsessive-compulsive symptoms that focus on intimate relationships. According to Doron et.al. (2012), these symptoms could be about the relationship with significant others such as partners, parents, children, mentors or God. However, in this study, ROCD particularly focusing on romantic relationships was examined. ROCD symptoms appeared as excessive preoccupations and doubts, focus on partners' feelings towards each other, the "rightness" of the relationship, and the flaws of the relationship partner. These symptoms were clustered under two main domains which are called as Relationship-centered OC symptoms and Partner-focused OC symptoms. Relationship-centered OC symptoms include doubting about rightness of the relationship, and checking one's own feelings and partner's feelings to be sure about rightness. Partner-focused OC symptoms

are referring intrusive thoughts as "Is she the right one?", and preoccupation with partners' flaws in many domains such as intelligence, morality, and appearance.

Similar with other types of OCD, people with ROCD tend to perform compulsive behaviors to alleviate the distress caused by obsessive doubts and preoccupations about romantic relationships. Relationship obsessions often come in the form of thoughts about the rightness of relationship (e.g. "Is he the right one?", "Do I really love my partner?") or about the characteristics of the partner (e.g. "Is she smart, moral or beautiful enough?"). Compulsive behaviors in ROCD include recurrent checking of own feelings and thoughts toward the partner or regarding the relationship, recalling positive experiences or feelings about relationship in order to neutralize anxiety evokes through checking rightness of the relationship, comparison of partner's qualities or actions with other potential partners, and self-reassurance (Doron et.al., 2012).

To the best of our knowledge there is no study that examined the prevalence of ROCD. However, depending on their clinical observations, Doron et. al. (2012) claimed the age of onset of ROCD as often in early adulthood. In addition, the patients' personal reports indicated that the onset could be when individual experience a "commitment-related romantic decisions" for the first time, such as getting married and having children. In a recent study carried out with 22 OCD, 22 ROCD patients, and 28 individuals in control group; findings revealed similarities with OCD and ROCD in terms of OCD beliefs and interference level. In addition, there are also some differentiating factors between the symptoms, OCD beliefs, relational beliefs and depression levels of OCD, ROCD and community control groups (Doron, Derby, Szepsenwol, Nahaloni, & Moulding, 2016).

1.2.1. Model of ROCD based on OCD Models

According to Rachman's (1993) model of OCD, intrusions targeting individual's most important values tend to be harder to stand and normalize, therefore resulting with increased risk to transform into obsessions. For this reason, individuals who are more vulnerable in relational domain may have increased risk to appraise relationship-related

intrusions distortedly, and develop obsessions regarding relationships (Doron, Szepeswol, Karp, & Gal, 2013).

OC related beliefs are theorized as influencing interpretations of intrusive thoughts in ROCD. To illustrate, “overestimation of threat” domain may lead to catastrophic evaluation of external events regarding relationship issues. For example, a patient’s expression as “He didn’t call for hours, he doesn’t really love me”, a normally occurring event that may have several different explanations can be appraised as absence of “real love”. Moreover, “he is extremely unstable, hence he will never be able to provide for our family”, a perceived defect of partner could be exaggerated to a severe issue that may have catastrophic consequences. In addition, “intolerance of uncertainty”, another OC belief domain, may be highly active in close interpersonal relations (e.g., love, intimacy, romantic relationship). Thus, this belief may cause significant increment in distress and may distort appraisal of commonly occurring suspicions regarding relationship or partner (e.g. “Do I really love her” or “Am I happy enough with my partner”) (Doron, Szepeswol, Karp, & Gal, 2013).

In addition to OC related beliefs, individuals with ROCD have maladaptive relational beliefs which are theorized as possible triggers of ROCD onset. These relational beliefs concern catastrophic consequences of being in a wrong relationship and terminating a relationship, which is anticipated with regret about the relationship decisions (e.g., making the "wrong decision" and missing "the right one" outside).

Another cognitive process which can explain ROCD is that individuals with OCD tend to monitor internal states excessively (love, intimacy, happiness) (Lieberman & Dar, 2009). The increasing attempt to monitor internal states make these individuals more skeptic about self-evaluations rather than being sure about it. As a result, individuals with OCD have decreased capacity to access reliable internal evaluations, and therefore, tend to rely on external feedback excessively (Doron, Szepeswol, Karp, & Gal, 2013).

Finally, as demonstrated in the general working model of OCD, a similar mechanism also works on ROCD. A trigger which comes from especially the vulnerability area (in here, romantic relationship) leads an intrusion. Appraisal of this intrusion is influenced by OC related beliefs and catastrophic relationship beliefs, and leads to compulsions to alleviate anxiety.

In their studies, Doron et.al. (2012) also mention the possible associated factors of ROCD, as attachment representations, personality, societal factors, parenting and family environment, and they marked these factors for further investigations (Doron et.al., 2012).

1.3. Attachment Theory

Attachment theory was firstly proposed by the British psychiatrist John Bowlby. Bowlby (1982) defined attachment as the affective bond between parent and child that serves to protect and reassure the child in times of danger or uncertainty. There are three basic functions that attachment provides to the infant. First two are protecting the young child from danger and giving an opportunity to the child to communicate and share his/her emotional experiences. Through interactions with parents, infants learn how to build interpersonal relationships. Depending on these initial functions, the last function of the attachment relationship is helping the infant to learn regulate negative emotions. At the beginning, the infant can handle these negative emotions (anxiety and distress) with the help of the caregiver. Over time, the child develops an internal working model (IWM) which is a kind of mental representation of significant interactions with the attachment figure to meet his/her societal demands, and build new relationships (Mikulincer & Shaver, 2007).

According to Bowlby (1982), this internal working model is developed in three steps. Initially, the infant observes the environment, appraises environmental events and internal stresses. Then, the individual evaluates the responses of the attachment figure in the face of these environmental events and seeks proximity. When attachment figure is available, responsive, and sensitive to an individual's proximity-seeking efforts in times of need, the

person is likely to experience a sense of security and effectively regulate emotions. Finally, the infant adjusts his behaviors in each situation, in response to the acceptance or rejection of the attachment figure. After these internal working models (IWM) develop, the person does not have to reassess each new attachment interaction, but can predict future interaction outcomes on the basis of his IWM.

When infant could not develop secure attachment, secondary (insecure) attachment strategies tend to develop (Ainsworth, Blehar, Waters, & Wall, 1978; Main & Solomon, 1990; Mikulincer & Shaver, 2007). One of the secondary attachment strategies is avoidant attachment (Ainsworth, Blehar, Waters, & Wall, 1978) which represents deactivating the attachment needs, excessive self-reliance, or a "flight" reaction against the attachment figure's inability to provide a secure base. The individuals whose attachment figure is critical, disapproving and punishing toward need for closeness tend to develop this strategy. Naturally, the infant seeks security, and in this condition s/he learns that it is safer to hide needs for proximity. The attachment system is deactivated and the individual attempts to deal with threat and dangers alone (Fraley et al., 2011).

The other secondary attachment strategy is anxious-ambivalent attachment (Ainsworth, Blehar, Waters, & Wall, 1978). Individuals with anxious attachment style tend to use hyperactivating strategies by excessively demanding the attachment figure's support, love, or attention. These individuals' attachment figures are inconsistent in terms of their supportive behaviors, and they tend to be responsive only in times of over-active proximity-seeking attempts (i.e., demonstrating intense efforts to obtain caregiver's attention care, and support). Therefore, creating a responsive and reliable attachment figure from an inadequate or unreliable one is the main purpose of this strategy. These anxious and avoidant strategies are dimensional. Individuals that are low in anxiety and avoidance are hypothesized as having secure attachment style, while being high in anxious and avoidance domains refers to have a confused or disorganized attachment style (Fraley et al., 2011).

Later on in attachment literature, Hazan and Shaver (1987) hypothesized adult romantic love as an attachment process that could differentiate among people according to their attachment histories. Because adult romantic love contains similar positive and negative concepts such as caring, intimacy, trust, and fear of intimacy with the concepts of baby-caregiver relationship, Hazan and Shaver (1987) proposed that attachment processes have an important role in forming adult romantic relationships (Hazan & Shaver, 1987).

Hazan and Shaver's (1987) adult attachment styles, which were secure, anxious-ambivalent, and avoidant attachment styles, were similar to the styles of Ainsworth. Then, these concepts were revised by Bartholomew (1990), and a dimensional four-group model of adult attachment was hypothesized. This model has roots in Bowlby's (1969, 1973) studies on individuals' internal working models about self and other. In this model, Bartholomew (1990) claims that there are four types of adult attachment styles that are formed according to positive and negative working models of self and other. Individuals having secure attachment style have positive internal working models of both self and other, they have established relationships and feel comfortable while maintaining these relationships. In addition, they are low in both avoidance and anxious dimensions of attachment insecurity. This secure attachment style corresponds to secure attachment in Hazan and Shaver's (1987) study. Apart from this, Bartholomew (1990) renamed anxious-ambivalent attachment style in Hazan and Shaver's (1987) categorization, as preoccupied attachment style. Individuals in this attachment group have negative models regarding self but positive models regarding others. They are low in avoidance domain and high in the anxious domain of attachment representation. Therefore, these individuals seek for close relationships, tend to demand validation from significant others, and are concerned about the quality of their relationships. The third category in Bartholomew's (1990) work is fearful-avoidant attachment group which may correspond to in Hazan and Shaver's (1987) avoidant attachment style. Individuals in this attachment group are high in both anxiety and avoidance domain. These individuals' desire for close relationships is hindered with their avoidance of intimacy, difficulty in trusting others, and fear of rejection. Therefore, they experience strong

conflict about being intimate and avoiding others. Finally, individuals with dismissive attachment style experience low anxiety but high avoidance regarding attachment dimensions. Since they have positive self-models but negative other models, these individuals tend to be self-reliant and prefer focusing on achievement to close relationships.

1.3.1. Studies of Attachment Representations in Literature

Since the beginning of the OCD literature, researchers studied on how early parent-child relationship affects the onset and severity of OCD. Salkovskis, Shafran, Rachman, and Freeston (1999) stated that authoritarian and neglectful parenting have important roles in the emergence of inflated responsibility belief of OCD. Since attachment figures function as a safe place for infant, and help his/her developing a positive working model about the world, others, and self; an insecure attachment formation could lead to beliefs about the world as an unsafe place, and self as a weak one which cannot be dealt, therefore could provide a risk factor for individual to form obsessive thoughts (Doron, Kyrios, & Moulding, 2007; Doron, Kyrios, Moulding, Nedeljkovic, 2007).

In a recent study conducted with 90 OCD patients aged between 18 and 50 years selected from a psychiatry clinic, results indicated that there was a positive relationship between insecure attachment styles and responsibility/threat estimation and perfectionism/uncertainty beliefs of OCD (Asad & Dawood, 2016).

Regarding the romantic relationships, result of a recent meta-analysis conducted by Li and Chan (2012) analyzing 73 studies revealed that individuals with both anxious and avoidant attachment styles experienced difficulty maintaining a romantic relationship, and these attachment styles significantly influenced the relationship quality.

Furthermore, according to the results, while anxiety dimension of attachment was positively associating with relationship conflicts, avoidance dimension was negatively associated with relationship satisfaction, perceived support, and connectedness (Li & Chan, 2012).

Adult attachment strategies tend to influence romantic relationships in different manners. In a study conducted with 188 emerging adult college students, results showed that attachment representations influenced relationship development, relationship satisfaction, romantic competence; thus psycho-social adjustment and life satisfaction (Kumar & Mattanah, 2016). Findings of another study revealed that adult attachment insecurity has an adverse effect on individuals' thinking, behaviors, and responsivity to partner when the partner faces with certain types of chronic or acute stress (Simpson & Rholes, 2017). In a different study, Bolt (2015) investigated the underlying mechanism of association between insecure attachment styles and the relationship quality. Results supported the hypothesis stating that individuals scoring higher on anxiety and avoidance dimensions of attachment tend to have lower levels of relationship quality and relationship satisfaction (Bolt, 2015).

1.4. Trait Personality Approach

Among various different approaches in personality literature, the trait approach to personality is highly adopted by the researches. Although the great body of research and considerable amount of theorists (e.g., psychoanalytic, existential, humanistic or behavioral learning theories) focus on the commonalities between individuals to explain personality, the trait personality theory mentions about the differences between individuals. It argues that, by combination and interaction of several different human characteristics, a unique personality that belongs to each person is constructed. Thus, individual personalities are created by these broad range of dispositions.

Gordon Allport (1961), who is the pioneer of trait approach of personality, defined personality as “dynamic organization that determine individuals’ behavior and thought” and each person has unique qualities of their own. Allport and Odbert (1936) characterized personal dispositions as “traits”, and he extracted 3 main domains of personality traits from approximately 4000 words on English language dictionary which describes personality traits. The first domain that Allport and Odbert (1936) categorized

was called cardinal traits which was described as exerting an overwhelming influence on behavior, dominating one's personality, and strongly influencing one's thoughts, feelings, and behaviors. The second domain called as central traits included fundamental qualities that can briefly portray an individual. The last one was secondary traits which are the characteristics of an individual "related to attitudes or preferences" which can be observed in specific circumstances that necessitate them (Allport, G.W., 1955, 1961). Although Allport emphasized trait organization within the individual, and believes that traits could not be generalized across individuals; Raymond Cattell (1966) made first base of creating global trait constructs that are generalizable across individuals. Cattell (1966) eliminated uncommon traits, and combined common characteristics of Allport's initial list. Later on, using factor analysis and several statistical techniques, Cattell reduced the list of personality traits to 16 major components, and claimed that all human personality originate and branch from these 16 traits. In order to assess these global personality traits, he built up Personality Factor Questionnaire (16PF), which is currently one of the well-known personality questionnaires.

1.4.1. The Five-Factor Theory of Personality

Later on in the development of personality literature, Allport's and Cattell's suggestions have been studied by considerable amount of researchers, and debates converged on the idea that most common traits in personality can be captured by five dimensions. These five core traits are theorized as interacting to form human personality, and as a result five-factor model of personality emerged. The Five-Factor Model (FFM) proposes that personality is comprised of Neuroticism, Extraversion, Openness to experience, Agreeableness, and Conscientiousness traits. This is a hierarchical model of personality in which lower-order characteristics of personality are grouped under each of these higher-order factors (McCrae, & Costa, 1997).

The first factor, Extraversion, reflects the quality and numbers of interpersonal interactions. People who are high in Extraversion have more social relationships with others, and spend more of their time enjoying these relationships. Extraversion has six sub facets which are Warmth, Gregariousness, Assertiveness, Activity, Excitement seeking, and Positive emotions (McCrae, 1991). The second factor of personality is Agreeableness which reflects the attitudes an individual holds toward other people which determines the quality of one's interpersonal interactions. People who are high in Agreeableness domain are influenced by many external factors in their life, but people low in Agreeableness domain tend to follow and listen only themselves. The six sub facets of Agreeableness are Trust, Straightforwardness, Altruism, Compliance, Modesty, and Tender-mindedness (McCrae, 1991).

The third factor is Conscientiousness, which reflects individuals' will to achieve, control, or degree of organization; and persistence and motivation in goal-directed behavior. People who are high in Conscientiousness domain focus on fewer goals, keep themselves in narrow focus, and exhibit more self-discipline. In contrast, people who are low in Conscientiousness domain pursue more goals but with broad focus, and tend to be distractible. Conscientiousness includes six sub facets which are Competence, Order, Dutifulness, Achievement, Self-discipline, and Deliberation (McCrae, 1991).

The fourth factor is Neuroticism (or Negative Emotionality) which reflects the tendency to experience negative emotions. This factor mainly assesses emotional instability versus stability. People who are low in Neuroticism domain are disturbed by fewer stimuli in their environment, and the stimuli must be strong in order to bother them. In contrast, people who are high in Neuroticism tend to be more reactive. They may be bothered by a greater variety of stimuli from environment, even from trivial ones. The six facets of Neuroticism are Anxiety, Hostility, Depression, Self-consciousness, Impulsiveness, and Vulnerability (McCrae, 1991). The last factor is Openness which refers the number of interests a person has, and his/her willingness to pursue these interests. It also reflects the person's attitude in face of new experiences. The six facets

of Openness are Fantasy, Aesthetics, Feelings, Actions, Ideas, and Values (McCrae, 1991).

1.4.2. Studies of Personality Traits in Turkish Culture

In Five Factor Theory of Personality, in accordance with Lexical Hypothesis, McCrae and Costa (1997) claimed that personality traits have emerged from characteristics of each unique cultures and native languages of these cultures. Every culture has their unique codes and communication, fundamental elements in a culture may not be as important in different culture. Therefore, personality traits could possibly differ among cultures. In order to meet this need in Turkish culture, Gençöz and Öncül (2012) developed the Basic Personality Traits Inventory (BPTI), which aims to detect and measure the basic personality traits in Turkish language and culture. In their study, Gençöz and Öncül (2012) initially asked participants to identify at least one person for each six basic emotions proposed by Ekman, Friesen, and Ellsworth (1982), which are happiness, sadness, anger, surprise, disgust, and fear. Then, participants were asked to generate at least five adjectives/traits for each category of people representing different basic emotions. At the result of these procedures, Gençöz and Öncül (2012) found another 6th dimension of personality in addition to the five basic dimensions, namely Extraversion, Agreeableness, Openness, Neuroticism, and Conscientiousness. This new 6th dimension was named as Negative Valence, which represented as lacking the courage and self-worth to struggle with the problematic situation, instead, preferring emotional focused coping and passively accepting problematic situation (Gençöz & Öncül, 2012).

1.4.3. Implications in Literature

There are evidences in literature that personality characteristics are strongly related with OCD symptoms. According to the findings in Samuels et al.'s (2000) study, participants with OCD had significantly higher scores on both Neuroticism (which refers to high degrees of emotional instability) and Agreeableness domains, while having lower scores

on Extraversion domain, compared to individuals in control group. Similarly, Bienvenu et al. (2004) found that individuals in OCD group demonstrate higher levels of Neuroticism and Openness traits compared to controls. Another study compared individuals with depression and OCD, and results indicated that participant suffered from OCD had higher levels of Extraversion and Agreeableness traits, and lower levels of Neuroticism trait. (Rector, Hood, Richter, & Bagby, 2002; Samuels et.al., 2000; Bienvenu et.al., 2004).

The associations between adult attachment patterns and personality characteristics of FFM have been demonstrated in various studies. For instance, results of an early study conducted by Abe and Izard (1999) showed that there was a negative relationship between neuroticism trait and secure attachment pattern. In a more recent study, Gallo, Smith, and Ruiz, (2003) proposed that the greater an individuals' attachment security, the more extroverted and agreeable they are likely to be (Abe & Izard, 1999; Gallo, Smith, & Ruiz, 2003).

While elaborating on attachment insecurity and FFM relations, Wolfgang (2004) indicates that anxiety dimension of attachment was significantly, positively, and moderately related to neuroticism in the bivariate correlational analysis; and neuroticism emerged as the only significant predictor of anxiety in the regression analysis. Similarly, results show that; there were smaller but significant correlations between anxiety dimension of attachment and agreeableness. Consistent with the expectations, there correlation between anxiety, openness, and extraversion was insignificant at the domain level. Avoidance dimension of attachment was found to be significantly related with extraversion and agreeableness at the domain level, while insignificant relationships were found with the other domains (Wolfgang, 2004).

1.5. Social Comparison Theory

Social Comparison Theory firstly posited by Festinger (1954) in early years. He claimed that individuals need objective evaluations about themselves regarding their abilities

and opinions, and they have innate tendency to display attempt in order to gain these evaluations. When individuals are uncertain about or cannot trust their own evaluations, they feel like objective evaluation is not available. In order to gain this certainty about self-evaluation, individuals tend to compare themselves with others. As seen in his suggestions, Festinger (1954) underestimates the function of social comparison, and identify its role as being a mediator to gain more objective information. He gave importance on the evolutionary basis of social comparison, and claims that people have tendency to compare themselves upward to improve their abilities and reach better information. However, some other studies indicated (Shepperd & Taylor, 1999; Alicke, LoSchiavo, & Zerbst, 1997) that; although there are important functions of upward comparisons about survival, people also have a tendency to react defensively when faced with someone having better conditions. These defensive reactions occur in different forms such as; choosing a comparison target who is clearly superior in order to facilitate self-handicapping (Shepperd & Taylor, 1999), and labeling the comparison target or distancing oneself from him/her (Alicke, LoSchiavo, & Zerbst, 1997; Tesser, 1988 as cited in Buunk & Gibbons, 2007).

As social comparison literature improves, Festinger's (1954) early theory has been expanded. Schachter (1959) developed *fear-affiliation theory*, which proposed that; when faced with real life stresses, individuals have increased tendency to affiliate with similar others, and share emotionally similar experiences, in order to reduce their stress. Therefore, especially in times of anxiety and distress, individuals' tendency to make social comparisons increase. In later years, researchers emphasized the "role of downward comparisons under threat", through which downward comparison theory was developed. In his theory, Wills (1981) claimed that while facing a decrease in well-being, people need to fix it and tend to use social comparison, in order to improve their well-being or self-confidence, they tend to compare themselves with others in worse conditions (Schachter, 1959; Wills, 1981 as cited in Buunk, & Gibbons, 2007).

In literature, there are studies investigating whether social comparison influence relationships. According to Broemer and Diehl (2003), individuals' assessment of relationship-related issues influence from social comparison information. Beginning from the early years with Buunk et al. (1991), and continuing with further attempts; studies indicated that individuals having higher degrees of marital distress would have an increased tendency to compare themselves with other people or couples. Findings in literature also demonstrated that association of adult attachment styles and social comparison has considerable effects on relationships. According to LeBeau and Buckingham (2008), social comparison tendencies, especially regarding relationship, decrease relationship satisfaction. In addition, insecurely attached individuals have increased tendencies to compare their relationship with others' (Broemer & Diehl, 2003; Buunk et al., 1991; Frye & Karney, 2002; LeBeau & Buckingham, 2008). In a broad multilevel study, Johnson (2012) studied with 140 participants aged between 18 and 75, and investigated the association between adult attachment, social comparison, and relationship experience. Results showed that as the level of anxiety increased, the tendency to compare one's own relationship to others increased as well. However, in contrast to LeBeau and Buckingham's (2008) study, while avoidance increases, tendency to "relationship social comparison" (comparing own relationship with others') decreases (Johnson, 2012).

1.6. Reassurance Seeking

Reassurance seeking is a term appears firstly in depression literature, and then manifests itself in many other pathology dimensions. The term firstly emerged in interactional model of depression developed by Coyne (1976), which states that "depressed individuals tend to seek reassurance in order to be sure about the security of their relationships and their value to others". Coyne (1976) claims that excessive reassurance seeking (ERS) behaviors emerge in a vicious cycle. Reassurance seeking behaviors commonly cause annoying reactions in others, thus increase the risk of social rejection. While facing with the irritating others and threat of rejection, individuals' access to negative cognitions regarding depression increase. In addition to these, individuals may

experience actual or perceived decreases in social support, arising from the irritating reassurance seeking behaviors or as a result of depressive symptoms. In conclusion, these experiences exacerbate the feelings about insecurity, and individuals need to seek more reassurance. Thus the cycle turns back to the beginning (Coyne, 1976). Similarly, Joiner et.al. (1999) defined excessive reassurance seeking as "the relatively stable tendency to excessively and persistently seek assurances from others that one is loveable and worthy, regardless of whether such assurance has already been provided" (Joiner, Metalsky, Katz, & Beach, 1999, p. 270).

Although ERS emerge as a vulnerability factor for depression, it has a considerable role in anxiety disorders also. In depression, while ERS interacting with low self-worth and perceived threats of social loss or rejection; in anxiety disorders, ERS is more related with the demand of safety-related information from environment regarding threatening issues. This issue is mentioned in Morillo, Belloch, and García-Soriano's (2007) study, which includes different types of pathology and control groups. The results of this study showed that, in terms of negative intrusive thoughts, individuals in OCD group seek reassurance significantly more than those in other groups (i.e., clinically depressed, non-obsessional anxious, and control-group) (Morillo, Belloch, & García-Soriano, 2007).

In a meta-analysis conducted with 38 studies and a great sample size (a total of 6,973 participants), results showed effect size of reassurance seeking while explaining depression as .32. In a second meta-analysis composed of 16 studies, findings indicated that excessive reassurance seeking have strong relationship with interpersonal rejection, and studies targeting romantic relationships have higher effect sizes than studies focusing on other interpersonal relationships, in terms of explaining the concurrent rejection (Starr & Davila, 2008).

In a recent longitudinal study conducted with 118 women and their romantic partners, Stewart and Harkness (2015) observed participants over a 1-year follow-up period, and examined the role of reassurance seeking on relationship termination. Findings of this study indicated that ERS was significantly associated with earlier break-ups initiated by

partner (partner rejection), but association is not significant in mutually-agreed relationship dissolutions (Stewart & Harkness, 2015).

1.7. Aims of the Study

The aim of the present study is to examine the roles of attachment styles, personality characteristics, social comparison, and reassurance seeking on ROCD symptoms based on the model depicted in Figure-1.

Based on the findings discussed above and according to the model of the current study, the elaborated purposes of the study are;

- 1) To examine the differences of personal and relational characteristics; namely, age, gender, and relationship duration, on the measures of the study.
- 2) To examine adult attachment style differences on the variables of the study.
- 3) To investigate the factors associated with reassurance-seeking and two subtypes of ROCD symptoms; namely, relationship centered obsessive compulsive symptoms and partner focused obsessive compulsive symptoms.

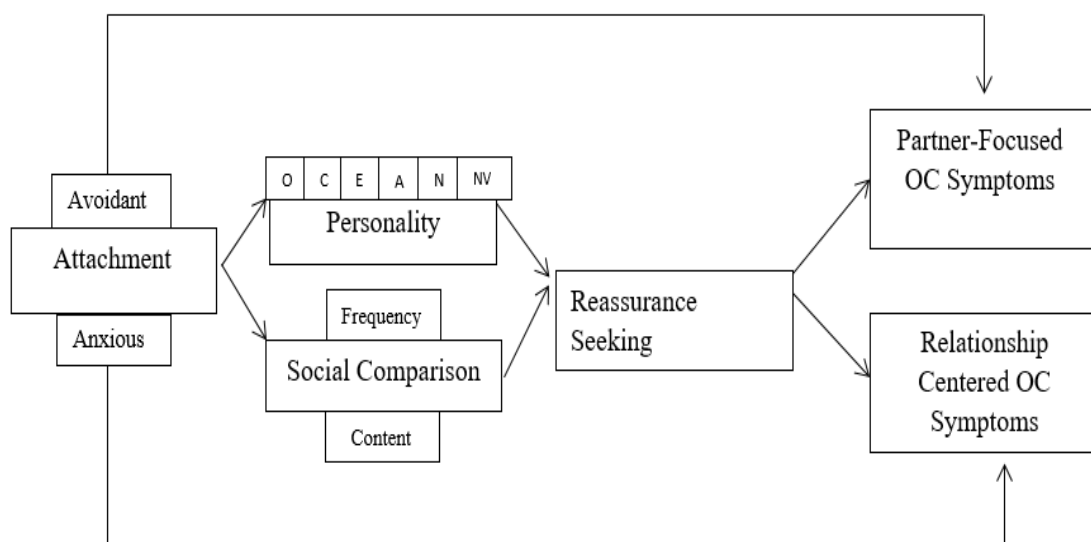


Figure 1.1. Model of the Study

CHAPTER 2

METHOD

2.1. Participants

The sample of the study composed of 387 participants. 260 (67.2%) participants were females and 127 (32.8%) were males. The ages of the participants ranged from 18 to 53 ($M = 22.36$, $SD = 3.50$). In terms of education level, among 387 people, 7 (1.8%) participants were literate, 266 (68.7%) participants were the graduates of high school, 99 (25.6%) participants were the graduates of university, and 15 (3.9%) participants were the graduates of master degrees. Furthermore, regarding participant's income states, 26 (6.7%) of them reported themselves as having low income, 320 (82.7%) of them reported having middle income, and 41 (10.6%) of them reported having high income. In addition, 353 (91.2%) people were single, 19 (4.9%) of them were married, 14 (3.6%) of them reported that they lived together with their romantic partner, and 1 (0.3%) of them were divorced. Finally, duration of participants' relationship ranged from 1 to 420 months ($M = 21.42$, $SD = 32.25$) (see detailed information in Table 2.1.).

2.2. Measure

The instruments used in this study were; demographic form, Experiences in Close Relationships – Revised Scale (ECR-R), Social Comparison and Social Comparison Frequency Scales, Basic Personality Traits Inventory, Reassurance-Seeking Scale, Relationship Obsessive Compulsive Inventory (ROCI), and Partner Related Obsessive Compulsive Symptom Inventory (PROCSI).

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

This scale was developed by Fraley, Waller, and Brennan (2000) in order to measure adult attachment styles. The scale composed of 36 items and these items are grouped under two dimensions of attachment which are anxiety and avoidance. Each attachment dimension was assessed by 18 items. The possible score range of two subdomains on this scale is between 18 and 126, and possible total score is range between 36 and 252.

The Turkish adaptation of the scale was performed by Selçuk, Günaydın, Sümer, and Uysal (2005). The results indicated that internal consistency coefficients were .86 for anxiety and as .90 for avoidance dimensions. In addition, test-retest reliabilities for each dimension were indicated as .82 for anxiety and .81 for avoidance dimensions.

Furthermore, as for the validity of the scale, anxiety dimension was negatively associated with self-esteem ($r = -.32$) and relationship satisfaction ($r = -.23$), and positively associated with disapproval anxiety ($r = .55$), separation anxiety ($r = .34$), pleasing others ($r = .44$). Avoidance dimension was negatively associated with self-esteem ($r = -.19$) and relationship satisfaction ($r = -.49$), and positively associated with disapproval anxiety ($r = .17$) and liking loneliness ($r = .15$). For items of ECR-R, see Appendix B.

2.2.2. Basic Personality Traits Inventory (BPTI)

BPTI was developed by Gençöz and Öncül (2012) in order to evaluate basic personality traits for Turkish culture. These personality traits were generated according to the five-factor model of personality (Peabody and Goldberg, 1989), and basic concepts of Turkish culture (For detailed information, see Chapter 1). The inventory composed of 45 items and items are rated on a 5-point Likert scale. Factor analysis of the study indicated that there were 6 factors representing basic personality traits, namely; Extraversion, Conscientiousness, Agreeableness, Neuroticism, Openness to Experience, and Negative Valence. The possible score ranges are between 8 and 40 for Extraversion, Conscientiousness, and Agreeableness; between 9 and 45 for Neuroticism; between 6

and 30 for Openness and Negative Valence. The internal consistency coefficients of the subscales were found to be .89 for Extraversion, .85 for Conscientiousness, .85 for Agreeableness, .83 for Neuroticism, .80 for Openness to Experience, and .71 for Negative Valence. Test-retest reliability ranges of these six factors were between .71 and .84. Moreover, according to the analyses of convergent, divergent, and discriminant validity, the psychometric properties of the BPTI were strong (see detailed information in Gençöz & Öncül, 2012). For the items of BPTI, see Appendix C.

Table 2.1. Demographic Characteristics of Participants

Variables	N (387 participants)	%	M	SD
Gender				
Female	260	67.2		
Male	127	32.8		
Age			22.36	3.50
Education Level				
Literate	7	1.8		
Graduate of high school	266	68.7		
University graduate	99	25.6		
Master's degree	15	3.9		
Reported Income Level				
Low	26	6.7		
Middle	320	82.7		
High	41	10.6		
Marital Status				
Single	353	91.2		
Married	19	4.9		
Divorced	1	0.3		
Cohabiting	14	3.6		
Relationship Duration			21.42	32.25

2.2.3. Social Comparison Scale (SCS)

Social Comparison evaluates the self-perception of people on the basis of people's own standpoint as compared to the others. The original form of the scale was developed by Gilbert and Trent (1992) as a 5 item-scale. Then, Şahin and Şahin (1992) adapted the scale to Turkish culture with the addition of the 13 more items. The latest form of the scale consists of 18 items and items are evaluate on a bipolar 6-point scale. Participants are asked to compare their perception of 18 different qualities of self with other people. The higher scores indicate positive perception of self, and the lower scores indicate negative perception of self.

According to the latest study about the validity and reliability of SCS, Cronbach alpha value for the total scale was .89. In addition, the test-retest reliability was .92 and the internal consistency value was .88. The Spearman-Brown split half value was .89 (for more information see Öksüz & Malhan, 2004). For items of SCS, see Appendix D.

In this study, items of SCS were rated on a bipolar 5-point scale and possible score range of scale on this study is between 18 and 90.

2.2.4. Social Comparison Frequency Scale

The scale was developed by the researcher by adding a frequency domain in the original Social Comparison Scale. The participants were asked to rate their frequency to compare themselves to others regarding these 18 different qualities on a 5-point Likert scale. Possible score range of scale on this study is between 18 and 90. The internal consistency coefficient (Cronbach's alpha) of the scale was found as .90. For the format and the items of Social Comparison Frequency Scale, see Appendix D.

2.2.5. Reassurance-Seeking Scale

The original version of the scale developed in accordance with Coyne's (1976) interpersonal theory of depression. The reassurance-seeking scale was one of the four domains of Depressive Interpersonal Relationships Inventory. The scale has 4 items

which are rated on a 7-point Likert type scale. And the possible score range of the scale is between 4 and 28. The adaptation of the scale into Turkish culture was conducted by Gençöz and Gençöz (2005). According to the result of the study, the internal consistency coefficient (Cronbach's alpha) of the scale was .86. The construct and criterion validities were also examined in the study (for detailed information see Gençöz & Gençöz, 2005). The scale was significantly and positively correlated with the Beck Depression Inventory ($r = .36, p < .001$) and Beck Anxiety Inventory ($r = .36, p < .001$). For the items of Reassurance-Seeking Scale, see Appendix E.

2.2.6. Relationship Obsessive Compulsive Inventory (ROCI)

The scale was developed by Doron et al. (2012) as a self-report measure in order to evaluate obsessions and compulsions regarding one's romantic relationship. The scale includes 14 items, and items are rated on a 5-point Likert scale. The two item of the scale (items 2 and 8) were excluded from the total score since these are the items indicating reliability of the given responses. The remaining 12 items of the scale assess obsessive-compulsive symptoms on three relational dimensions, namely; feelings towards one's partner, one's perception of partner's feelings, and one's appraisal of the "rightness" of the relationship. Possible score range for the entire scale is between 12 and 60; and between 4 and 20 for each subscale. The internal consistency of the total scale was found as .93 and test-retest reliability was found as .69. In addition, the internal consistency coefficients (Cronbach's alphas) of the subscales ranged from .84 to .89.

The cultural adaptation of the ROCI was conducted by Trak and İnözü (in press). According to this study, the internal consistency of the scale was .89 and test-retest reliability was also .89. The validity analyses for the scale were also conducted and revealed satisfactory results (for detailed information, see Trak & İnözü, in press). For items of ROCI, see Appendix F.

2.2.7. Partner Related Obsessive Compulsive Symptom Inventory (PROCSI)

The scale was developed by Doron et al. (2012), as a self-report measure assessing obsessions (i.e., doubts and preoccupation) and compulsion (i.e., checking) regarding one's partner's perceived flaws in six domains, namely; physical appearance, sociability, morality, emotional stability, intelligence, and competence. The scale was composed of 28 items, in which the 4 items were excluded from the total score since these are the items indicating reliability of the given responses. Participants are asked to rate their thoughts and behaviors regarding their partners' features on a 5-point Likert scale. Possible score range for the entire scale is between 24 and 120; and between 4 and 20 for each subscale. The internal consistency of the scale was calculated as .95 and the test-retest reliability was found to be .77. Furthermore, the internal consistencies of the subscales ranged from .83 to .87.

The cultural adaptation of the PROCSI was conducted by Trak and İnözü (in press). According to the results, the internal consistency of the scale was .95 and test-retest reliability was .88. The validity analyses for the scale were also conducted and revealed satisfactory results (for detailed information, see Trak & İnözü, in press). For items of PROCSI, see Appendix G.

2.3. Procedure

Before beginning the data gathering process, the required ethical approval was received from Middle East Technical University Human Subjects Ethics Committee. For data collection, Qualtrics, which is an online survey software and METU SONA Systems, which is also an online survey program designed for Middle East Technical University student, were utilized. All the materials of the study were distributed through the Internet via these programs. Participants initially received an informed consent form, in which some basic information about the study was shared with the participants and they were asked for voluntarily participation (see Appendix I). Following this procedure, all

instruments were presented respectively to the participants and it took participants approximately 30 minutes to complete the questionnaires.

2.4. Statistical Analyses

Statistical Package for the Social Sciences (SPSS) version 23 for Windows was used for the analysis of the current study. Firstly, a number of Analysis of Variance (ANOVA) and Multivariate Analysis of Variance (MANOVA) analyses were carried out in order to examine how demographic variables, namely age, gender and relationship duration, differed on each measure of the study. In addition, three sets of multiple regression analyses were conducted to reveal associated features of reassurance-seeking, relationship centered obsessive compulsive symptoms, and partner focused obsessive compulsive symptoms.

CHAPTER 3

RESULTS

3.1. Descriptive Analyses of the Measures of the Study

Means, standard deviations, minimum-maximum scores, and internal consistency coefficients (Cronbach's alpha) were calculated for Experiences in Close Relationships-Revised Inventory (ECR-R) and its subscales (i.e., attachment anxiety and attachment avoidance), Basic Personality Traits Inventory (BPTI) and its factors (i.e., extraversion, conscientiousness, agreeableness, neuroticism, openness to experience, and negative valence), Social Comparison Scale, Social Comparison Frequency Scale, Reassurance-Seeking Scale, The Relationship Obsessive Compulsive Inventory (ROCI) and its subscales (i.e., feelings toward partner, feelings from partner, and "rightness" of the relationship) and The Partner Related Obsessive Compulsive Symptom Inventory (PROCSI) and its domains (i.e., physical appearance, sociability, morality, emotional stability, intelligence, and competence) in order to analyze descriptive features of the measures (see Table 3.1).

Table 3.1. *Descriptive Features of the Measures*

Measures	N	Mean	SD	Min	Max	Cronbach's Alpha
ECR-R						
Anxiety	387	65.40	19.86	23	118	.91
Avoidance	387	48.36	16.89	18	93	.89
BPTI						
Extraversion	387	27.47	6.51	11	40	.87
Conscientiousness	387	27.93	5.90	11	40	.84
Agreeableness	387	33.32	4.52	15	40	.87
Neuroticism	387	27.29	6.10	10	44	.78
Openness	387	21.49	3.55	12	30	.67
Negative Valence	387	10.11	3.36	6	25	.71

Table 3.1. (continued)

Social Comparison Scale	387	63.58	11.67	21	90	.89
SCFC	387	53.68	14.30	18	90	.90
Reassurance-Seeking Scale	387	12.22	5.78	4	28	.85
ROCI	387	26.13	10.47	12	59	.91
Feelings to partner	387	7.87	3.83	4	20	.84
Feelings from partner	387	8.29	4.11	4	20	.83
Rightness of relationship	387	9.97	4.02	4	20	.79
PROCSI	387	43.80	17.65	24	110	.94
Morality	387	6.47	3.35	4	20	.85
Sociability	387	7.75	3.60	4	20	.81
Emotional Stability	387	7.95	3.79	4	20	.80
Competence	387	7.96	4.03	4	20	.86
Physical Appearance	387	6.04	3.12	4	20	.87
Intelligence	387	10.13	2.54	4	20	.27

Note. ECR-R = Experiences in Close Relationships (Revised), BPTI = Basic

Personality Traits Inventory, SCFS = Social Comparison Frequency Scale, ROCI = Relationship Obsessive Compulsive Inventory, PROCSI = Partner Related Obsessive Compulsive Symptom Inventory.

3.2. Differences of Levels of Demographic Variables on the Measures of the Study

In order to analyze demographic differences on the measures of the study, demographic variables of age, gender, and duration of current romantic relationship were categorized into groups. Initially, the age of participants was categorized into two groups through median split. The age of first group varied between 18 and 21, and it was named as the late adolescence group. Ages through 22 to 53 constructed second age group, which was named as the adulthood group. Then, duration of current relationship of participants categorized into four groups by considering each 25 percentiles. Groups were named as following: the first group was called very short (varied between 1 and 3,5 months, $M = 2.07$), the second group was called short (varied between 4 and 11 months, $M = 6.83$), the third group was called long (varied between 12 and 28 months, $M = 18.40$) and the last fourth group was named as very long (varied between 29 and 420 months, $M = 58.35$) (see Table 3.2).

Table 3.2. Demographic Features of Participants

Variables	N (572 participants)	%	M
Gender			
Female	260	67.2	
Male	127	32.8	
Age			
			22.36
1 (Late Adolescence: between 18-21)	186	48.1	20.31
2 (Early Adulthood: between 22-53)	201	51.9	48.29
Relationship Duration			
Very Short (1-3,5 months)		25.6	2.07
Short (4-11 months)		24.3	6.83
Long (12-28 months)		25.0	18.40
Very Long (29-420 months)		25.1	58.35

3.2.1. Age and Gender Differences on the Measures of the Study

In order to examine differences of gender, age and their interaction on the measures of the study, separate ANOVA and MANOVA analyses were conducted. The results of these analyses were showed respectively below.

3.2.1.1. Personality Traits

2 (Age) x 2 (Gender) between subjects factorial MANOVA was conducted in order to examine Gender and Age differences and their interaction effect on 6 dimension of BPTI; namely, Extraversion (E), Conscientiousness (C), Agreeableness (A), Neuroticism (N), Openness (O), and Negative Valence (NV) subscales. Results indicated significant main effect of Gender (Multivariate $F [6, 378] = 10.332, p < .001$; Wilks' Lambda = .859, $\eta_p^2 = .141$), and significant interaction effect of Gender x Age (Multivariate $F [6, 378] = 3.621, p = .002$; Wilks' Lambda = .946, $\eta_p^2 = .054$) on BPTI.

However, main effect of Age (Multivariate $F [6, 378] = 1.756, p = .107$; Wilks' Lambda = .973, $\eta_p^2 = .027$) was not significant. Table 3.1 indicated the detailed information.

The alpha value was adjusted according to Bonferroni correction, and univariate analyses were conducted considering alpha levels lower than .008 (i.e., .05/6) as significant. After this correction, univariate analysis showed that there was a significant gender difference in Agreeableness (A) [$F (1, 383) = 13.442, p < .001, \eta_p^2 = .034$], Neuroticism (N) [$F (1, 383) = 8.042, p = .005, \eta_p^2 = .021$], Openness (O) [$F (1, 383) = 13.999, p < .001, \eta_p^2 = .035$] and Negative Valence (NV) [$F (1, 383) = 8.196, p = .004, \eta_p^2 = .021$] subscales of BPTI. That is, females ($M = 4.232, M = 3.059$ respectively) had higher scores in Agreeableness (A) and Neuroticism (N) compared to males ($M = 4.009, M = 2.840$ respectively). In contrast, males ($M = 3.736, M = 1.810$ respectively) had higher scores in Openness (O) and Negative Valence (NV) compared to females ($M = 3.499, M = 1.636$ respectively) (See Figure 3.1).

Lastly, there was a significant interaction effect of Gender x Age on Neuroticism (N) [$F (1, 383) = 18.003, p < .001, \eta_p^2 = .045$]. Although male participants did not differ from female participants in terms of Neuroticism (N) in the late adolescence period, female participants in the adulthood period ($M = 3.157$) had higher Neuroticism (N) scores than males in the same period ($M = 2.610$). On the other hand, male participants in late adolescence period ($M = 3.071$) had higher scores on Neuroticism (N) than those in adulthood period ($M = 2.610$). However, female participants in late adolescence period ($M = 2.962$) had lower scores of Neuroticism (N) than those in adulthood period [$M = 3.157$] (see Figure 3.2).

Table 3.3. *Differences of Age and Gender on Personality Traits*

Variables	Wilks' Lambda	Multi. df	Multi F	η_p^2 Multi	Uni. df	Uni. F	η_p^2 Uni.
Age	.973	6,378	1.756	.027			
Extraversion					1, 383	0.637	.002
Conscientiousness					1, 383	4.961	.013
Agreeableness					1, 383	5.152	.013
Neuroticism					1, 383	2.945	.008
Openness					1, 383	1.251	.003
Negative Valence					1, 383	4.364	.001
Gender	.859	6,378	10.332*	.141			
Extraversion					1, 383	0.222	.001
Conscientiousness					1, 383	3.194	.008
Agreeableness					1, 383	13.442**	.034
Neuroticism					1, 383	8.042**	.021
Openness					1, 383	13.999**	.035
Negative Valence					1, 383	8.196**	.021
Age x Gender	.946	6,378	3.621*	.054			
Extraversion					1, 383	0.107	.000
Conscientiousness					1, 383	0.086	.000
Agreeableness					1, 383	1.080	.003
Neuroticism					1, 383	18.003**	.045
Openness					1, 383	2.510	.007
Negative Valence					1, 383	4.773	.012

*p < .05, ** p < .008

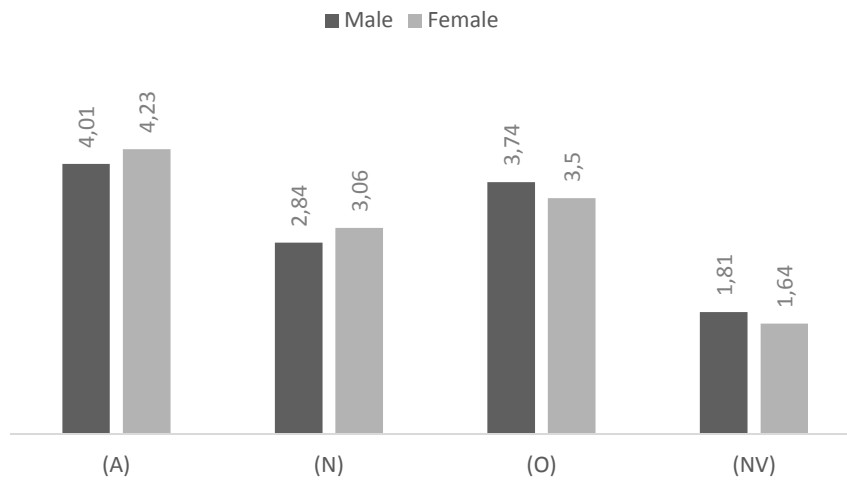


Figure 3.1. Gender differences on Personality Traits

Note. (A) = Agreeableness, (N) = Neuroticism, (O) = Openness, and (NV) = Negative Valence.

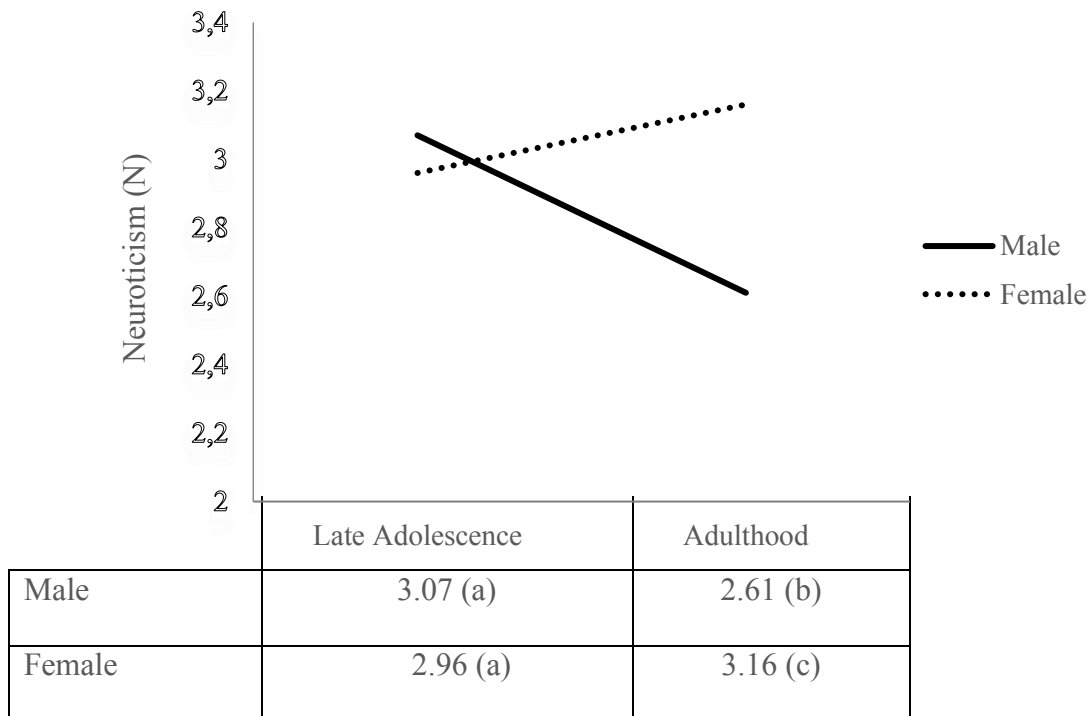


Figure 3.2. Gender X Age differences on Neuroticism (N) Note. The mean scores that did not share the same letter were significantly different from each other.

3.2.1.2. Social Comparison

In order to examine the differences of Gender, Age, and Gender x Age interaction on the levels of Social Comparison, a 2 (Gender [Male, Female]) x 2 (Age Group [Late adolescence, Adulthood]) between subjects Analysis of Variance (ANOVA) was carried out. The outcomes indicated that neither main effect of Age ($F [1, 383] = 1.163, p = .282, \eta_p^2 = .003$) nor main effect of Gender ($F [1, 383] = .001, p = .978, \eta_p^2 = .000$) was statistically significant. Furthermore, Gender x Age interaction on social comparison scores ($F [1, 383] = 2.289, p = .131, \eta_p^2 = .006$) was not significant either.

3.2.1.3. Social Comparison Frequency

In order to examine the differences of Gender, Age, and Gender x Age interaction on the levels of Social Comparison Frequency, a 2 (Gender [Male, Female]) x 2 (Age Group [Late adolescence, Adulthood]) between subjects Analysis of Variance (ANOVA) was carried out. The outcomes indicated that neither main effect of Age ($F [1, 383] = .210, p = .647, \eta_p^2 = .001$) nor main effect of Gender ($F [1, 383] = 1.492, p = .223, \eta_p^2 = .004$) was statistically significant. Furthermore, Gender x Age interaction on social comparison frequency scores ($F [1, 383] = .560, p = .455, \eta_p^2 = .001$) was not significant either.

3.2.1.4. Reassurance Seeking

In order to examine the differences of Gender, Age, and Gender x Age interaction on the levels of Reassurance-Seeking, a 2 (Gender [Male, Female]) x 2 (Age Group [Late adolescence, Adulthood]) between subjects Analysis of Variance (ANOVA) was conducted. The results indicated that main effect of Age ($F [1, 383] = 4.608, p < .05, \eta_p^2 = .012$) and interaction effect of Gender x Age ($F [1, 383] = 5.149, p < .05, \eta_p^2 = .013$) was statistically significant. However, main effect of Gender was not significant. After conducting post-hoc comparisons with Bonferroni analysis, results showed that, male participants in their late adolescence ($M = 3.452, SE = .199$) had higher scores of

reassurance-seeking than male participants in their adulthood period ($M = 2.757$, $SE = .166$). In other words, males tended to seek reassurance less as they get older. On the other hand, for females, reassurance-seeking tendencies did not differ with developmental periods ($M = 3.05$, $M = 3.07$ respectively). Finally, in the both late adolescence and adulthood period, males ($M = 3.45$, $M = 2.76$) and females ($M = 3.05$, $M = 3.07$) did not differ from each other regarding reassurance seeking tendencies (See Figure 3.3).

3.2.1.5. ROCD

3.2.1.5.1. Relationship Centered Obsessive Compulsive Symptoms

In order to examine the differences of Gender, Age, and Gender x Age interaction on the total score of Relationship focused Obsessive-Compulsive Symptoms, a 2 (Gender [Male, Female]) x 2 (Age Group [Late adolescence, Adulthood]) between subjects Analysis of Variance (ANOVA) was carried out. The outcomes indicated that neither main effect of Age ($F [1, 383] = 2.008$, $p = .157$, $\eta_p^2 = .005$) nor main effect of Gender ($F [1, 383] = 1.238$, $p = .267$, $\eta_p^2 = .003$) was statistically significant. Furthermore, Gender x Age interaction on Relationship focused OC symptoms ($F [1, 383] = 3.478$, $p = .063$, $\eta_p^2 = .009$) was not significant either.

In addition, 2 (Age) x 2 (Gender) between subjects factorial MANOVA was conducted in order to examine Gender and Age differences, and their interaction effect on 3 dimensions of ROCI; namely, Feelings to Partner, Feelings from Partner, and Rightness of Relationship. According to the results, neither main effect of Age (Multivariate $F [3, 381] = .709$, $p = .547$; Wilks' Lambda = .994, $\eta_p^2 = .006$) nor the main effect of Gender (Multivariate $F [3, 381] = 1.497$, $p = .215$; Wilks' Lambda = .988, $\eta_p^2 = .012$) was significant. Age X Gender interaction effect (Multivariate $F [3, 381] = 1.717$, $p = .163$; Wilks' Lambda = .987, $\eta_p^2 = .013$) was not significant either. Detailed information was indicated in Table 3.4.

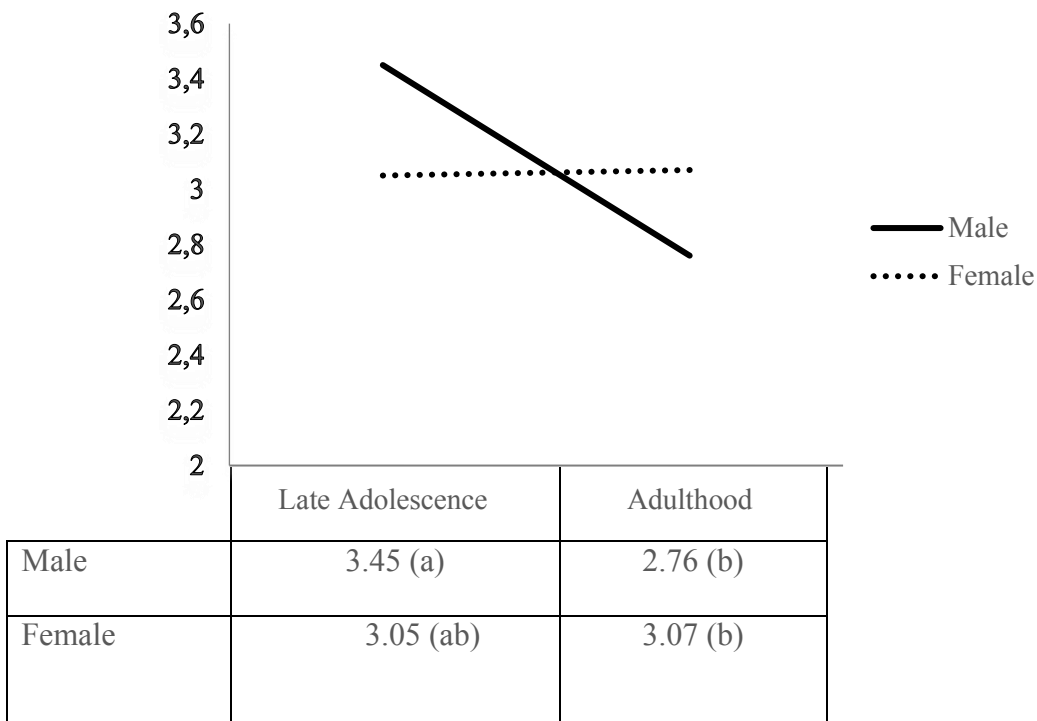


Figure 3.3. Gender X Age differences on Reassurance-Seeking

Note. The mean scores that did not share the same letter were significantly different from each other.

3.2.1.5.2. Partner Focused Obsessive Compulsive Symptoms

In order to examine the differences of Gender, Age, and Gender x Age interaction on the total score of Partner related Obsessive-Compulsive Symptoms, a 2 (Gender [Male, Female]) x 2 (Age Group [Late adolescence, Adulthood]) between subjects Analysis of Variance (ANOVA) was carried out. According to results, neither main effect of Age ($F [1, 383] = 1.241, p = .266, \eta_p^2 = .003$) nor main effect of Gender ($F [1, 383] = 3.490, p = .063, \eta_p^2 = .009$) was statistically significant. Furthermore, Gender x Age interaction on Partner focused OC symptoms ($F [1, 383] = 2.803, p = .095, \eta_p^2 = .007$) was not significant either. Furthermore, 2 (Age) x 2 (Gender) between subjects factorial MANOVA was conducted in order to examine Age and Gender differences, and their

interaction effect on 6 dimensions of PROCSE; namely, Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence.

Table 3.4. *Differences of Age and Gender on Relationship Centered OC Symptoms*

Variables	Wilk's Lambda	Multi. df	Multi. F	η_p^2 Multi	Uni. df	Uni. F	η_p^2 Uni.
Age	.994	3,381	.709	.006			
Feelings to partner					1, 383	1.635	.004
Feelings from partner					1, 383	1.991	.005
Rightness of relationship					1, 383	1.072	.003
Gender	.988	3,381	1.497	.012			
Feelings to partner					1, 383	3.052	.008
Feelings from partner					1, 383	0.217	.001
Rightness of relationship					1, 383	0.560	.001
Age x Gender	.987	3,381	1.717	.013			
Feelings to partner					1, 383	0.871	.002
Feelings from partner					1, 383	3.930	.010
Rightness of relationship					1, 383	3.758	.010

*p < .05, ** p < .017

Results indicated that, the main effect of Age (Multivariate $F [6, 378] = .803, p = .568$; Wilks' Lambda = .987, $\eta_p^2 = .013$) and the interaction effect of Age X Gender

(Multivariate $F [6,378] = 1.332, p = .665$; Wilks' Lambda = .969, $\eta_p^2 = .031$) was not significant. However, the main effect of Gender was significant (Multivariate $F (6, 378) = 4.172, p < .001$; Wilks' Lambda = .938, $\eta_p^2 = .062$).. Then the alpha value was

adjusted according to Bonferroni correction and univariate analyses were conducted considering alpha levels lower than .008 as significant. Results showed that gender had significant effect on only the physical appearance ($F [1, 383] = 8.549, p = .004, \eta_p^2 = .022$) subscale of PROCSE. That is, males ($M = 1.677$) had higher obsessive compulsive symptoms regarding partners' physical appearance than females [$M = 1.430$]. (See Table 3.5 and Figure 3.4)

Table 3.5. *Differences of Age and Gender on Partner-Focused OC Symptoms*

Variables	Wilk's Lambda	Multi. df	Multi. F	η_p^2 Multi	Uni. df	Uni. F	η_p^2 Uni.
Age	.987	6, 378	.803	.013			
Morality					1, 383	1.701	.004
Sociability					1, 383	0.172	.000
Emotional Stability					1, 383	1.115	.003
Competence					1, 383	0.124	.000
Physical Appearance					1, 383	0.363	.001
Intelligence					1, 383	2.722	.007
Gender	.938	6, 378	4.172**	.062			
Morality					1, 383	3.708	.010
Sociability					1, 383	1.265	.003
Emotional Stability					1, 383	3.583	.009
Competence					1, 383	0.899	.002
Physical Appearance					1, 383	8.549**	.022
Intelligence					1, 383	2.949	.008
Age x Gender	.969	6, 378	1.332	.031			
Morality					1, 383	1.156	.003
Sociability					1, 383	4.084	.011
Emotional Stability					1, 383	2.299	.006
Competence					1, 383	1.331	.003
Physical Appearance					1, 383	0.127	.000
Intelligence					1, 383	0.012	.016

*p < .05, ** p < .008

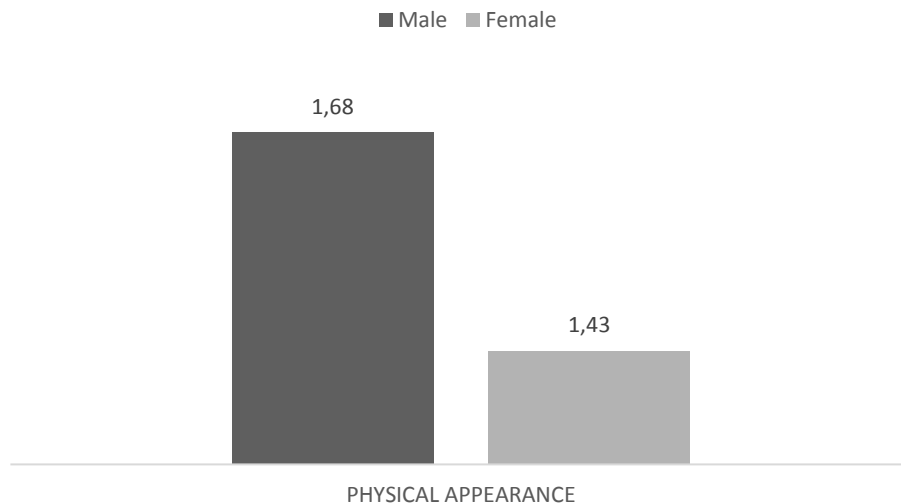


Figure 3.4. Gender differences on the Physical Appearance domain of PROC SI

3.2.2. Age and Relationship Duration Differences on the Measures of the Study

In order to examine differences of 2 Age Group (Late adolescence, Adulthood), 4 Relationship Duration Group (Very short, Short, Long, Very Long), and their interaction on the measures of the study, separate ANOVA and MANOVA analyses were conducted. The results of these analyses were showed respectively below.

3.2.2.1. Personality Traits

2 (Age) X 4 (Duration) between subjects factorial MANOVA was conducted in order to examine Age and Duration of Relationship differences, and their interaction effect on 6 dimension of BPTI; namely, Extraversion (E), Conscientiousness (C), Agreeableness (A), Neuroticism (N), Openness (O), and Negative Valence (NV) subscales. Neither main effect of Age (Multivariate $F [6, 374] = .722, p = .632$; Wilks' Lambda = .989, $\eta_p^2 = .011$) nor the interaction effect of Age X Duration (Multivariate $F [18, 1058] = 1.043, p = .408$; Wilks' Lambda = .951, $\eta_p^2 = .016$) was significant. In contrast, main effect of Relationship Duration was significant (Multivariate $F [18, 1058] = 1.742, p < .05$; Wilks' Lambda = .921, $\eta_p^2 = .027$). Then, the alpha value was adjusted according

to Bonferroni correction and univariate analyses were conducted considering alpha levels lower than .008 (i.e., .05/6) as significant. However, after this correction, univariate analyses did not reveal any significant effect of Relationship Duration on the subscales of BPTI. See detailed information in Table 3.6.

Table 3.6. *Differences of Age and Relationship Duration on Personality Traits*

Variables	Wilks' Lambda	Multi. df	Multi F	Multi η_p^2	Uni. df	Uni F	η_p^2 Uni.
Age	.989	6,374	.722	.011			
Extraversion					1,379	0.120	.000
Conscientiousness					1,379	2.849	.007
Agreeableness					1,379	1.754	.005
Neuroticism					1,379	0.514	.001
Openness					1,379	0.934	.002
Negative Valence					1,379	1.077	.003
Duration	.921	18,1058	1.742*	.027			
Extraversion					3,379	2.887	.022
Conscientiousness					3,379	3.758	.029
Agreeableness					3,379	1.909	.015
Neuroticism					3,379	0.918	.007
Openness					3,379	0.066	.001
Negative Valence					3,379	0.116	.001
Age x Duration	.951	18,1058	1.043	.016			
Extraversion					3,379	0.758	.006
Conscientiousness					3,379	0.945	.007
Agreeableness					3,379	0.547	.004
Neuroticism					3,379	0.942	.007
Openness					3,379	1.715	.013
Negative Valence					3,379	0.190	.002

*p < .05, ** p < .008

3.2.2.2. Social Comparison

In order to examine the effects of Age, Duration of current Relationship and interaction of these on Social Comparison, 2 (Age) x 4 (Relationship Duration) between subjects Analysis of Variance (ANOVA) was conducted. Findings revealed that, neither main

effect of Age ($F [1, 379] = .011, p = .918, \eta_p^2 = .000$) nor main effect of Relationship Duration ($F [3, 379] = 2.168, p = .091, \eta_p^2 = .017$) was statistically significant. Similarly, Age x Duration of Relationship interaction on social comparison scores ($F [3, 379] = .547, p = .651, \eta_p^2 = .004$) was not significant either.

3.2.2.3. Social Comparison Frequency

In order to examine the effects of Age, Duration of current Relationship and interaction of these on Social Comparison Frequency, 2 (Age Group [Late adolescence, Adulthood]) x 4 (Relationship Duration Group [Very short, Short, Long, Very Long]) between subjects Analysis of Variance (ANOVA) was conducted. According to results, neither main effect of Age ($F [1, 379] = .129, p = .720, \eta_p^2 = .000$) nor main effect of Relationship Duration ($F [3, 379] = .981, p = .402, \eta_p^2 = .008$) was statistically significant. Furthermore, Age X Relationship Duration interaction on social comparison frequency scores ($F [3, 379] = .102, p = .959, \eta_p^2 = .001$) was not significant either.

3.2.2.4. Reassurance Seeking

In order to examine the effects of Age, Duration of current Relationship and interaction of these on Reassurance-Seeking, 2 (Age Group [Late adolescence, Adulthood]) x 4 (Relationship Duration Group [Very short, Short, Long, Very Long]) between subjects Analysis of Variance (ANOVA) was conducted. Findings revealed that, neither main effect of Age ($F [1, 379] = 1.551, p = .214, \eta_p^2 = .004$) nor main effect of Relationship Duration ($F [3, 379] = .105, p = .957, \eta_p^2 = .001$) was statistically significant. Similarly, Age x Duration of Relationship interaction on reassurance seeking scores ($F [3, 379] = .331, p = .803, \eta_p^2 = .003$) was not significant either.

3.2.2.5. ROCD

3.2.2.5.1. Relationship Centered Obsessive Compulsive Symptoms

In order to examine the effects of Age, Duration of current Relationship and interaction of these on the total score of Relationship focused Obsessive-Compulsive Symptoms, 2 (Age Group [Late adolescence, Adulthood]) x 4 (Relationship Duration Group [Very short, Short, Long, Very Long]) between subjects Analysis of Variance (ANOVA) was conducted. According to results, neither main effect of Age ($F [1, 379] = .005, p = .942, \eta_p^2 = .000$) nor interaction effect of Age X Relationship Duration ($F [3, 379] = .328, p = .805, \eta_p^2 = .003$) was statistically significant. In contrast, main effect of Relationship Duration ($F [3, 379] = 2.918, p = .034, \eta_p^2 = .023$) was found to be significant.

However, according to the posthoc comparisons conducted by Bonferroni analysis, Relationship Duration groups did not significantly differ from each other.

Moreover, 2 (Age) x 4 (Duration) between subjects factorial MANOVA was conducted in order to examine Age and Relationship Duration differences, and their interaction effect on 3 dimensions of ROCI; namely, Feelings to Partner, Feelings from Partner, and Rightness of Relationship. Results indicated that, neither the main effect of Age (Multivariate $F [3, 377] = .320, p = .811$; Wilks' Lambda = .997, $\eta_p^2 = .003$) nor the main effect of Relationship Duration (Multivariate $F [9, 917] = 1.846, p = .057$; Wilks' Lambda = .957, $\eta_p^2 = .014$) was significant. The interaction effect of Age X Relationship Duration (Multivariate $F [9, 917] = .165, p = .997$; Wilks' Lambda = .996, $\eta_p^2 = .001$) was not significant either (See Table 3.7).

3.2.2.5.2. Partner Focused Obsessive Compulsive Symptoms

In order to examine the effects of Age, Duration of current Relationship and interaction of these on total score of Partner related Obsessive-Compulsive Symptoms, 2 (Age Group [Late adolescence, Adulthood]) x 4 (Relationship Duration Group [Very short, Short, Long, Very Long]) between subjects Analysis of Variance (ANOVA) was

conducted. According to results, neither main effect of Age ($F [1, 379] = .014, p = .905, \eta_p^2 = .000$) nor main effect of Relationship Duration ($F [3, 379] = .631, p = .595, \eta_p^2 = .005$) was statistically significant. Furthermore, Age X Relationship Duration interaction was not significant either ($F [3, 379] = .173, p = .914, \eta_p^2 = .001$).

Table 3.7. *Differences of Age and Relationship Duration on Relationship Centered OC Symptoms*

Variables	Wilks' Lambda	Multi df	Multi. F	Multi η_p^2	Uni. df	Uni F	η_p^2 Uni.
Age	.997	3,377	.320	.003			
Feelings to partner					1, 379	0.107	.000
Feelings from partner					1, 379	0.104	.000
Rightness of relationship					1, 379	0.192	.001
Duration	.957	9,917	1.846	.014			
Feelings to partner					3, 379	2.393	.019
Feelings from partner					3, 379	1.368	.011
Rightness of relationship					3, 379	3.770	.029
Age x Duration	.996	9,917	.165	.001			
Feelings to partner					3, 379	0.307	.002
Feelings from partner					3, 379	0.179	.001
Rightness of relationship					3, 379	0.312	.002

* $p < .05$, ** $p < .017$

Additionally, 2 (Age) x 4 (Duration) between subjects factorial MANOVA was conducted in order to examine Age and Relationship Duration differences, and their interaction effect on 6 dimensions of PROCSI. Results indicated that, the main effect of Age (Multivariate $F [6, 374] = .177, p = .983$; Wilks' Lambda = .997, $\eta_p^2 = .003$) and the interaction effect of Age X Relationship Duration (Multivariate $F [18, 1058] = .549, p = .935$; Wilks' Lambda = .974, $\eta_p^2 = .009$) was not significant. In contrast, the main effect of Relationship Duration on partner related OC symptoms was significant (Multivariate $F (18, 1058) = 2.222, p = .002$; Wilks' Lambda = .900, $\eta_p^2 = .034$). Then, the alpha value was adjusted according to Bonferroni correction and univariate analyses

were conducted considering alpha levels lower than .008 as significant. However, after this correction, univariate analyses did not reveal any significant effect of Relationship Duration on the subscales of PROCSI (See Table 3.8).

Table 3.8. *Differences of Age and Relationship Duration on Partner-Focused OC Symptoms*

Variables	Wilks' Lambda	Multi. df	Multi <i>F</i>	Multi η_p^2	Uni. df	Uni. <i>F</i>	η_p^2 Uni.
Age	.997	6, 374	0.177	.003			
Morality					1, 379	0.171	.000
Sociability					1, 379	0.120	.000
Emotional Stability					1, 379	0.006	.000
Competence					1, 379	0.054	.000
Physical Appearance					1, 379	0.031	.000
Intelligence					1, 379	0.157	.000
Duration	.900	18, 1128	2.222**	.034			
Morality					3, 379	1.008	.008
Sociability					3, 379	0.199	.002
Emotional Stability					3, 379	1.379	.011
Competence					3, 379	0.870	.007
Physical Appearance					3, 379	3.328	.026
Intelligence					3, 379	0.415	.003
Age x Duration	.974	18, 1128	0.549	.009			
Morality					3, 379	0.131	.001
Sociability					3, 379	0.801	.006
Emotional Stability					3, 379	0.032	.000
Competence					3, 379	0.216	.002
Physical Appearance					3, 379	0.492	.004
Intelligence					3, 379	0.521	.004

*p < .05, ** p < .008

3.3. Age and Attachment Style Differences on the Measures of the Study

In order to examine differences of 2 Age Group (Late adolescence, Adulthood), 4 Attachment Group (Secure, Preoccupied, Fearful, Dismissive), and their interaction on

the measures of the study, separate ANOVA and MANOVA analyses were conducted. The results of these analyses were showed respectively below.

3.3.1. Personality Traits

2 (Age) X 4 (Attachment) between subjects factorial MANOVA was conducted in order to examine Age and Attachment type differences, and their interaction effect on 6 dimension of BPTI; namely, Extraversion (E), Conscientiousness (C), Agreeableness (A), Neuroticism (N), Openness (O), and Negative Valence (NV) subscales. Neither main effect of Age (Multivariate $F [6, 374] = .698, p = .651$; Wilks' Lambda = .989, $\eta_p^2 = .011$) nor the interaction effect of Age X Attachment (Multivariate $F [18, 1058] = .614, p = .891$; Wilks' Lambda = .971, $\eta_p^2 = .010$) was significant. In contrast, main effect of Attachment type (Multivariate $F [18, 1058] = 7.457, p < .001$; Wilks' Lambda = .713, $\eta_p^2 = .106$) was found to be significant. When the alpha value was adjusted according to Bonferroni correction and univariate analyses were conducted considering alpha levels lower than .008 (i.e., .05/6) as significant, results showed that Attachment type had significant effect on the all personality domains except Conscientiousness, as explained below (See Table 3.9). Regarding the Extraversion (E) domain, people in the Secure attachment group ($M = 3.727$) had significantly higher scores than those in the Dismissive ($M = 3.392$) and Fearful ($M = 3.115$) attachment groups. In addition, people in the Preoccupied attachment group ($M = 3.365$) were more extraverted than fearfully attached individuals ($M = 3.115$). As for the Agreeableness (A) domain, individuals in Secure ($M = 4.341$) and Preoccupied ($M = 4.252$) attachment groups had significantly higher scores than those in Dismissive ($M = 3.866$) attachment group. Similarly, individuals in Fearful ($M = 4.100$) attachment group were more agreeable than those in Dismissive ($M = 3.866$) attachment group. In Openness (O) domain, individuals in Secure ($M = 3.762$) and Preoccupied ($M = 3.629$) attachment groups had significantly higher scores than those in Fearful ($M = 3.384$) attachment group. In Neuroticism (N)

domain, individuals in Preoccupied ($M = 3.255$) and Fearful ($M = 3.233$) attachment groups had higher scores than those in Dismissive ($M = 2.843$) and Secure ($M = 2.658$) attachment groups. Lastly, in Negative Valence (NV) domain, only two groups revealed significant difference, Fearful ($M = 1.846$) attachment group had significantly higher scores than Secure ($M = 1.535$) attachment group (See Figure 3.5).

Table 3.9. *Differences of Age and Attachment on Personality Traits*

Variables	Wilks' Lambda	Multi. df	Multi F	η_p^2 Multi	Uni. df	Uni. F	η_p^2 Uni.
Age	.989	6,374	.698	.011			
Extraversion					1, 379	0.071	.000
Conscientiousness					1, 379	3.712	.010
Agreeableness					1, 379	1.431	.004
Neuroticism					1, 379	0.034	.000
Openness					1, 379	0.088	.000
Negative Valence					1, 379	0.599	.002
Attachment	.713	18, 1058	7.457**	.106			
Extraversion					3,379	14.218**	.101
Conscientiousness					3,379	0.338	.003
Agreeableness					3,379	11.974**	.087
Neuroticism					3,379	19.852**	.136
Openness					3,379	9.655**	.071
Negative Valence					3,379	7.087**	.053
Age x Attachment	.971	18, 1058	.614	.010			
Extraversion					3,379	0.582	.005
Conscientiousness					3,379	0.289	.002
Agreeableness					3,379	1.674	.013
Neuroticism					3,379	1.153	.009
Openness					3,379	0.473	.004
Negative Valence					3,379	0.322	.003

* $p < .05$, ** $p < .008$

3.3.2. Social Comparison

In order to examine the effects of Age, Attachment types and interaction of these on Social Comparison, 2 (Age Group [Late adolescence, Adulthood]) x 4 (Attachment Group [Secure, Preoccupied, Fearful, and Dismissive]) between subjects Analysis of

Variance (ANOVA) was conducted. Results indicated that, there was not a significant main effect of Age ($F [1, 379] = .011, p = .915, \eta_p^2 = .000$) and Age x Attachment interaction ($F [3, 379] = .394, p = .757, \eta_p^2 = .003$). In contrast, according to the results, there was a significant main effect of Attachment on Social Comparison ($F [3, 379] = 6.283, p < .001, \eta_p^2 = .047$). That is, when compared themselves with other people, securely ($M = 3.674, SE = .056$) and dismissively ($M = 3.631, SE = .082$) attached individuals had significantly more positive self-view than fearfully attached individuals ($M = 3.350, SE = .056$). However, preoccupied ($M = 3.495, SE = .084$) type of attachment groups did not significantly differ from secure, fearful, and dismissive type of attachments (See Figure 3.6).

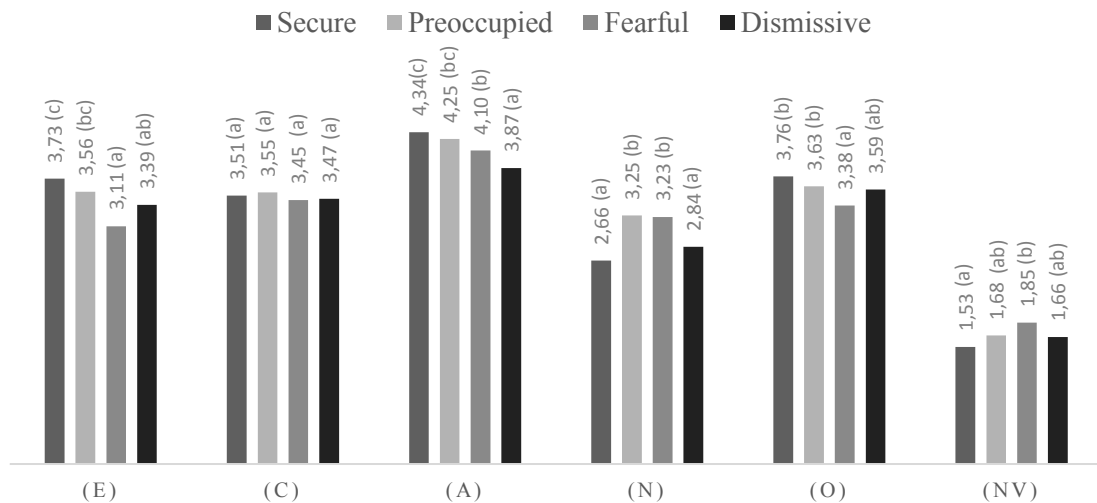


Figure 3.5. Attachment group differences on Personality Traits

Note 1. The mean scores that did not share the same letter were significantly different from each other.

Note 2. (E) = Extraversion, (C) = Conscientiousness, (A) = Agreeableness, (N) = Neuroticism, (O) = Openness, and (NV) = Negative Valence.

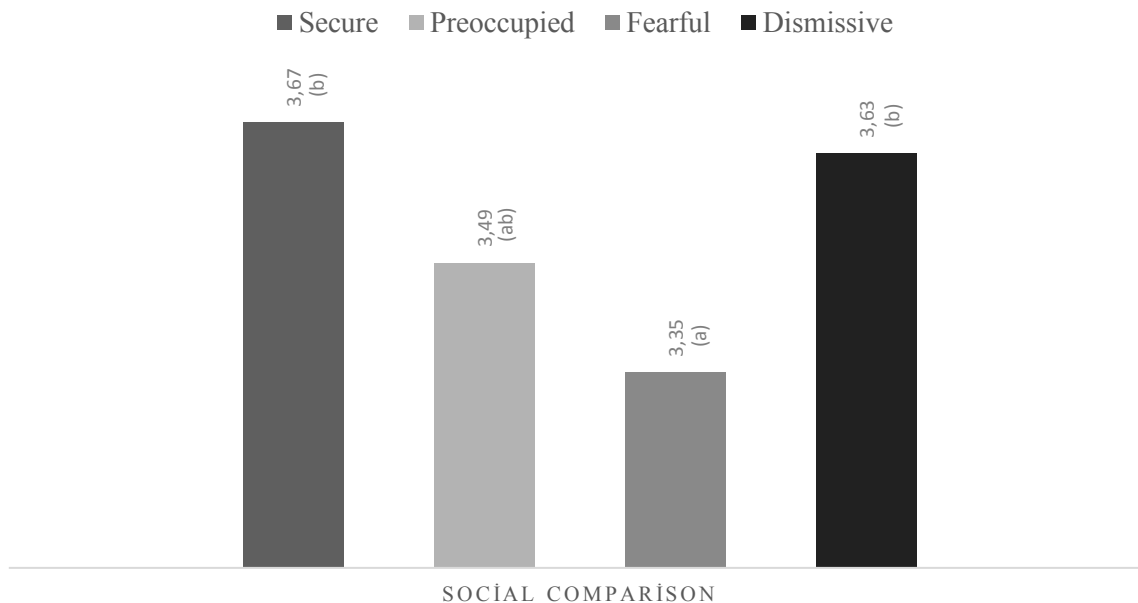


Figure 3.6. Attachment group differences on Social Comparison

Note. The mean scores that did not share the same letter were significantly different from each other.

3.3.3. Social Comparison Frequency

In order to examine the effects of Age, Attachment types and interaction of these on Social Comparison Frequency, 2 (Age Group [Late adolescence, Adulthood]) x 4 (Attachment Group [Secure, Preoccupied, Fearful, and Dismissive]) between subjects Analysis of Variance (ANOVA) was conducted. Findings revealed that, neither main effect of Age ($F [1, 379] = .501, p = .479, \eta_p^2 = .001$) nor interaction effect of Age X Attachment ($F [3, 379] = .223, p = .880, \eta_p^2 = .002$) was statistically significant.

However, main effect of Attachment on Social Comparison Frequency was found to be significant ($F [3, 379] = 3.58, p < .05, \eta_p^2 = .03$). That is, individuals in Fearful ($M = 3.21$) and Preoccupied ($M = 3.13$) attachment groups had more tendencies to compare themselves with other people than those in Secure ($M = 2.79$) and Dismissive ($M = 2.77$) attachment groups (see Figure 3.7).

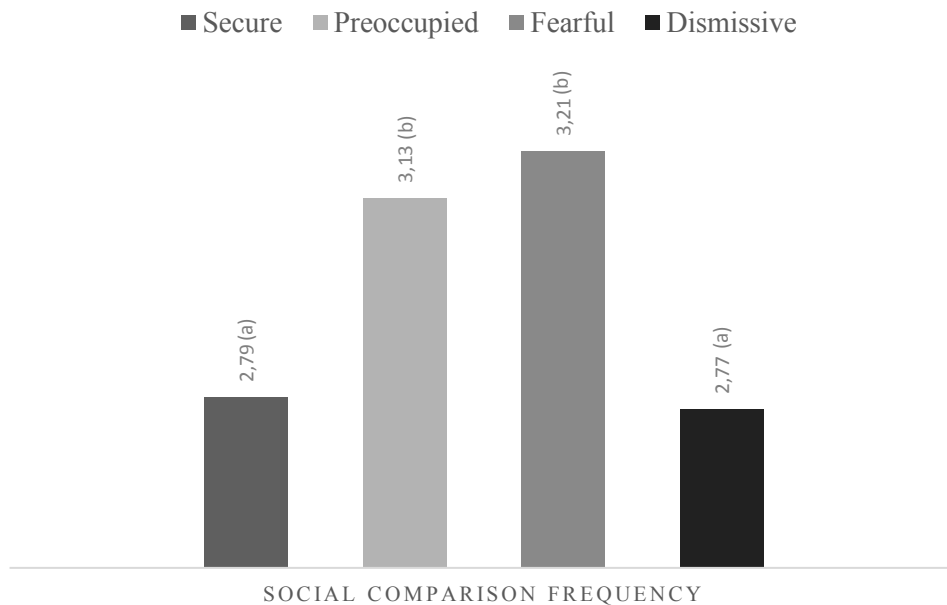


Figure 3.7. Attachment group differences on Social Comparison Frequency

Note. The mean scores that did not share the same letter were significantly different from each other.

3.3.4. Reassurance Seeking

In order to examine the effects of Age, Attachment types and interaction of these on Reassurance-Seeking, 2 (Age Group [Late adolescence, Adulthood]) x 4 (Attachment Group [Secure, Preoccupied, Fearful, and Dismissive]) between subjects Analysis of Variance (ANOVA) was conducted. Findings revealed that, neither main effect of Age ($F [1, 379] = .956, p = .329, \eta_p^2 = .003$) nor interaction effect of Age X Attachment ($F [3, 379] = .759, p = .518, \eta_p^2 = .006$) was statistically significant. However, main effect of Attachment on Reassurance-Seeking was found to be significant ($F [3, 379] = 32.40, p < .001, \eta_p^2 = .20$). That is, individuals in Preoccupied ($M = 3.72$) and Fearful ($M = 3.70$) attachment groups had more tendencies to reassurance-seeking than those in Dismissive ($M = 2.74$) and Secure ($M = 2.29$) attachment groups (see Figure 3.8).

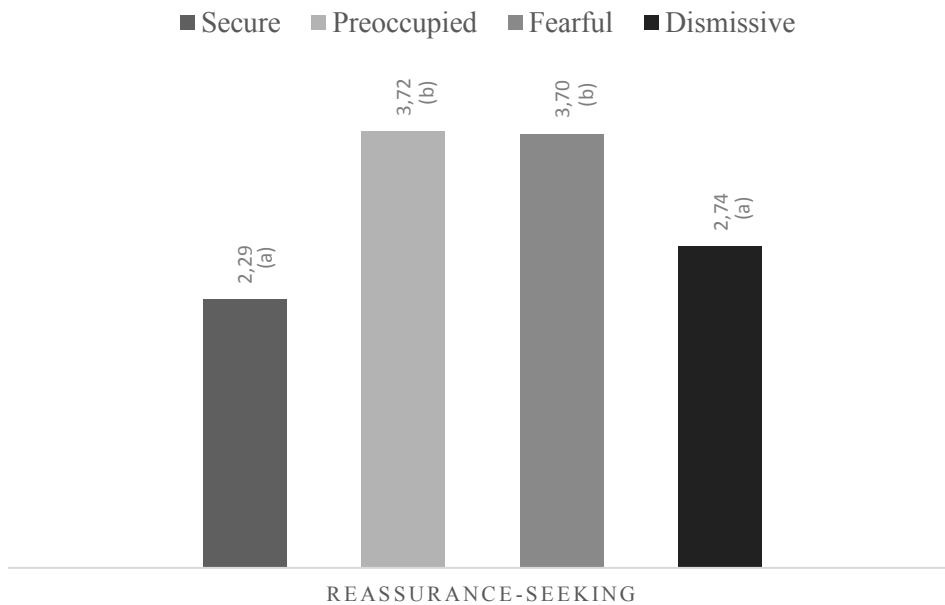


Figure 3.8. Attachment group differences on Reassurance-Seeking

Note. The mean scores that did not share the same letter were significantly different from each other.

3.3.5. ROCD

3.3.5.1. Relationship Centered Obsessive Compulsive Symptoms

In order to examine the effects of Age, Attachment types and interaction of these on the total score of Relationship-Centered Obsessive-Compulsive Symptoms, 2 (Age) x 4 (Attachment) between subjects Analysis of Variance (ANOVA) was carried out.

Findings revealed that, neither main effect of Age ($F [1, 379] = 1.024, p = .312, \eta_p^2 = .003$) nor interaction effect of Age X Attachment ($F [3, 379] = 1.781, p = .150, \eta_p^2 = .014$) was statistically significant. However, main effect of Attachment on Relationship focused OC symptoms was found to be significant ($F [3, 379] = 58.06, p < .001, \eta_p^2 = .32$). That is, individuals in Fearful ($M = 2.73$) attachment group had more OC symptoms regarding their relationship than those in Preoccupied ($M = 2.39$), Dismissive ($M = 2.12$), and Secure ($M = 1.57$) attachment groups respectively.

However, individuals in Preoccupied ($M = 2.39$) and Dismissive ($M = 2.12$) attachment groups did not significantly differ from each other regarding Relationship-Centered OC Symptoms (See Figure 3.9). In addition, 2 (Age) x 4 (Attachment) between subjects factorial MANOVA was conducted in order to examine Age and Attachment type differences, and their interaction effect on 3 dimensions of ROCI. Results indicated that, the main effect of Age (Multivariate $F [3, 377] = .601, p = .615$; Wilks' Lambda = .995, $\eta_p^2 = .005$) and the interaction effect of Age X Attachment (Multivariate $F [9, 917] = 1.332, p = .216$; Wilks' Lambda = .969, $\eta_p^2 = .010$) was not significant. (See Table 3.10) However, the main effect of Attachment was significant (Multivariate $F [9, 917] = 21.848, p < .001$; Wilks' Lambda = .623, $\eta_p^2 = .146$). Thus, the alpha value was adjusted according to Bonferroni correction and univariate analyses were conducted considering alpha levels lower than .017 (i.e., $.05/3$) as significant. After this correction, results explained respectively below. In the first domain of the ROCI, individuals in the Fearful ($M = 2.425$) attachment group had higher levels of ROCD symptoms -regarding their feelings toward partner- than those in the Dismissive ($M = 2.056$), Preoccupied ($M = 1.958$), and the Secure ($M = 1.465$) attachment groups.

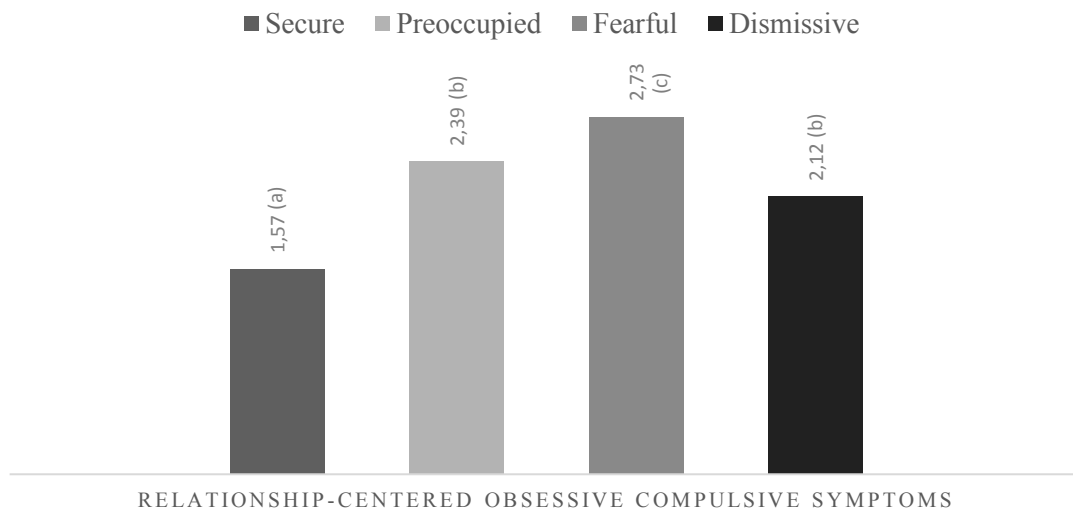


Figure 3.9. Attachment group differences on Relationship-Centered Obsessive Compulsive Symptoms. *Note.* The mean scores that did not share the same letter were significantly different from each other.

Table 3.10. *Differences of Age and Attachment on Relationship Centered OC Symptoms*

Variables	Wilks' Lambda	Multi df	Multi. F	Multi η_p^2	Uni. df	Uni. F	η_p^2 Uni.
Age	.995	3,377	0.601	.005			
Feelings to partner					1, 379	0.164	.000
Feelings from partner					1, 379	1.736	.005
Rightness of relationship					1, 379	0.698	.002
Attachment	.623	9,917	21.848**	.146			
Feelings to partner					3, 379	27.001**	.176
Feelings from partner					3, 379	64.796**	.339
Rightness of relationship					3, 379	37.893**	.231
Age x Attachment	.969	9,917	1.332	.010			
Feelings to partner					3, 379	1.839	.014
Feelings from partner					3, 379	0.703	.006
Rightness of relationship					3, 379	2.314	.018

*p < .05, ** p < .017

Furthermore, individuals in Dismissive ($M = 2.056$) and Preoccupied ($M = 1.958$) attachment groups had higher scores on this subdomain than individuals in Secure ($M = 1.465$) attachment group. In the second domain of ROCI, individuals in Fearful ($M = 2.749$) and Preoccupied ($M = 2.422$) attachment groups had higher levels of ROCD symptoms -regarding partners' feelings toward them- than those in Dismissive ($M = 1.834$) and Secure ($M = 1.366$) attachment groups separately. In the last domain of the ROCI, individuals in Fearful ($M = 3.003$) attachment group had higher levels of ROCD symptoms -regarding rightness of their relationship- than those in Dismissive ($M = 2.467$) and Secure ($M = 1.886$) attachment groups. In addition, individuals in Preoccupied ($M = 2.780$) and Dismissive ($M = 2.467$) attachment groups had higher scores than individuals in Secure ($M = 1.886$) attachment group (see Figure 3.10).

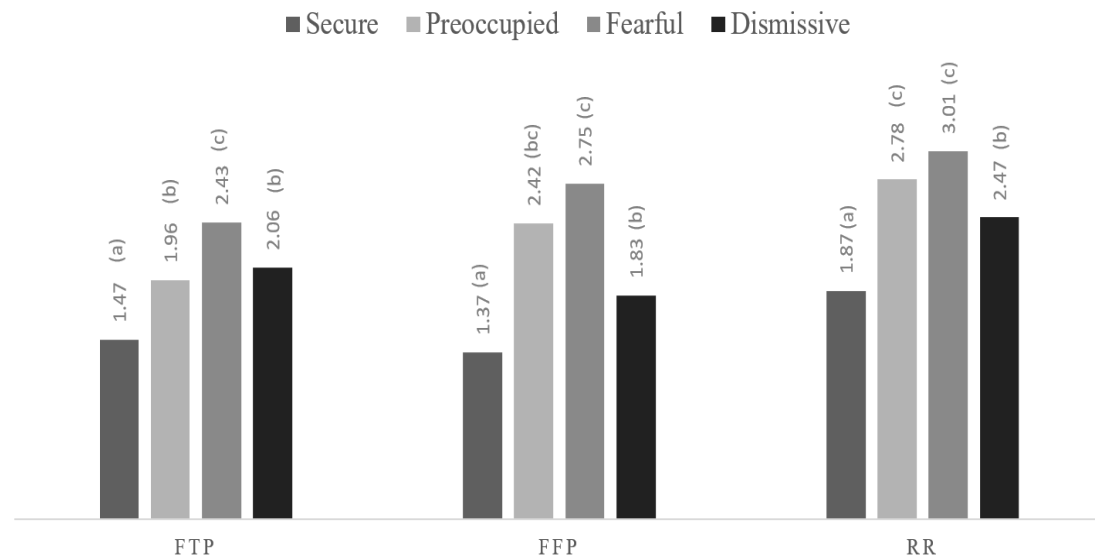


Figure 3.10. Attachment group differences on the three dimensions of ROCI.

Note 1. The mean scores that did not share the same letter were significantly different from each other.

Note 2. FTP = Feelings to Partner, FFP = Feelings from Partner, RR = Rightness of Relationship.

3.3.5.2. Partner Focused Obsessive Compulsive Symptoms

In order to examine the effects of Age, Attachment types, and interaction of these on the total score of Partner focused Obsessive-Compulsive (OC) Symptoms, 2 (Age) x 4 (Attachment) between subjects Analysis of Variance (ANOVA) was conducted.

Findings revealed that, neither main effect of Age ($F [1, 379] = .314, p = .576, \eta_p^2 = .001$) nor interaction effect of Age X Attachment ($F [3, 379] = .575, p = .632, \eta_p^2 = .005$) was statistically significant. However, main effect of Attachment on Partner focused OC Symptoms was found to be significant ($F [3, 379] = 37.58, p < .001, \eta_p^2 = .23$). That is, individuals in Fearful ($M = 2.24$) attachment group had more OC symptoms -regarding their partners' characteristics- than those in Preoccupied ($M = 1.86$), Dismissive ($M = 1.85$), and Secure ($M = 1.39$) attachment groups respectively.

However, individuals in Preoccupied ($M = 1.86$) and Dismissive ($M = 1.85$) attachment groups did not significantly differ from each other regarding Partner focused OC Symptoms (See Figure 3.11).

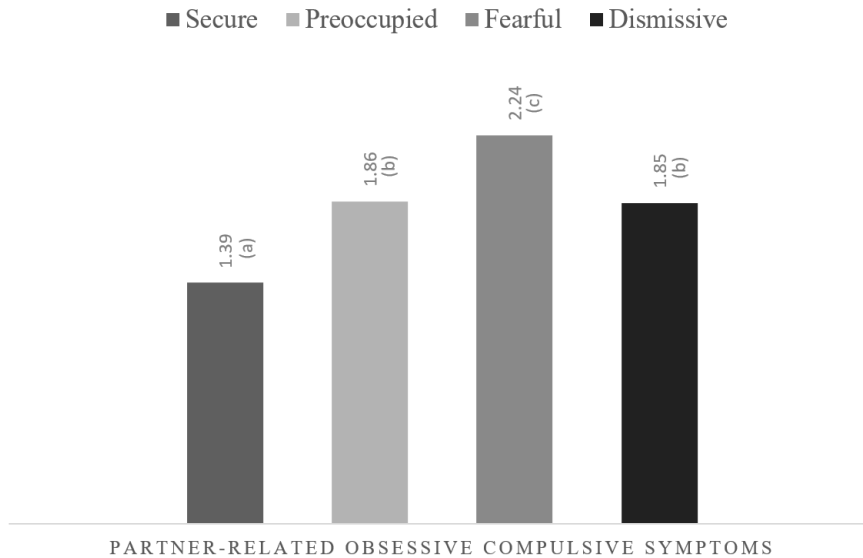


Figure 3.11. Attachment group differences on Partner-Related Obsessive Compulsive Symptoms.

Note. The mean scores that did not share the same letter were significantly different from each other.

In addition, 2 (Age) x 4 (Attachment) between subjects factorial MANOVA was conducted in order to examine Age and Attachment type differences, and their interaction effect on Morality, Sociability, Emotional Stability, Competence, Physical Appearance, and Intelligence subscales of the Partner-Related Obsessive-Compulsive Symptom Inventory (PROCSI). Although there was not a significant main effect of Age (Multivariate $F [6, 374] = .465, p = .834$; Wilks' Lambda = .993, $\eta_p^2 = .007$) and interaction effect of Age x Attachment (Multivariate $F [18, 1058] = 1.449, p = .101$; Wilks' Lambda = .933, $\eta_p^2 = .023$) on partner related OC symptoms, there was a significant main effect of Attachment (Multivariate $F [18, 1058] = 7.794, p < .001$;

Wilks' Lambda = .703, $\eta_p^2 = .111$) on these symptoms. Thus, the alpha value was adjusted according to Bonferroni correction and univariate analyses were conducted considering alpha levels lower than .008 (i.e., .05/6) as significant. After this correction, results of the univariate tests were given respectively below (See Table 3.11). Firstly, in Morality subscale of PROCSE, individuals in Fearful attachment group ($M = 2.054$) had higher levels of ROCD symptoms -regarding morality of their partners- than individuals in Secure ($M = 1.217$), Dismissive ($M = 1.652$) and Preoccupied ($M = 1.499$) attachment groups. In addition, Dismissive attachment group ($M = 1.652$) had significantly higher scores than Secure attachment group ($M = 1.217$). Then, in Sociability subscale of PROCSE, individuals in Fearful attachment group ($M = 2.297$) had higher levels of ROCD symptoms -regarding sociability of their partners- than individuals in Secure ($M = 1.480$) and Dismissive ($M = 1.921$) attachment groups. In addition, individuals in Preoccupied ($M = 2.168$) and Dismissive ($M = 1.921$) attachment groups had significantly higher scores than individuals in Secure attachment group ($M = 1.480$). In Emotional Stability subscale, similar with the Morality subscale, individuals in fearful attachment group ($M = 2.487$) had higher levels of ROCD symptoms -regarding emotional stability of their partners- than individuals in Secure ($M = 1.492$), Dismissive ($M = 1.908$) and Preoccupied ($M = 2.088$) attachment groups. Furthermore, individuals in the Preoccupied ($M = 2.088$) and Dismissive ($M = 1.908$) attachment groups had higher ROCD symptoms than those in Secure ($M = 1.492$) attachment group. In the Competence domain, the forth subscale of PROCSE, individuals in Fearful attachment group ($M = 2.386$) had higher levels of ROCD symptoms -regarding competence of their partners- than individuals in Secure ($M = 1.566$) and Dismissive ($M = 1.945$) attachment groups. Individuals in Fearful ($M = 2.386$) attachment group had also higher scores than those in Preoccupied ($M = 2.127$) attachment group. Furthermore, individuals in Preoccupied attachment group ($M = 2.127$) had significantly higher scores than Secure attachment group ($M = 1.566$). In the Physical Appearance subscale of PROSI, individuals in Fearful ($M = 1.826$) and Dismissive ($M = 1.718$) attachment group had higher levels of ROCD symptoms -regarding physical appearance of their

partners- than individuals in Secure ($M = 1.168$) and Preoccupied ($M = 1.344$) attachment groups. In the last subscale of the PROC SI, in Intelligence domain, individuals in Fearful attachment group ($M = 2.785$) had higher levels of ROCD symptoms -regarding intelligence of their partners- than individuals in Secure ($M = 2.267$) and Dismissive ($M = 2.494$) attachment groups. Individuals in Fearful attachment group ($M = 2.785$) had also higher scores than those in Preoccupied ($M = 2.60$) attachment group (see Figure 3.12).

Table 3.11. *Differences of Age and Attachment on Partner-Focused OC Symptoms*

Variables	Wilks' Lambda	Multi. df	Multi. F	Multi. η_p^2	Uni. df	Uni. F	η_p^2 Uni.
Age	.993	6, 374	0.465	.007			
Morality					1, 379	0.314	.001
Sociability					1, 379	1.677	.004
Emotional Stability					1, 379	0.194	.001
Competence					1, 379	0.000	.000
Physical Appearance					1, 379	0.045	.000
Intelligence					1, 379	0.007	.000
Attachment	.703	18, 1058	7.794**	.111			
Morality					3, 379	26.89**	.175
Sociability					3, 379	23.20**	.155
Emotional Stability					3, 379	30.04**	.192
Competence					3, 379	16.66**	.116
Physical Appearance					3, 379	20.62**	.140
Intelligence					3, 379	16.69**	.117
Age x Attachment	.933	18, 1058	1.449	.023			
Morality					3, 379	0.640	.005
Sociability					3, 379	1.891	.015
Emotional Stability					3, 379	0.989	.008
Competence					3, 379	0.910	.007
Physical Appearance					3, 379	0.729	.006
Intelligence					3, 379	1.107	.009

* $p < .05$, ** $p < .008$

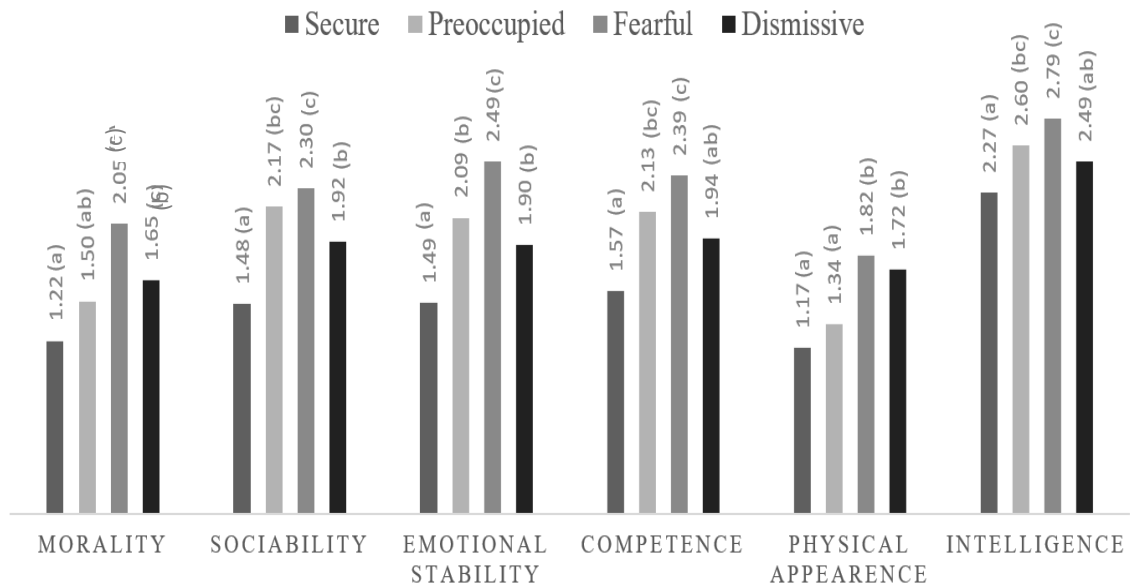


Figure 3.12. Mean Scores of Attachment Types for different domains of Partner Focused Obsessive Compulsive Symptoms

Note. The mean scores that did not share the same letter were significantly different from each other.

3.3.6. Relationship Duration

In order to examine the effects of Age, Attachment types and interaction of these on Relationship Duration of the participants, 2 (Age Group [Late adolescence, Adulthood]) x 4 (Attachment Group [Secure, Preoccupied, Fearful, and Dismissive]) between subjects Analysis of Variance (ANOVA) was conducted. According to results, although the interaction effect of Age X Attachment ($F [3, 379] = .468, p = .705, \eta_p^2 = .004$) was not significant; main effect of Age ($F[1, 379] = 16.62, p < .001, \eta_p^2 = .04$) was significant. That is, individuals in adulthood period ($M = 27.75$) had been in a romantic relationship longer than those in late adolescence period ($M = 13.67$).

Furthermore, according to results, there was a significant main effect of Attachment types ($F [3, 379] = 3.43, p < .05, \eta_p^2 = .03$) on Relationship Duration of participants. That is, individuals in Secure ($M = 27.57$) attachment group had longer relationships compared to those in Fearful ($M = 15.44$) attachment group. (see Figure 3.13)

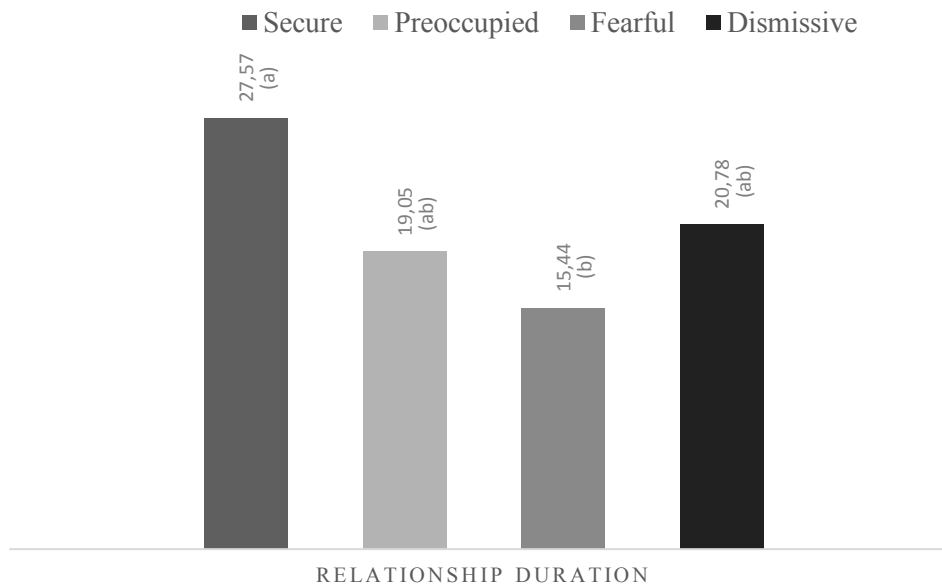


Figure 3.13. Attachment group differences on Relationship Duration

Note. The mean scores that did not share the same letter were significantly different from each other.

3.4. Regression Analysis

Three separate regression analyses were conducted in order to examine the factors associated with reassurance seeking and two types of ROCD symptomatology.

3.4.1. Factors Associated with Reassurance-Seeking

In order to examine the variables associated with Reassurance-Seeking, a multiple regression analysis was conducted. For this regression analysis, in the first step attachment styles (i.e., anxious and avoidant dimensions), in the second step Personality Traits (i.e., extraversion, conscientiousness, agreeableness, neuroticism, openness, and negative valence), and in the final step Social Comparison scores and Social

Comparison Frequency were entered into the equation. Firstly, attachment dimensions explained 32% of the variance ($F [2, 384] = 89.22, p < .001$), and only anxious ($\beta = .57, t [384] = 12.25, p < .001$) attachment style was significantly associated with reassurance seeking. That is, while individuals with anxious attachment style had more tendency to seek reassurance, people with avoidant attachment style did not reveal any significant association with reassurance seeking. As for the second step in regression analysis, personality traits accounted for 3% of the variance ($F [6, 378] = 2.97, p = .008$). Among those personality traits, only the Neuroticism trait ($\beta = .16, t [378] = 3.29, p = .001$) was found to be significantly associated with reassurance seeking. Which revealed that, people who had higher scores on Neuroticism personality trait, had higher tendency to seek reassurance. Finally, social comparison explained 2,5% of the variance ($F [2, 376] = 7.54, p = .001$), and social comparison frequency ($\beta = .15, t [376] = 3.39, p = .001$) was found to be significantly associated with reassurance seeking. In other words, as individuals' tendency to compare themselves with others increased, reassurance seeking tendency also increased (See Table 3.12).

Table 3.12. *Factors Associated with Reassurance-Seeking*

	β	F change	df	t	ΔR^2
Dependent Variable					
Reassurance-Seeking					
I. Attachment		89.22***	2, 384		.32
Anxious	.57		384	12.25***	
Avoidant	-.02		384	-0.41	
II. Personality		2.97**	6, 378		.03
Extraversion	.06		378	1.27	
Conscientiousness	-.02		378	-0.52	
Agreeableness	.03		378	0.69	
Neuroticism	.16		378	3.29**	
Openness	-.06		378	-1.31	
Negative Valence	.05		378	1.01	

Table 3.12. (continued)

III Social Comparison		7.54**	2, 376	.02
Social Comparison Score	-.10		376	-1.93
Social Comparison Freq.	.15		376	3.39**

* $p < .05$, ** $p < .01$, *** $p < .001$

3.4.2. Factors Associated with Relationship Centered Obsessive Compulsive Symptoms

In order to figure out the variables associated with Relationship Centered Obsessive Compulsive Symptoms, a multiple regression analysis was conducted. For this regression analysis, in the first step attachment styles (i.e., anxious and avoidant dimensions), in the second step Personality Traits (i.e., extraversion, conscientiousness, agreeableness, neuroticism, openness, and negative valence), in the third step Social Comparison and Social Comparison Frequency, and finally in the last step Reassurance seeking scores were entered into the equation. Firstly, attachment dimensions explained 44% of the variance ($F [2, 384] = 152.04, p < .001$), and both anxious ($\beta = .54, t [384] = 12.90, p < .001$) and avoidant ($\beta = .22, t [384] = 5.12, p < .001$) attachment styles were significantly associated with Relationship Centered Obsessive Compulsive Symptoms. That is, individuals with both anxious and avoidant attachment styles had more tendency to have relationship centered obsessive compulsive symptoms. Furthermore, difference of correlation coefficients of anxious and avoidant attachment styles were calculated. Results indicated that anxious ($r = .55$) attachment type had significantly stronger association with relationship centered obsessive compulsive symptoms than avoidant ($r = .25$) attachment type ($p < .001, z = 5.03$). Afterwards in regression analysis, personality traits accounted for 4% of the variance ($F [6, 378] = 5.08, p < .001$). Among those personality traits, Conscientiousness ($\beta = -.11, t [378] = -2.73, p = .007$) and Negative Valence ($\beta = .14, t [378] = 3.16, p = .002$) were found to be significantly associated with relationship centered obsessive compulsive symptoms. Which revealed that, people who had higher scores on Conscientiousness personality trait, had lower tendency to have relationship centered obsessive compulsive symptoms.

In contrast, higher Negative Valence scores were associated with higher OC symptoms regarding the relationship. As for the third step, social comparison explained 3% of the variance ($F [2, 376] = 9.92, p < .001$), and social comparison frequency ($\beta = .16, t [376] = 4.12, p < .001$) was found to be significantly associated with Relationship Centered OC Symptoms. In other words, as individuals' tendency to compare themselves with others increased, a significant increment in Relationship Centered OC Symptoms was observed. Finally, reassurance seeking explained 3% of the variance ($F [1, 375] = 21.11, p < .001$), and was significantly ($\beta = .20, t [375] = 4.59, p < .001$) associated with relationship centered obsessive compulsive symptoms. That is, individuals who had more tendency to seek reassurance, had also higher tendency to have these symptoms (See Table 3.13).

Table 3.13. *Factors Associated with Relationship Centered Obsessive Compulsive Symptoms*

	β	F change	df	t	ΔR^2
Dependent Variable					
Relationship-Centered OCD					
I. Attachment		152.04***	2, 384		.44
Anxious	.54		384	12.90***	
Avoidant	.22		384	5.12***	
II. Personality		5.08***	6, 378		.04
Extraversion	.04		378	0.97	
Conscientiousness	-.11		378	-2.73**	
Agreeableness	.03		378	0.45	
Neuroticism	.10		378	1.88	
Openness	-.03		378	-0.42	
Negative Valence	.14		378	3.16**	
III. Social Comparison		9.92***	2, 376		.03
Social Comparison Score	-.10		376	-1.73	
Social Comparison Frequency	.16		376	4.12***	
IV. Reassurance-Seeking	.20	21.11***	1, 375	4.59***	.03

* $p < .05$, ** $p < .01$, *** $p < .001$

3.4.3. Factors Associated with Partner Focused Obsessive Compulsive Symptoms

In order to figure out the factors associated with Partner Focused Obsessive Compulsive (OC) Symptoms, a multiple regression analysis was conducted. In this analysis, firstly attachment styles (i.e., anxious and avoidant dimensions), secondly Personality Traits (i.e., extraversion, conscientiousness, agreeableness, neuroticism, openness, and negative valence), then Social Comparison (i.e., social comparison score and social comparison frequency), and finally Reassurance seeking scores were entered into the equation. Firstly, attachment dimensions explained 31% of the variance ($F [2, 384] = 84.61, p < .001$), and both anxious ($\beta = .31, t [384] = 6.50, p < .001$) and avoidant ($\beta = .35, t [384] = 7.42, p < .001$) attachment styles were significantly associated with partner focused OC symptoms. That is, individuals with both anxious and avoidant attachment styles had more tendency to partner focused OC symptoms. Furthermore, difference of correlation coefficients of anxious and avoidant attachment styles were calculated. However, results indicated that there is no significant difference between anxious ($r = .31$) and avoidant ($r = .35$) attachment types regarding their association with partner focused obsessive compulsive symptoms. Afterwards in regression analysis, personality traits accounted for 5% of the variance ($F [6, 378] = 4.88, p < .001$). Among those personality traits, Extraversion ($\beta = .14, t [378] = 2.87, p = .004$) and Negative Valence ($\beta = .18, t [378] = 3.57, p < .001$) were found to be significantly associated with partner focused OC symptoms. Which revealed that, people who had higher scores on Extraversion and Negative Valence personality trait, had higher tendency to have partner focused OC symptoms. As for the third step, social comparison explained 3% of the variance ($F [2, 376] = 8.47, p < .001$), and social comparison frequency ($\beta = .18, t [376] = 4.05, p < .001$) was found to be significantly associated with partner focused OC symptoms. In other words, as individuals' tendency to compare themselves with others increased, a significant increment in partner focused OC symptoms was observed. Finally, reassurance seeking explained 1% of the variance ($F [1, 375] = 5.43, p = .02$), and was significantly ($\beta = .12, t [375] = 2.33, p = .02$) associated with partner focused OC symptoms. That is, individuals who had more

tendency to seek reassurance, had also higher tendency to have these symptoms (See Table 3.14).

Table 3.14. *Factors Associated with Partner Focused Obsessive Compulsive Symptoms*

	β	F change	df	t	ΔR^2
Dependent Variable					
Partner Focused OCD					
I. Attachment		84.61***	2, 384		.31
Anxious	.31		384	6.50***	
Avoidant	.35		384	7.42***	
II. Personality		4.88***	6, 378		.05
Extraversion	.14		378	2.87**	
Conscientiousness	-.03		378	-0.60	
Agreeableness	-.03		378	-0.54	
Neuroticism	.04		378	0.75	
Openness	-.02		378	-0.50	
Negative Valence	.18		378	3.57***	
III. Social Comparison		8.47***	2, 376		.03
Social Comparison Score	-.04		376	-0.80	
Social Comparison Frequency	.18		376	4.05***	
IV. Reassurance-Seeking	.12	5.43*	1, 375	2.33*	.010

* $p < .05$, ** $p < .01$, *** $p < .001$

CHAPTER 4

DISCUSSION

The aim of the current study was to understand the association between attachment styles, personality characteristics, social comparison, and reassurance seeking which are claimed to influence Relationship Obsessive Compulsive Disorder (ROCD) symptoms of individuals. At the initial step, differences among the levels of demographic variables (i.e., age, gender, and relationship duration) were examined on the measures of the study. Then, the differences of attachment styles on the measures of the study were investigated. Lastly, three separate regression analyses were conducted in order to identify the variables associated with reassurance seeking, Relationship-centered Obsessive Compulsive (OC) Symptoms, and Partner-focused Obsessive Compulsive (OC) Symptoms.

In this chapter, the results of the analyses of the study will be discussed by referring to the findings in the relevant literature. Afterwards, both the strengths and limitations of the study will be discussed. Finally, the implications of the present study for clinical research and practice will be presented.

4.1. Findings Related to Age, Gender, Relationship Duration, and Attachment Style Differences on the Measures of the Study

At the beginning of this part, observed main effects and interaction effects of age with gender, relationship duration, and attachment style on the personality traits, social comparison tendencies, reassurance seeking tendencies, and ROCD symptoms will be discussed respectively.

Regarding age and gender effect, literature demonstrated that age has a significant effect on different personality characteristics; people have increased scores in

Conscientiousness and Agreeableness traits and decreased scores in Neuroticism, Openness, and Extraversion traits as they age (Costa & McCrae, 1992; Srivastava, John, Gosling, & Potter, 2003). In contrast, in the present study there were no main effect of age on personality traits. However, gender was found to have a significant effect on agreeableness, neuroticism, openness, and negative valence domains. The female participants in this study were found to have significantly higher scores in Agreeableness and Neuroticism domains in accordance with the literature claiming that women are more socially involved and empathic, and also prone to negative emotionality (Costa, Terracciano, & McCrae, 2001; Weisberg, DeYoung, & Hirsh, 2011).

However, the finding regarding how negative valence trait differs across genders was unexpected. It was found that males had higher scores on Negative Valence trait than females. Considering the cultural component of this study (all the participants completing the study were from Turkish culture), it can be argued that men in collectivistic cultures like Turkey, tend to conceal their negative emotions, failures, lower level of psychological well-being, and they also hinder themselves from complaining about emotional difficulties that they experience. This issue points to the difference between Neuroticism (which is more related with distress and anxiety) and Negative Valence (which is more related with self-worth) (Gençöz & Öncül, 2012). As a result of this cultural role distribution between men and women, females tend to cope with problems by sharing and expressing, while males tend to keep the negative emotions stemming from difficulties and failures to themselves, and apply indirect coping strategies. Thus, males may be more prone to appraise the negative emotionality as negativity about the self, and to experience decrease in self-worth rather than experiencing anxiety, through this process they might have higher scores as far as Negative Valence trait is concerned.

Another surprising finding comes from the interaction effect of age and gender on Neuroticism domain. Although the literature claims that Neuroticism trait tends to

decrease in women as they age, and it does not significantly change in men (Helson, Kwan, John, & Jones, 2002; Srivastava et al., 2003), the results of the present study indicated that Neuroticism increases in females, while it decreases in males as they get older. This may be caused by the life stressors that are more important at early ages for males (such as finding a job and being financially independent) and at later ages for females (such as marital distress, having and taking care of children, trials for being socially involved) (Bromberger & Matthews, 1996; Kendler et.al., 2010)

In terms of attachment patterns, there are significant results in all domains of personality except for Conscientiousness. Regarding Agreeableness domain, individuals in Secure and Preoccupied attachment groups had significantly higher scores than those in the Dismissive attachment group. Similarly, individuals in the Fearful attachment group were more agreeable than those in the Dismissive attachment group. As for the agreeableness domain, which represents the interpersonal relationships and the attitude of one toward others, these results are not surprising. For individuals in the Dismissive attachment group, who have negative other-models and positive self-model and who demonstrate higher avoidance rather than anxiety (Bartholomew, 1990), interpersonal relationships and the need to maintain them are less important compared to those in the other attachment groups. In addition, since individuals with attachment anxiety (in Fearful and Preoccupied groups) tend to preoccupy with interpersonal relationships and pay more attention to messages from social environment, being high in Agreeableness domain could be expected from individuals with higher attachment anxiety. However, the quality of the relationships is expected to be higher in the Secure attachment group, as the findings of this study demonstrated. In the Extraversion domain, which refers to positive emotionality and spending joyous time with others, it is expected that individuals low in attachment avoidance domain tend to be more extraverted. The findings of this study were in accordance with the literature (Abe & Izard, 1999; Gallo, Smith, & Ruiz, 2003), and demonstrated that people in the Secure attachment group were significantly more extraverted than those in the Dismissive and Fearful attachment groups. In addition, people in the Preoccupied attachment group were more extraverted

than fearfully attached individuals. As far as the Neuroticism domain is concerned, the results showed that individuals in the Preoccupied and Fearful attachment groups had higher scores than those in the Dismissive and Secure attachment groups. It is expected that individuals with attachment security will be more capable in emotion regulation; therefore, have low scores in Neuroticism domain. However, the results of the Dismissive attachment group could be evaluated as having more self-reliance and self-worth, and therefore, being influenced less by environment and having lower scores in Neuroticism. Regarding Openness trait, individuals in Secure and Preoccupied attachment groups had significantly higher scores than those in Fearful attachment group, which was also compatible with the findings in the literature (Wolfgang, 2004). Finally, regarding Negative Valence trait, only two groups revealed significant difference, accordingly the Fearful attachment group had significantly higher scores than the Secure attachment group. The reason for this significant difference may be the internal conflict experienced by the individuals in the fearful group regarding being close to others or not (Bartholomew, 1990). In addition, the conflict an individual experiences with regard to having a positive or negative self-model similar to appraising others' behavior as benevolent or malevolent could be the possible associated factor that increases Negative Valence in these individuals.

Regarding social comparison and social comparison frequency, the results did not reveal any significant difference between the participants' age, gender, and relationship. This finding is compatible with the literature which claims that social comparison has an evolutionary role to reach better information; therefore, irrespective of other variables (gender and age), it is a method all people resort to (Festinger, 1954). In addition, further explanations of social comparison, downward comparison and fear-affiliation theories, claim that people apply social comparison information especially when they are faced with life stressors and relationship difficulties, and they seek for others who have experienced similar situations as themselves (Schachter, 1959; Wills, 1981); therefore, people in any condition need social comparison for different reasons as any age-period and each gender group have their unique stressors that necessitate social comparison.

As far as attachment patterns are concerned, there are significant differences regarding their impact on social comparison and social comparison frequency scores. In accordance with the suggestions of Bartholomew (1990), the results of this study indicated that individuals in Secure and Dismissive attachment groups have significantly more positive self-views (after comparing themselves with others) than Preoccupied and Fearful attachment groups. In addition, individuals in these groups apply social comparison less frequently than those in other groups, which indicates that attachment anxiety, rather than avoidance, makes people more dependent on external information, leading them to compare themselves more in order to alleviate distress and regulate emotions.

Regarding reassurance-seeking, the results revealed a significant interaction effect of age and gender. Although males and females' reassurance seeking tendencies did not differ from each other in developmental periods, each group has its own process of change. Males tended to seek reassurance less as they get older, while females' tendency did not differ significantly. This finding is compatible with the finding about Neuroticism trait of males as explained above. Males in this study sample, in contrast with the findings regarding males in the literature, tended to be more anxious and experience negative emotions, and accordingly, seek reassurance more at their early ages (late adolescence) than at later ages. This could also be explained with the difference between the puberty periods in men and women. The literature demonstrates that males have later onset in puberty compared to females (Angold & Worthman, 1993; Hayward, 2003); and thus, males resolve the conflict and distress stemming from adolescence later than females. Therefore, findings regarding the reassurance seeking scores of males could be due to the experienced adolescence period that keeps on at later ages in males compared to females.

The findings regarding the attachment style differences with respect to reassurance seeking were in line with the expectations. Individuals in the Preoccupied and Fearful attachment groups had more tendencies towards reassurance-seeking than those in the

Dismissive and Secure attachment groups. As explained above, either anxiety symptoms (as demonstrated in Neuroticism and Negative Valence trait) or the need for external feedback is associated more with attachment anxiety. In addition, if people with Dismissive attachment styles tend to be more self-reliant and have positive-self and negative-other models, they would not be concerned about the opinions of others. As a result, while they apply social comparison less and have lower scores in Neuroticism trait, they seek reassurance less as well.

The difference of age and gender on the ROCD symptoms was not significant in terms of total scores. However, in the physical appearance subgroup (under the Partner-focused OC symptoms), males had significantly higher scores than females. More clearly, males were more preoccupied with their partners' physical appearance, and these preoccupations were at the level of obsessions and compulsions. Surprisingly, it was found that the ROCD symptoms did not differ according to the romantic relationship duration of individuals. This could be explained by Doron et al.'s (2014) theorization of ROCD onset. Doron et al. (2014) stated that ROCD could be experienced anytime, but especially in times of romantic decisions. Furthermore, ROCD symptoms do not decrease as relationships improve, and some people have these symptoms in 3-month long relationships, while others experience these symptoms in 2-year long relationships and even across long marriage lives (Doron et al., 2014). This finding also supports the idea that ROCD symptoms are not simply the real-worries that all couples sometimes face. When these symptoms last longer, they make one's life harder. In terms of the differentiation of attachment styles across both relationship-centered and partner-focused OC symptoms, it can be said that individuals in the Fearful attachment group had significantly higher scores than those in the Preoccupied and Dismissive groups who had higher scores than the securely attached ones. These results indicated that both anxiety and avoidance domains of attachment have negative impacts on relationships in different ways (Li & Chan, 2012; Bolt, 2015; Kumar & Mattanah, 2016). Additionally, there were also differences of attachment strategies between the subgroups of relationship-centered OC symptoms. In all the subgroups, namely Feelings to partner,

Feelings from partner, and Rightness of relationship, people in the Fearful and Preoccupied attachment groups had higher scores than those in the Dismissive and Secure attachment groups. However, only in the Feelings to partner subgroup, the scores of individuals in Fearful and Preoccupied attachment groups were differentiated. This result could be stemming from the different nature of this subgroup compared to other two groups. Assessing individual's own feelings toward partner is mostly related with individuals' self-evaluations about their own feelings, which could be even more triggered with the internal conflict that fearfully attached individuals have.

4.2. Findings Related to the Regression Analyses

Three separate multiple regression analyses were carried out in order to examine the associated factors of reassurance seeking, relationship-centered obsessive compulsive symptoms, and partner-focused obsessive compulsive symptoms.

4.2.1. Findings Regarding Reassurance Seeking

For this regression analysis, in the initial step attachment styles (i.e., anxious and avoidant dimensions), in the second step Personality Traits (i.e., extraversion, conscientiousness, agreeableness, neuroticism, openness, and negative valence), and in the final step Social Comparison scores and Social Comparison Frequency were entered into the equation.

Results indicated that insecure attachment representations explained the greatest variance (32%) on reassurance seeking. Between those representations, anxious attachment style rather than avoidant attachment style was found to be significantly associated with reassurance seeking. This finding is highly consistent with the literature demonstrating that anxiously attached individuals tend to seek reassurance more (Brennan & Carnelley, 1999; Shaver, Schachner, & Mikulincer, 2005; Cannon, 2012). As explained in the introduction section, Bartholomew (1990) suggests that anxiously attached individuals mostly have low self-worth depending on the negative self-model,

and they also tend to see others better in any condition depending on the positive-other model. Therefore, these individuals have tendency to be dependent on a better one in their relationships, and they are mostly concerned about external feedback. The reason why these people could not be satisfied even after they take enough reassurance may be that anxiously attached infants experience an unstable attitude from care-giver, and then, learn not to trust the support or feedback obtained from the attachment figure, because the received support could be lost any time and time is unpredictable. Since these attachment representations last a lifetime, people behave according to the pre-established internal working models (Bowlby, 1982; Hazan & Shaver, 1987) and anxiously attached adults do not trust received support or reassurance coming from significant others (as forms of attachment figures in adulthood). In contrast, individuals with avoidant attachment have negative models regarding the other stemming from neglectful parenting; therefore, they almost never rely on information coming from others, devalue the approval of significant others, and minimize the attachment needs, as they used to do in infancy. Hence, the association of anxious rather than avoidant attachment strategies with reassurance seeking seems to be consistent with the expectations.

After controlling the effect of attachment representations, the results showed that Neuroticism personality trait had a significant positive association with reassurance seeking. This finding could be interpreted in accordance with the literature claiming that Neuroticism is highly related with emotional instability, negative emotionality, anxiety, and vulnerability (McCrae, 1991); and depression (Vanhalst et.al., 2012). In addition, in a meta-analysis which examined the relationship between Big Five personality traits, coping strategies and their moderated factors, and which included 165 studies and 33,094 participants, the results showed that emotion-focused coping and increased seeking for social support (including seeking comfort, empathy, and closeness with others) were significantly related with Neuroticism trait (Connor-Smith & Flachsbart, 2007). According to these studies, the role of Neuroticism in reassurance seeking behaviors could be explained by its close relationship with anxiety and depression, and

also its role in leading the individual to more emotion-focused coping and emotional support in order to alleviate the distress stemming from negative emotions and incapability in regulating them.

After controlling for the effects of attachment and personality, social comparison frequency explained a significant amount of variance on reassurance seeking. This finding was expected and related with the previous findings about attachment anxiety and Neuroticism trait. As explained in the introduction section, people need social comparison information to reach reliable information to improve themselves, or to find similar people experiencing similar situations to cope with negative emotions, or to compensate for the decrease in well-being or self-confidence. Because of their common points, people who need social comparison information more than others could also seek reassurance more. In addition, consistent with the findings of this study which were discussed above, other researchers also found that people high in Neuroticism tend to compare themselves with others and derive negative information from the comparison (Van der Zee et al., 1998). Therefore, as reassurance seeking was found to be associated with Neuroticism trait, it was also found to be associated with social comparison frequency.

4.2.2. Findings Regarding Relationship centered Obsessive Compulsive Symptoms

In order to reveal the variables associated with Relationship Centered Obsessive Compulsive (OC) Symptoms, a multiple regression analysis was conducted. For this regression analysis, in the first step attachment styles (i.e., anxious and avoidant dimensions), in the second step Personality Traits (i.e., extraversion, conscientiousness, agreeableness, neuroticism, openness, and negative valence), in the third step Social Comparison and Social Comparison Frequency, and finally in the last step Reassurance seeking scores were entered into the equation.

According to the results, attachment representations explained a great amount of variance (44%) on Relationship Centered OC Symptoms. Both anxious and avoidant

styles were found to be associated with these symptoms. Furthermore, after examining the difference between the correlation coefficients of anxious and avoidant attachment styles, it was found that the anxious attachment type had significantly stronger association with the relationship centered obsessive compulsive symptoms than the avoidant attachment type. These findings are consistent with the literature claiming that attachment anxiety rather than avoidance may be more strongly associated with Relationship Centered OC Symptoms (Doron et al., 2012). In addition, the findings were consistent with the model and the hypotheses of the study indicated in the first chapter.

First of all, according to Rachman (1993), intrusions targeting the most sensitive areas for individuals are more likely to transform into obsessions. Thus, Doron et al. (2013) indicated that individuals who are more sensitive in relational domain may have an increased risk to appraise relationship-related intrusions distortedly, and develop obsessions regarding relationships. The findings of this study may be interpreted considering Rachman (1993) and Doron et al.'s (2013) suggestions. Individuals with attachment anxiety have increased concerns about a significant other's (caregiver in infancy and romantic partner in adulthood) availability and responsiveness in times of need, and these individuals use excessive strategies to avoid threats of abandonment and incapability of regulating emotions; therefore, they are more concerned about and vulnerable to relationship-related issues. For instance, a commonly experienced doubt about the romantic partners' feelings to them (one of the sub-dimensions named as Feelings from Partner) may be interpreted distortedly, and individuals may not deal with the negative emotions coming from intrusion. These situations may come together with the internal working models (IWM) of individuals, representing that others are always better; taking consistent approval and love from others is a kind of necessity; when love and support coming from others are inconsistent and unpredictable, they are never enough (Bowlby, 1982; Bartholomew, 1990). As a result, individuals may interpret intrusion as obsession, and this obsession may lead individuals to conduct compulsive

acts in order to alleviate distress. Then, these compulsions lead to new obsessions in accordance with the vicious cycle in the general working model of OCD.

Furthermore, a commonly experienced doubt about the rightness of relationship (e.g., am I in a relationship that best fits for me) may trigger “overestimation of threat” belief in OCD when it comes together with the IWM in attachment anxiety (representing that individual is highly dependent on others to regulate emotions and cope with distress, and rejection or abandonment is never predictable). When the threat of not being in the right relationship is overestimated, people need compulsive symptoms to neutralize obsessions and alleviate anxiety.

According to the study conducted by Doron, Kyrios, Moulding, Nedeljkovic, and Bhar (2007), when individuals' assumptions and specific beliefs about world (the perceived benevolence of the world, the meaningfulness of the world, worthiness of the self) come together with the well-known six obsessive compulsive beliefs (Obsessive-Compulsive Cognitions Working Group, OCCWG, 1997), the vulnerability of the individuals to have OCD significantly increases. The results indicated that lower levels of self-worth (regarding worthiness of the self) and negative perception of others and world (regarding benevolence of the world) were associated with OCD symptom severity. In the light of Doron et.al.'s (2007) suggestions, findings of this study regarding significant association between insecure attachment styles and the Relationship Centered OC Symptoms may be explained by the internal working models of individuals with anxious (as self is an undeserving and unworthy one) and avoidant attachment (as others are neglectful and untrustable, world is an unsafe place) styles, which resemble the worldview assumptions. These suggestions on worldview assumptions and internal working models of individuals lead us to the findings about Negative Valence trait which represents the low self-worth; and thus, may be related with ROCD in accordance with Doron et.al.'s (2007) findings.

As for the personality traits, the results of regression analysis revealed that personality traits accounted for 4% of the variance. Among those personality traits, Conscientiousness and Negative Valence were found to be significantly associated with Relationship Centered OC Symptoms. Regarding the Negative Valence trait which refers to low self-worth and ineffective coping mechanisms, the literature indicates that low self-worth and indirect emotion-focused coping strategies are negatively associated with psychological well-being, and positively associated with anxiety and depression (Zeigler-Hill & Holden, 2013; Bardone-Cone, Lin, & Butler, 2017). Thus, the association of Negative Valence with OCD and Relationship Centered OC Symptoms is expected. As for the association of Conscientiousness trait, it can be stated that people who are more focused on their goals and more motivated for achievement may seek for approval in academic or goal-directed areas, rather than in relationships; and thus, may be less prone to develop obsessive compulsive symptoms regarding relationships. In addition, Conscientiousness trait may provide the individual with a sense of control and persistence over something, and thus may fix any decrement in the control belief of individual, and hinder the development of ROCD.

Regarding the social comparison variable, regression analysis indicated that social comparison frequency rather than social comparison score accounted for a considerable amount of variance in Relationship Centered OC Symptoms. As explained above, in this study, individuals in the Preoccupied and Fearful attachment groups apply social comparison more frequently than those in the Secure and Dismissive attachment groups, which indicates that anxiety domain of attachment, rather than avoidance, makes people more dependent on external information and leads them to compare themselves with others more frequently. Therefore, these results may be explained by the attachment representations that have a considerable role in Relationship Centered OC Symptoms. In addition, according to Doron et.al. (2014), ROCD patients reported that the availability of information about other people by social media and internet (described as “illusion of availability”) triggers their intrusive thoughts and preoccupations about their relationships. Consistent with these suggestions and patient statements, people applying

more social comparison may be exposed to the relationships of others more, and this may cause an increase in the anxiety coming from intrusive thoughts and doubts. Furthermore, being exposed to potential relationships (in which one can be included) may trigger individuals' beliefs about "responsibility to prevent harm", and lead individuals to exaggerate doubts about their own relationship in order to be able to consider alternative relationships (in which people have the possibility to feel more valued and to avoid from abandonment).

Finally, regarding reassurance seeking, the result of this regression analysis showed that reassurance seeking explained a considerable amount of variance (same amount with the social comparison) on Relationship Centered OC Symptoms. These results could be explained in accordance with the literature which states that individuals with OCD apply reassurance seeking excessively in order to neutralize their intrusive thoughts (Morillo, Belloch, & García-Soriano, 2007). In addition, reassurance seeking symptoms have a negative effect on relationships especially on romantic ones (Starr & Davila, 2008). Moreover, as explained in the introduction section, reassurance seeking was found to be highly associated with interpersonal rejection, and partner-initiated break-ups (Stewart & Harkness, 2015). In the light of these findings, excessive reassurance seeking may have influence on partners of ROCD patients, make them experience difficulty in their relationships, and lead them behave differently toward their partners. Individuals who are highly sensitive in the relationship domain may easily realize these difficulties and changes in behaviors, and interpret these changes as not being loved or cared enough. These interpretations facilitate individuals' distorted appraisals and develop relationship-related OC symptoms. Furthermore, reassurance seeking is identified as one of the compulsive acts in ROCD (Doron et.al., 2012); therefore, excessive reassurance seeking may enhance the obsessive-compulsive vicious circle to turn back by alleviating distress for a moment and then may make individual more dependent on itself.

4.2.3. Findings Regarding Partner Focused Obsessive Compulsive Symptoms

Similar to the previous regression analysis, another multiple regression analysis was conducted in order to figure out the variables associated with Partner Focused Obsessive Compulsive (OC) Symptoms. In this regression analysis, in the first step attachment styles (i.e., anxious and avoidant dimensions), in the second step Personality Traits (i.e., extraversion, conscientiousness, agreeableness, neuroticism, openness, and negative valence), in the third step Social Comparison and Social Comparison Frequency, and finally in the last step Reassurance seeking scores were entered into the equation.

According to the findings, adult attachment styles explained a great amount of variance (31%) on Partner-focused OC Symptoms. Among insecure attachment strategies, both anxious and avoidant styles were found to be associated with Partner-focused OC Symptoms. Furthermore, after examining the difference between correlation coefficients of anxious and avoidant attachment styles, it was observed that avoidant attachment type had slightly more association with Partner-focused OC Symptoms than anxious attachment type; however, this difference was not statistically significant. This result does not strongly support the suggestion of Doron et al. (2012) who argue that attachment avoidance may demonstrate stronger association with Partner-focused OC Symptoms because individuals with high attachment avoidance have greater tendency to project negative sides of the self on others; thus, they may have increased tendency to focus on minor flaws and negative sides of the partner, and develop obsessions about them (Doron et al., 2012). In addition, according to the model and the hypotheses of this study, avoidance domain of attachment would be more associated with the Partner-focused OC Symptoms, while anxiety domain of attachment is associated more with the Relationship-centered OC Symptoms. This hypothesis was slightly supported with the findings of this regression analysis. According to Ainsworth, Blehar, Waters, and Wall (1978), infant develops a "flight" reaction against the attachment figure's inability to provide a secure base, learns to hide his/her own proximity needs, and becomes self-reliant. Individuals who have an internal working model (IWM) representing avoidance

from the attachment needs may have increased tendency to develop Partner-focused OC Symptoms. Individuals with avoidant attachment strategies may deal with partner's flaws rather than the relationship itself in order to deactivate attachment needs, to prevent themselves from investing in the relationship; and thus to avoid intimacy. The insignificant difference between anxious and avoidant attachment styles (in terms of association with Partner-focused OC Symptoms) may be stemming from the strong effect of attachment anxiety rather than the slight effect of avoidance. As explained in the factors associated with Relationship-centered OC Symptoms, similar mechanisms may have a role in Partner-focused OC Symptoms as well.

Regarding personality traits, Extraversion and Negative Valence traits were found to explain a considerable amount of variance on Partner focused OC Symptoms. In terms of Extraversion, the findings were not consistent with the literature demonstrating that Extraversion trait is positively associated with assertiveness, positive emotionality, strong interpersonal relationships (McCrae, 1991), and psychological well-being (Diener, Oishi, & Lucas, 2003); and negatively associated with anxiety (Wolfgang, 2004), and depression (Rector, Hood, Richter, & Bagby, 2002). The result of this study regarding Extraversion could be explained by the unique nature of Partner-focused OC Symptoms. Individuals with high Extraversion trait have more interpersonal relationships and spend more time in social environment (McCrae, 1991); therefore, they may have increased concerns about the relationship partner accompanying them in social environment. When an intrusion regarding a characteristic of partner emerges (i.e. is s/he intelligent, social or competent enough?), it is more likely to turn into obsession for these individuals who have concerns about how they look in social circumstances. Furthermore, regarding Negative Valence trait, in addition to the issues explained in the previous section about Relationship-centered OC Symptoms and Negative Valence association, it is possible that individuals having low self-worth (mostly appear in Negative Valence) have increased tendency to gain the worth they need from their partners; therefore, they may be more concerned about the partners' characteristics or flaws. This idea is consistent with the study of Doron and Szepeswol (2015)

demonstrating that people with ROCD symptoms have higher levels of partner-contingent self-worth. More clearly, these individuals develop their sense of self-worth via romantic partner's self-esteem or characteristics (Doron & Szepeswol, 2015).

Regarding social comparison, the results of this regression analysis indicated that social comparison frequency explained significant amount of variance on Partner-focused OC Symptoms. This finding and the amount of variance that is explained are similar with the findings related to Relationship-centered OC Symptoms, and the explanations discussed in that section may be valid for these findings as well. However, "illusion of availability" phenomena may exhibit itself here regarding partners' characteristics rather than regarding relationship itself (Doron, Derby, & Szepeswol, 2014). Being exposed to potential partners and making comparisons between the partners that accompanied to others and partners accompanying them may make individuals more prone to develop obsessions about the partners' characteristics or flaws. In addition, when social comparison information comes together with the "perfectionism/intolerance of uncertainty" belief of OCD, it could increase the likelihood of developing Partner-focused OC Symptoms, by leading the individual not to tolerate the minor flaws of the partner and question the relevance of the partner for their perfect view.

Finally, as far as reassurance seeking is concerned, the results of the regression analysis showed that reassurance seeking explained significant but lesser amount of variance on Partner-focused OC Symptoms than on Relationship-centered OC Symptoms (1% versus 3%). The role of reassurance seeking in Partner-focused OC Symptoms may be explained by its contribution to neutralizing intrusive thoughts (Morillo, Belloch, & García-Soriano, 2007), and its relatedness to interpersonal rejection (Starr & Davila, 2008). In addition, when individuals excessively seek reassurance and then are not satisfied with it (Joiner, Metalsky, Katz, & Beach, 1999), they may doubt about the competence of their partner for satisfying their needs; and then, these doubts may present themselves in the form of obsessions.

4.3. Strengths and Limitations of the Study

The main strength of this study was that ROCD is one of the most recent contributions to the OCD literature; and this study raises new suggestions regarding such a recent topic. Additionally, this study posits a relatively broader understanding of the OCD and ROCD literature by discussing on several different theories and suggestions.

Furthermore, current study demonstrated the crucial role of attachment representations in different domains (i.e., personality factors, social comparison tendencies, reassurance seeking, and ROCD symptoms).

However, there are also some limitations of the study. Firstly, the current study is conducted with the cross-sectional method; thus, it will be misleading to evaluate the results of the study as representing cause and effect relationships. Furthermore, the data of this study was collected from participants who were predominantly university students, having high education level, and mostly single or co-habiting. In addition, although the age of participants ranged from 18 to 53, most of the participants were young, and gender distribution was not equal. These features may be misleading in terms of the results regarding the effect of demographic variables on the other variables of the study. Finally, data collection in this study was done via online programs; therefore, the study was limited with the people who had internet access.

4.4. Clinical Implications

First of all, according to the reports of patients, ROCD symptoms bring extreme distress, anxiety, and interference in life tasks; symptoms are highly associated with depression (Doron, Derby, Szepsenwol, & Talmor, 2012b); and symptoms cause extreme shame and guilt about the doubts and actions (Doron, Derby, & Szepsenwol, 2014). This study makes important contributions to the OCD/ROCD literature by examining the associated factors regarding the ROCD symptoms; by this way give suggestions for new developments in the treatment of ROCD.

According to the literature, patients with OCD commonly feel ashamed of the irrational nature of their symptoms, and they fear from negative evaluation due to these shameful

symptoms; thus, they tend to conceal their symptoms (Rasmussen & Eisen, 1989; Newth & Rachman, 2001). In ROCD, symptoms are closely related with a very personal domain, which is the romantic relationships. In collectivistic cultures as Turkish culture, family's welfare, society's demands and opinions are among the primary concerns of the individuals (Triandis, 1995; Lu & Gilmour, 2004), and flaws regarding these domains are commonly avoided and not shared. In a culture where personal issues tend to be kept secret and romantic and familial problems are difficult to share, like in Turkish culture, individuals experience difficulties to seek medical or psychological help regarding the ROCD symptoms. This study provides important cues to clinicians about the unique nature of ROCD symptomatology and its associated factors so that they can pay more attention to such an interfering and hard-to-share psychological problem.

Furthermore, this study makes considerable contributions to the literature regarding the effect of attachment representations on several different psychopathologies. Adult attachment representations and pre-created internal working models have been the topic of many studies, and manifestation of early relationships on therapy setting has been used as a very effective therapy tool in different approaches. For instance, psychoanalytic approaches allow the transference of significant other-figures to therapy in order to understand unconscious conflicts and resolve them; schema-mode therapy approach uses the information coming from early relationships with caregivers to understand early maladaptive schemas, and also uses this information on limited re-parenting methods. With the contribution of this study to the literature regarding attachment-psychopathology association, mental health practitioners may have an opportunity to strengthen their formulations and treatment plans by using the information regarding attachment representations of patients. Finally, this study demonstrates a broader frame about the associated factors of ROCD symptoms by including several different variables on the model of the study, by discussing the association of personality factors, social comparison, and reassurance seeking, and their impact on ROCD symptoms. This broader picture may lead to further contributions to

understand etiology of these symptoms, and to develop convenient interventions for them.

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APPENDICES

Appendix A: Demographic Information Form

1) Yaşınız?

2) Cinsiyetiniz?

- Erkek (1)
- Kadın (2)

3) Eğitim Durumunuz:

- Okur-yazar (1)
- İlkokul Mezunu (2)
- Ortaokul Mezunu (3)
- Lise Mezunu (4)
- Üniversite Mezunu (5)
- Yüksek Lisans Mezunu (6)
- Doktora Mezunu (7)

4) Gelir Durumunuz/Ailenizin Gelir Durumu:

- Düşük (1)
- Orta (2)
- Yüksek (3)

5) Medeni Durumunuz:

- Bekar (1)
- Evli (2)
- Beraber yaşıyor (3)
- Boşanmış (4)
- Dul (5)

6) Şu anda devam eden romantik ilişkinizin süresini yazınız. Lütfen ay veya yıl olarak belirtiniz. (Örnek: 5 ay, 3 yıl, 3 yıl 5 ay vb.)

Appendix B: Experiences in Close Relationships – Revised Scale (ECR-R)

Aşağıdaki maddeler romantik ilişkilerinizde hissettiğiniz duygularla ilgilidir. 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 karşılardaki 7 aralıklı ölçek üzerinde, ilgili rakamı işaretleyerek gösteriniz.

1-----2-----3-----4-----5-----6-----7
Hiç Kararsızım/ Tamamen
katılmıyorum fikrim yok katılıyorum

1. Birlikte olduğum kişinin sevgisini 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 benimle olmak istemeyeceği korkusuna kapılırım.	1	2	3	4	5	6	7
4. Özel duygu ve düşüncelerimi birlikte 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 önemsedğim 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	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 duygularımı 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 yakınlaştığında gergin 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 öfkelenendirir.	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 C: Basic Personality Traits Inventory (BPTI)

Aşağıda size uyan ya da uymayan pek çok kişilik özelliği bulunmaktadır. Bu özelliklerden her birinin sizin için ne kadar uygun olduğunu ilgili rakamı işaretleyiniz.

Örneğin; Kendimi biri olarak görüyorum.

(1) Hiç uygun değil (2) Uygun değil (3) Kararsızım (4) Uygun (5) Çok uygun

		Hiç uygun değil	Uygun değil	Kararsızım	Uygun	Çok uygun			Hiç uygun değil	Uygun değil	Kararsızım	Uygun	Çok uygun
1	Aceleci	1	2	3	4	5	24	Pasif	1	2	3	4	5
2	Yapmacık	1	2	3	4	5	25	Disiplinli	1	2	3	4	5
3	Duyarlı	1	2	3	4	5	26	Açgözlü	1	2	3	4	5
4	Konuşkan	1	2	3	4	5	27	Sinirli	1	2	3	4	5
5	Kendine güvenen	1	2	3	4	5	28	Canayakın	1	2	3	4	5
6	Soğuk	1	2	3	4	5	29	Kızgın	1	2	3	4	5
7	Utangaç	1	2	3	4	5	30	Sabit fikirli	1	2	3	4	5
8	Paylaşımçı	1	2	3	4	5	31	Görgüsüz	1	2	3	4	5
9	Geniş / rahat	1	2	3	4	5	32	Durgun	1	2	3	4	5
10	Cesur	1	2	3	4	5	33	Kaygılı	1	2	3	4	5
11	Agresif(Saldırgan)	1	2	3	4	5	34	Terbiyesiz	1	2	3	4	5
12	Çalışkan	1	2	3	4	5	35	Sabırsız	1	2	3	4	5
13	İçten pazarlıklı	1	2	3	4	5		Yaratıcı (Üretken)	1	2	3	4	5
14	Girişken	1	2	3	4	5	37	Kaprisli	1	2	3	4	5
15	İyi niyetli	1	2	3	4	5	38	İçine kapanık	1	2	3	4	5
16	İçten	1	2	3	4	5	39	Çekingen	1	2	3	4	5
17	Kendinden emin	1	2	3	4	5	40	Alıngan	1	2	3	4	5
18	Huysuz	1	2	3	4	5	41	Hoşgörülü	1	2	3	4	5
19	Yardımsız	1	2	3	4	5	42	Düzenli	1	2	3	4	5
20	Kabiliyetli	1	2	3	4	5	43	Titiz	1	2	3	4	5
21	Üşengeç	1	2	3	4	5	44	Tedbirli	1	2	3	4	5
22	Sorumsuz	1	2	3	4	5	45	Azimli	1	2	3	4	5
23	Sevecen	1	2	3	4	5							

Appendix D: Social Comparison/ Social Comparison Frequency Scale

Hepimiz zaman zaman kendimizi diğer insanlarla karşılaştırır ve bazı değerlendirmeler yaparız. Bu değerlendirmeler sonucunda kendimizle ilgili bazı fikirler ediniriz. Lütfen, aşağıdaki sıfatların her birinde, kendinizi diğer insanlara göre nasıl gördüğünüzü değerlendiriniz, sizi en iyi yansıtan rakamın altına (X) işareti koyunuz. 1 rakamı negatif yöne yakın olmayı ifade ederken, 5 rakamı pozitif yöne yakın olmayı ifade eder.

Örnek: Kendimi diğer insanlar ile karşılaştırdığımda yetersiz görmeye daha eğilimli isem 1 veya 2 rakamları, yeterli görmeye daha eğilimli isem 4 veya 5 rakamları. Kendimi, belirtilen sıfatta diğer insanlara göre ortalama seviyede görüyorsam 3 rakamını işaretleyebilirim.

Karşılaştırma sıklığı: En soldaki sütuna, lütfen kendinizi belirtilen sıfata göre diğer insanlarla ne sıklıkla karşılaştırdığınızı belirtiniz.

1=neredeyse hiç, 2= nadiren, 3= bazen, 4=sık sık, 5=her zaman

Karşılaştırma Sıklığı(1-5)	Özellikler (Negatif Yön)	1	2	3	4	5	Özellikler (Pozitif Yön)
	1.Yetersiz						Yeterli/Üstün
	2.Beceriksiz						Becerikli
	3.Başarısız						Başarılı
	4.Sevilmeyen Biri						Sevilen biri
	5.İçedönük						Dışadönük
	6.Yalnız						Yalnız değil
	7.Dışta bırakılmış						Kabul edilmiş
	8.Sabırsız						Sabırlı
	9.Hoşgörüsüz						Hoşgörülü
	10.Söyleneni yapan						İnsiyatif sahibi
	11.Korkak						Cesur
	12.Kendine Güvensiz						Kendine güvenli
	13.Çekingen						Atılgan
	14.Dağınık						Düzenli
	15.Pasif						Aktif
	16.Kararsız						Kararlı
	17.Antipatik						Sempatik
	18.Boyun eğici						Hakkını arayıcı

Appendix E: Reassurance Seeking Scale

Aşağıdaki sorular için aşağıdaki ölçeği kullanarak sizin için en uygun olan rakamı işaretleyin.

- 1) Hayır, hiç
- 2) Hayır, nadiren
- 3) Pek değil
- 4) Emin değilim
- 5) Evet, bazen
- 6) Evet, sıklıkla
- 7) Evet, çok sık

- 1) Genel olarak, yakın hissettiğiniz insanlara, sizin hakkınızda gerçekten ne hissettiklerini sorarken kendinizi sık sık yakalar mısınız?

1	2	3	4	5	6	7
Hayır, hiç	Hayır, nadiren	Pek değil	Emin değilim	Evet, bazen	Evet, sıklıkla	Evet, çok sık

- 2) Genel olarak, yakın hissettiğiniz insanlardan, sizinle gerçekten ilgilendiklerine dair sık sık güvence arar mısınız?

1	2	3	4	5	6	7
Hayır, hiç	Hayır, nadiren	Pek değil	Emin değilim	Evet, bazen	Evet, sıklıkla	Evet, çok sık

- 3) Genel olarak, yakın hissettiğiniz kişiler, onların sizinle gerçekten ilgilendiklerine dair güvence aramanızdan bazen rahatsız olurlar mı?

1	2	3	4	5	6	7
Hayır, hiç	Hayır, nadiren	Pek değil	Emin değilim	Evet, bazen	Evet, sıklıkla	Evet, çok sık

- 4) Genel olarak, yakın hissettiğiniz kişilerin, onların sizinle gerçekten ilgilendiklerine dair güvence aramanızdan “bıktıkları” olur mu?

1	2	3	4	5	6	7
Hayır, hiç	Hayır, nadiren	Pek değil	Emin değilim	Evet, bazen	Evet, sıklıkla	Evet, çok sık

Appendix F: Relationship Obsessive Compulsive Inventory (ROCI)

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. 1	Bana biraz uygun. 2	Bana orta düzeyde uygun. 3	Bana oldukça uygun. 4	Bana çok uygun. 5
----------------------------	------------------------	-------------------------------	--------------------------	----------------------

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

**Appendix G: Partner Related Obsessive Compulsive Symptom Inventory
(PROCSI)**

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.	Bana biraz uygun.	Bana orta düzeyde uygun.	Bana oldukça uygun.	Bana çok uygun. 5
1	2	3	4	5

1.	Partnerimin sahip olduğu ahlak düzeyinden memnunum.	1	2	3	4	5
2.	Partnerimin sosyal becerilerini tekrar tekrar gözden geçiririm.	1	2	3	4	5
3.	Partnerimin yeterince akıllı ve derinlik sahibi biri olup olmadığını sürekli sorgularım.	1	2	3	4	5
4.	Partnerimin dış görünüşünden memnunum.	1	2	3	4	5
5.	Partnerimin sosyal becerileri ile ilgili düşünceler beni rahatsız eder.	1	2	3	4	5
6.	Partnerimin ahlaki düzeyine ilişkin şüpheler beni sürekli rahatsız eder.	1	2	3	4	5
7.	Partnerimin zihinsel olarak dengesiz olduğu fikrini aklımdan çıkarmakta zorlanırım.	1	2	3	4	5
8.	Partnerimin yeterince zeki olup olmadığı konusunda çevremdeki insanlardan (arkadaşlarımdan, ailemden vs.) sık sık onay ararım.	1	2	3	4	5
9.	Partnerimle birlikteyken onun fiziksel kusurlarını görmezden gelmekte zorlanırım.	1	2	3	4	5

10.	Partnerimin hayatta “bir şey başarma” becerisini sürekli diğer kadın/erkekleriyle karşılaştırırım.	1	2	3	4	5
11.	Partnerimin zeka seviyesini diğer kadın/erkekleriyle sürekli karşılaştırırım.	1	2	3	4	5
12.	Partnerimin duygusal tepkilerini diğer kadın/erkeklerle karşılaştırma eğilimimi kontrol etmekte zorlanırım.	1	2	3	4	5
13.	Partnerimin yeterince zeki olmadığı düşüncesi beni çok rahatsız eder.	1	2	3	4	5
14.	Partnerimin fiziksel görünüşündeki kusurlarla ilgili düşünceler beni sürekli rahatsız eder.	1	2	3	4	5
15.	Her gün, partnerimin “iyi ve ahlaklı” bir insan olmadığı düşüncesinden rahatsız olurum.	1	2	3	4	5
16.	Partnerimin zeka seviyesinden memnunum.	1	2	3	4	5
17.	Sürekli, partnerimin yeterince ahlaklı olduğuna dair kanıt ararım.	1	2	3	4	5
18.	Partnerimin sosyal konulardaki beceriksizliğine ilişkin düşünceler beni her gün rahatsız eder.	1	2	3	4	5
19.	Partnerim aklıma her geldiğinde görünüşündeki kusurları düşünürüm.	1	2	3	4	5
20.	Partnerimin ahlak düzeyini sürekli incelerim.	1	2	3	4	5
21.	Sürekli, partnerimin sosyal yetersizliklerini telafi etmeye çalışırım.	1	2	3	4	5
22.	Partnerimin duygusal olarak dengesiz olduğuna ilişkin şüpheler beni rahatsız eder.	1	2	3	4	5
23.	Partnerimin sosyal becerilerinden memnunum.	1	2	3	4	5
24.	Partnerimin tuhaf bir şekilde davranıp davranmadığını sürekli incelerim.	1	2	3	4	5
25.	Zihnim partnerimin hayatta başarılı olup olmayacağını değerlendirmekle çok meşguldür.	1	2	3	4	5

26.	Partnerimin fiziksel kusurlarını diğer kadın/erkekleriyle karşılaştırma konusunda kontrol edemediğim bir dürtü hissederim.	1	2	3	4	5
27.	Partnerimi düşündüğümde, modern dünyada başarılı olabilecek türden biri olup olmadığını merak ederim.	1	2	3	4	5
28.	Sürekli, partnerimin iş hayatındaki başarısına dair kanıt ararım.	1	2	3	4	5

Appendix H: Informed Consent Form

Gönüllü Katılım Formu

Bu araştırma, Orta Doğu Teknik Üniversitesi Psikoloji Bölümü, Klinik Psikoloji yüksek lisans öğrencisi Büşra Yıldırım tarafından, Prof. Dr. Tülin Gençöz danışmanlığında yürütülmektedir. Çalışmanın amacı, kişilerin romantik ilişkilerini ve ilişki deneyimlerini etkileyen belirli faktörleri incelemektir. Bu çalışmaya katılabilmemiz için 18 yaşından büyük olmanız ve 1 aydan uzun süredir devam eden romantik ilişkinizin bulunması gerekmektedir.

Çalışmada sizden kimlik belirleyici hiçbir bilgi istenmeyecek olup, edinilen bilgiler sadece araştırmacılar tarafından değerlendirildikten sonra bilimsel yayınlarda kullanılacaktır. Katılım gönüllük esasına dayanmaktadır. Çalışmanın objektif ve güvenilir sonuç verebilmesi için, yanıtları samimi olarak cevaplandırmanız son derece önemlidir. Doğru ya da yanlış seçenek yoktur. Kendinize en yakın hissettiğiniz veya düşündüğünüz cevabı işaretlemeniz yeterli olacaktır. Anket genel olarak, kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz dilediğiniz zaman anketi cevaplamayı bırakabilirsiniz.

Çalışma ile ilgili daha detaylı bilgi edinmek istemeniz durumunda çalışmanın yürütücüsü ve ODTÜ Psikoloji Bölümü yüksek lisans öğrencisi Büşra Yıldırım (e-posta: ybusra@metu.edu.tr) ile iletişime geçebilirsiniz.

Katıldığınız ve zaman ayırdığınız için teşekkür ederiz.

Appendix I: Ethics Committee Approval

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER



ORTA DOĞU TEKNİK ÜNİVERSİTESİ
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Gönderilen: Prof.Dr. Tülin GENÇÖZ

Psikoloji Bölümü

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın : Prof.Dr. Tülin GENÇÖZ

Danışmanlığınızı yaptığınız yüksek lisans öğrencisi Büşra YILDIRIM'ın "Bağlanma stilleri, kişilik faktörleri, sosyal karşılaştırma ve reassurance seeking'in ilişkisel Obsesif Kompulsif Semptomlar üzerine etkisi (The Influence of Attachment Styles, Personality Characteristics, Social Comparison, and Reassurance Seeking on ROCD Symptoms)" başlıklı araştırması İnsan Araştırmaları Komisyonu tarafından uygun görülerek gerekli onay 2016-SOS-128 protokol numarası 15.08.2016-15.02.2017 tarihleri arasında geçerli olmak üzere verilmiştir.

Bilgilerinize saygılarımızla sunarız.

Prof. Dr. Canan SÜMER

İnsan Araştırmaları Etik Kurulu Başkanı

Prof. Dr. Meliha ALTUNIŞIK

İAEK Üyesi

Prof. Dr. Mehmet UTKU

İAEK Üyesi

Yrd. Doç. Dr. Pınar KAYGAN

İAEK Üyesi

Prof. Dr. Ayhan SOL

İAEK Üyesi

Prof. Dr. Ayhan Gürbüz DEMİR

İAEK Üyesi

Yrd. Doç. Dr. Emre SELÇUK

İAEK Üyesi

Appendix J: Turkish Summary

1. GİRİŞ

İnsan ilişkileri tarihten bu yana insanlığın konusu olmuş, ve olmaya da devam etmektedir. Kişiler arası ilişkilerin kişilerin psikolojik iyi oluş hallerine ve psikopatolojilerine etkisi de bir çok araştırmaya konu olmuştur. Bu çalışma, hem kişiler arası ilişkinin alt bir formu olarak romantik ilişkileri ve bunlara etki eden faktörleri incelemekte, hem romantik ilişkilerin psikopatolojiye etkisine bakmakta, hem de birbiri ile yakından alakalı bu iki konuyu bir arada inceleyen romantik ilişkilere odaklı obsesif kompulsif semptomları konu almaktadır.

Bu çalışmada, yetişkin bağlanma stilleri, kişilik özellikleri, sosyal karşılaştırma eğilimleri ve onay arayıcılık arasındaki ilişkinin, romantik ilişki içerikli obsesif kompulsif belirtilere etkisi incelemek amaçlanmaktadır.

1.1. Obsesif Kompulsif Bozukluk (OKB)

Obsesif kompulsif bozukluk, psikiyatrik popülasyonda oldukça yaygın olan, ve takıntılı düşünceler ve zorlantılı davranışları içeren bir psikopatoloji türüdür. Obsesyonlar, yineleyici ve istenmeyen düşünce, dürtü ve imgeler şeklinde kendini gösterir ve benliğe yabancı olarak algılanırlar. Kompulsiyonlar ise, istenmeyen girici düşüncelerin verdiği stres verahatsızlığı önlemek ve/veya onları nötralize etmek amacı ile kişiler tarafından uygulanan davranışlardır. DSM-5'e göre, OKB'nin uluslararası prevalansı %1.1 ile %1.8 arasında olduğu, kadınların erkeklere oranlara daha fazla etkilendiği rapor edilmektedir (American Psychiatric Association, 2013). Türkiye'nin Konya ilinde yapılan bir yaygınlık çalışmasına göre, OKB prevalansı %3 olarak hesaplanmış, DSM-5'e benzer olarak, kadınların erkeklerden daha fazla orana sahip oldukları bulunmuş, ancak farkın istatistiksel olarak anlamlı bulunmadığı belirtilmiştir (Cilli et. al., 2004).

OKB'nin kognitif modellerinde en eski ve ilk olanı, Salkovskis modelidir. Bu modelde, OKB'ye sahip kişilerde rahatsızlığın asıl kaynağının sorumluluk olduğu, kişilerin girici düşünceleri nasıl yorumladığı, bu düşüncelerin gelmesinde ve onları engellemede tam yetkin ve sorumluluk sahibi oldukları inancının, kişilerin girici düşünceleri normalleştirmesini zorlaştırıp bunların obsesif semptomlara dönüşmesine yol açtığı öne sürülmektedir. OKB'ye dair ikinci model, Wells ve Matthews'in (1996) öne sürdüğü meta-kognitif modeldir. Buna göre, girici düşünceler, bu düşüncelerin önemine dair inançları aktive etmekte ve çarpık bir şekilde yorumlanmasına yol açmaktadır. Bu modelde, Rachman'ın (1997) öne sürdüğü “düşünce-eylem kaynaşması” hipotezi öne çıkmış, OKB'li bireylerin girici düşüncelerin gerçeği temsil ettiğini düşündükleri, dolayısı ile bir eylemi düşünmek ile onu gerçekleştirmeyi ile eşit algıladıkları düşünülmüştür. Son olarak, OKB'de etkin olan bir geribildirim döngüsü olduğu ileri sürülmüş, bu döngünün kişilerin girici düşünceleri ile tetiklendiği, bu girici düşüncelere dair inançlar ile desteklendiği, sonrasında girici düşüncenin verdiği psikolojik rahatsızlığı gidermek amacı ile kompulsif davranışların yapılmasının tetiklendiği belirtilmiştir. Kompulsif davranışlar sonrasında ise, döngüyü tekrar başa döndüren mekanizmalardan bahsedilmiştir. Literatürde ayrıca, OKB'nin başlaması ve sürmesinde etkili olan altı temel inanç alanı bulunduğu belirtilmektedir. Bunlar; abartılı sorumluluk algısı, düşüncenin önemsenmesi, düşüncelerin kontrolü, abartılı tehdit algısı, belirsizliğe tahammülsüzlük ve mükemmeliyetçiliktir (Obsessive-Compulsive Cognitions Working Group, 1997).

1.2. Romantik İlişki İçerikli Obsesif Kompulsif Bozukluk

Literatürde OKB semptomlarının kişilerarası ilişkilerdeki etkisine dair çalışmalar yapılmış, ancak romantik ilişkilere odaklanan obsesif kompulsif semptom türü ilk olarak Doron ve arkadaşları tarafından klinik gözlemlerinden yola çıkarak tespit edilmiştir. Buna göre, iki çeşit romantik ilişki içerikli obsesif kompulsif semptom alanı vardır. Bunlardan ilki romantik ilişkinin kendisi ile ilgili obsesyonel düşünmeye işaret etmekte ve kişinin partnerine karşı hisleri, partnerinin kendisine olan hisleri ya da ilişki

deneyiminin doğruluğuna ilişkin girici düşünceler ve şüpheleri içermektedir. Diğer OKB alt alanlarında olduğu gibi, romantik ilişki içerikli obsesif kompulsif semptomlarda da bu girici düşüncelere ilişkin obsesyonlara kontrol etme, karşılaştırma, onay arama ve nötralizasyon gibi kompulsif davranışlar görülebilmektedir. Romantik ilişki içerikli obsesif-kompulsif semptom türlerinin ikincisi partner odaklı obsesif-kompulsif semptomlardır. Bu semptomlar partnerin ahlak düzeyi, sosyal becerileri, duygusal istikrarlılık düzeyi, yetkinliği, fiziksel görünüşü ya da zekasına yönelik yoğun şüphe veya girici düşünceleri içerir (Doron, Derby, Szepsenwol, & Talmor, 2012; Trak & İnözü, 2017).

Romantik ilişki içerikli obsesif kompulsif semptomların etiyolojisine yönelik kognitif modeller, OKB de etkili olan kognitif süreçler ile bağlantılı olarak açıklanmıştır. Rachman'a (1993) göre, kişilerin özellikle hassas oldukları alanlarda gelen girici düşünceler, yanıltıcı şekilde yorumlanmaya daha yatkındırlar. Dolayısı ile, romantik içerikli obsesif kompulsif semptoma sahip kişilerin özellikle kişiler arası veya romantik ilişki alanlarında zorluk yaşamaya yatkın olabilecekleri ifade edilmiştir. Bu semptomların açıklanmasında OKB'de etkili olan altı temel inanç alanına ek olarak, kişilerin ilişkilere dair çarpık inançlarının da önemli olduğu belirtilmiştir. Kişilerin özellikle belirsizliğe tahammülsüzlük gibi bilişlerinin, romantik ilişki ve sevgi gibi soyut ve ölçülmesi zor alanlarda daha fazla öne çıkabileceği ve bunların, kişileri OKB semptomlarına yatkın hale getirebileceği öne sürülmüştür.

1.3. Bağlanma Kuramı

Bağlanma kuramının öncüsü olan Bowlby (1982), bebeklerin erken yaşlarda bakımverenleri ile yakın bağlar kurma eğiliminde olduklarını, kurdukları bu ilişkilerde bakımverenlerin duyarlılık ve ulaşılabilirlik düzeylerini yakından gözlemlediklerini öne sürmüştür. Bebeklerin bakımverenleri ile kurdukları bu ilişkilerin, onların kendileri ve başkaları hakkında içsel modeller geliştirmelerine, ve ileriki yaşlarda bu modeller doğrultusunda ilişkiler kurmalarına ortam hazırladığını belirtmiştir.

Bağlanma literatüründeki gelişmeler ile birlikte, Hazan ve Shaver (1987) bebek-bakımveren arasında kurulan bağlanmanın bir başka formunun yetişkinlikteki romantik ilişkilerde de kurulduğunu ifade etmiştir. Bundan sonra, Bartholomew (1990) yetişkinlerde bağlanma şekillerini dört grupta modellemiş, ve grupların çeşitliliğini kişilerin kendileri ve diğerlerine yönelik içsel modellerinin olumlu veya olumsuz olmasına göre açıklamıştır.

Bağlanma kuramının OKB ile ilişkisine dair literatürde önemli çalışmalar yapılmıştır. Son yıllarda yürütülen bir çalışmaya göre, kişilerin güvensiz bağlanma stilleri ve sorumluluk/abartılı tehdit algısı ve mükemmeliyetçilik/ belirsizliğe tahammülsüzlük inançları arasında pozitif ilişki olduğu görülmüştür (Asad & Dawood, 2016). Ayrıca, yetişkin bağlanma stillerinin romantik ilişkilere etkisini ölçen çalışmalarda, bağlanma stillerinin yetişkinlerde ilişki doyumunu, ilişki gelişimini (Kumar & Mattanah, 2016), partnerlerin stres altındaki diğer partnere karşı tutumunu (Simpson & Rholes, 2017) ve ilişki kalitesini (Bolt, O. C., 2015) anlamlı olarak etkilediği bulunmuştur.

1.4. Kişilik Özellikleri

Kişiliği açıklama konusunda literatürde ortak özelliklere dayanan birçok yaklaşım öne sürülmüş, bunların karşısında kişisel farklılıklara odaklanan “özellik yaklaşımı” ölçülebilir ve uygulanabilir yapısı ile araştırmalarda ön plana çıkmıştır. Çok sayıda kişilik özelliğinin faktörler altında toplanması ve araştırmalara konu olması sonucu Beş Faktörlü Kişilik modeli ortaya çıkmıştır. Buna göre, çok sayıda farklı kişilik özelliği Deneyime Açıklık, Sorumluluk, Dışadönüklük, Uyumluluk ve Duygusal Denge olarak beş farklı alan altında toplanmıştır.

McCrae ve Costa (2003) kişilik özelliklerinin her kültürün kendine özgü anadili içinde ortaya çıkan eşsiz özellikler olduğunu öne sürmüş ve her dil ve kültürün kendine özgü bir kişilik ölçümü geliştirmesinin önemini vurgulamıştır. Bu bilgiler ışığında Gençöz ve Öncül (2012) Türk kültürüne özgü bir kişilik envanteri olarak Temel Kişilik Özellikleri Envanteri’ni geliştirmiş, kişiliğin bilinen beş faktörüne ek olarak, kültüre özgü bir özellik olarak Olumsuz Değerlik özelliğini belirlemiştir.

Literatürde OKB ile kişilik özelliklerinin ilişkisini inceleyen önemli çalışmalar yapılmıştır. Bu çalışmalardan birine göre, OKB'li bireylerin kontrol grubuna göre Uyumluluk ve Duygusal Denge faktörlerinde daha yüksek puanlara sahip olurken, Dışadönüklük faktöründe daha düşük puanlara sahip oldukları bulunmuştur. Ayrıca, kişilik özellikleri ile bağlanma stillerinin ilişkisini inceleyen çalışmalarda, güvenli bağlanma stiline Duygusal Denge faktörü ile negatif olarak ilişkilendirilen (Abe and Izard, 1999), Dışadönüklük ve Uyumluluk ile pozitif olarak ilişkilendiği belirtilmiştir (Gallo, Smith, & Ruiz, 2003).

1.5. Sosyal Karşılaştırma Teorisi

Sosyal karşılaştırma teorisi ilk olarak öne süren Festinger'e (1954) göre, kişiler evrimsel olarak kendileri, kabiliyetleri ve fikirlerine dair objektif yorumlara ihtiyaç duyarlar, ve bu yorumları kendileri yapamadıklarında kendilerini başkaları ile karşılaştırarak bu bilgiye ulaşma eğilimi gösterirler. Festinger'in sosyal karşılaştırmaya kişilerin kendilerini geliştirmesine yönelik olumlu bir eylem olarak bakmasının yanında, sonraki yıllarda teorisyenler sosyal karşılaştırmaların kişilerde savunmacı yaklaşımlara sebep olduğunu görmüş ve bu eylemlerin yalnızca gelişim için yapılmıyor olabileceğini düşünmüştür. Buna bağlı olarak kişilerin benzer zor durumlar ile yüzleşen diğer kişiler ile kendilerini karşılaştırma, bu sayede yaşadıkları zor durum ile ilgili sıkıntıyı hafifletme eğilimde oldukları belirtilmiştir (Schachter, 1959). Ayrıca son yıllarda, kişilerin azalan benlik saygılarını ve psikolojik iyi oluş hallerini telafi etmek amacı ile aşağı yönlü sosyal karşılaştırmaya başvurdukları öne sürülmüştür (Wills, 1981).

Literatürde, kişilerin özellikle kaygılı bağlanma stillerinin sosyal karşılaştırmaya başvurma eğilimini artırdığı (Johnson, 2012), kendilerine ve romantik ilişkilerine dair sosyal karşılaştırmaya başvuran bireylerin romantik ilişki doyumunun kontrol grubuna göre daha az olduğu bulunmuştur (Smith & Buckingham, 2008).

1.6. Onay Arayıcılık

Onay arayıcılık kavramı, ilk olarak Coyne (1976) tarafından depresyonun interaksyonel modelini açıklarken öne sürülmüş, sonraki çalışmalarda onay arayıcılığın diğer psikopatolojilerdeki rolüne de işaret edilmiştir. Onay arayıcılık kişinin ilişkilerinin güvenilir olduğuna, kendiliğın sevilen ve değerli olduğuna yönelik diğer insanlardan onay beklemesi, ve bu onayı ne kadar sık aldığına bakmaksızın tatmin olmamasıdır. Literatür çalışmaları, onay arayıcılığın kişiler arası ilişkilere zarar verdiğini, sosyal ve romantik reddedilmeyi artırdığını (Starr & Davila, 2008) ve partner tarafından başlatılan ilişki sonlandırmalarını artırdığını göstermiştir (Stewart & Harkness, 2015).

1.7. Çalışmanın Amaçları

Yukarıda tartışılan farklı teoriler ve literatür bulguları ışığında bu çalışmanın amaçları;

1. Çalışmanın değişkenleri üzerinde yaş, cinsiyet ve ilişki süresi farklılıklarını incelemek
2. Çalışmanın değişkenleri üzerinde yetişkin bağlanma stilleri farklılığını incelemek
3. Onay arayıcılık, romantik ilişki içerikli obsesif kompulsif semptomlar ve partner odaklı obsesif kompulsif semptomlar ile ilişkili faktörleri belirlemektir.

2. YÖNTEM

2.1. Katılımcılar

Çalışmanın katılımcıları en az 1 aydır romantik ilişkisi bulunan 260'ı kadın (%67.2) ve 127'si erkek (32.8 %) toplam 387 yetişkinden oluşmaktadır. Katılımcıların yaşları 18 ve 53 arasında değişmektedir (Ort = 22.36, S = 3.50). Katılımcıların 7'si (1.8%) okur-yazar, 266'sı (68.7%) lise mezunu, 99'u (25.6%) üniversite mezunu, 15'i (3.9%) yüksek lisans mezunudur. Katılımcılardan 353'ü (91.2%) bekar, 19'u (4.9%) evli, 14'ü (3.6%) partneri ile beraber yaşıyor, and 1'i (0.3%) ise boşanmış olduğunu rapor etmiştir. Kişilerin romantik ilişki süreleri 1 ve 420 ay arasında değişmektedir (Ort = 21.42, S = 32.25).

2.2. Ölçüm Araçları

Çalışmanın ölçüm araçları Demografik Bilgi Formu, Yakın İlişkilerde Yaşantılar Envanteri-II, Temel Kişilik Özellikleri Ölçeği, Sosyal Karşılaştırma Ölçeği, Sosyal Karşılaştırma Sıklığı Ölçeği, Onay Arayıcılık Ölçeği, Romantik İlişki Obsesyon ve Kompulsiyonları Ölçeği ve Partnere İlişkin Obsesif-Kompulsif Belirti Ölçeği'nden oluşmaktadır.

2.2.1. Yakın İlişkilerde Yaşantılar Envanteri-II

Bu ölçek yetişkin bağlanma stillerini ölçmek amacıyla Fraley, Waller ve Brennan (2000) tarafından geliştirilmiştir. Ölçekte toplamda 36 madde bulunmakta, bu maddelerin 18'i kaygı, 18'i ise kaçınma boyutunu ölçmektedir. Ölçeğin Türkçeye uyarlanması Selçuk, Günaydın, Sümer ve Uysal (2005) tarafından yapılmıştır. Ölçeğin iç tutarlılık katsayısı kaygı alt ölçeği için .86 ve kaçınma alt ölçeği için .90 bulunmuştur. Test-tekrar test güvenirliği ise kaygı alt ölçeği için .82, kaçınma alt ölçeği için .81 bulunmuştur.

2.2.2. Temel Kişilik Özellikleri Ölçeği

Gençöz ve Öncül (2012) tarafından geliştirilen bu ölçek, temel kişilik özelliklerinin belirlenmesi için kullanılmakta, 5'li Likert üzerinden puanlanan 45 maddeden oluşmaktadır. Yapılan faktör analizleri sonucunda ölçeğin Deneyime Açıklık, Sorumluluk, Dışadönüklük, Uyumluluk, Duygusal Denge ve Olumsuz Değerlik olmak üzere 6 alt ölçekten oluştuğu bulunmuştur. Alt ölçekler için iç tutarlılık katsayıları .71 ile .89 arasındadır.

2.2.3. Sosyal Karşılaştırma Ölçeği

Bu ölçek kişilerin başkaları ile karşılaştırdıklarında kendilerini nasıl algıladıklarını ölçmektedir. Ölçeğin orjinal formu Gilbert ve Trent (1992) tarafından 5 madde olarak geliştirilmiş, sonrasında Şahin, Durak, ve Şahin (1992) ölçeği Türkçeye uyarlamış ve 13

madde daha eklemiştir. Öçeğin son hali 18 maddeden oluşmakta, iç tutarlılık katsayısı .89, test tekrar test güvenilirliği .92 olarak belirtilmektedir.

2.2.4. Sosyal Karşılaştırma Sıklığı Ölçeği

Bu ölçek, bu çalışma sırasında geliştirilmiş olup, katılımcılara Sosyal Karşılaştırma Ölçeğinin her bir maddesini göz önünde bulundurarak kendilerini o maddede başkaları ile ne sıklıkta karşılaştırdıkları sorulmuştur. Ölçeğin iç tutarlılık katsayısı .90 olarak belirlenmiştir.

2.2.5. Onay Arayıcılık Ölçeği

Ölçeğin ana formu Coyne'nin (1976) geliştirmiş olduğu Depresif Kişiler Arası İlişkiler Envanterinin içindeki dört ana alandan bir tanesidir. Ölçek 4 maddeden oluşmakta ve 7'li Likert tipinde puanlanmaktadır. Ölçeğin Türkçe'ye adaptasyonu Gençöz ve Gençöz (2005) tarafından yapılmıştır. Çalışmaya göre, öçeğin iç tutarlılık katsayısı .86 olarak hesaplanmıştır.

2.2.6. Romantik İlişki Obsesyon ve Kompulsiyonları Ölçeği

Bu ölçek Doron ve arkadaşları (2012) tarafından romantik ilişki ile ilgili obsesif kompulsif semptomları ölçmek amacı ile oluşturulmuştur. Ölçek 14 maddeden oluşmakta ve 5'li Liker tipinde puanlanmıştır. Ölçeğin 2 ve 8 numaralı maddeleri puanlamanın dışında bırakılmış ve verilen cevapların güvenilirliğin ölçmek için kullanılması amaçlanmıştır. Ölçeğin 3 alt ölçeği olduğu bulunmuş, bunlara partnere olan hisler, partnerin kişiye karşı hisleri ve ilişki deneyiminin doğruluğu olarak adlandırılmıştır. Ölçeğin Türkçe'ye adaptasyonu Trak ve İnözü (2017) tarafından yapılmıştır. Ölçeğin tamamının iç tutarlılık katsayısı .93 olarak hesaplanmış, alt öçeklerin iç tutarlılık katsayılarının ise .84 ile .89 arasında değiştiği belirtilmiştir.

2.2.7. Partnerine İlişkin Obsesif-Kompulsif Belirti Ölçeği

Bu ölçek, kişinin partnerine ilişkin deneyimlediği obsesif-kompulsif semptomları ölçmek amacı ile Doron ve arkadaşları (2012) tarafından geliştirilmiştir. Ölçek 28 maddeden

oluşmakta, ancak 4 madde puanlamaya dahil edilmemekte, cevapların güvenilirliğini ölçmek amacı ile kullanılmaktadır. Ölçeğin kültürel adaptasyonu Trak ve İnöz (2017) tarafından yapılmış, ölçeğin iç tutarlılık katsayısı .95 olarak, test tekrar test güvenilirliği .77 olarak bulunmuştur.

2.3. Prosedür

İlk olarak Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulu'ndan Etik Kurul onayı alınmıştır. Ardından, yukarıda sözü geçen araştırma bataryası katılımcılara internet programı Qualtrics ve ODTÜ SONA sistemleri aracılığı ile dağıtılmıştır.

2.4. İstatistiksel Analizler

Araştırmanın analizleri SPSS programı ile yürütülmüştür. İlk olarak, demografik değişkenlere göre farklılıkları belirlemek amacıyla Varyans Analizleri (ANOVA) ve Çoklu Varyans Analizleri (MANOVA) yapılmıştır. Ardından, onay arayıcılık ve romantik ilişki içerikli obsesif kompulsif semptomlar ile ilişkili faktörleri inceleyebilmek amacı ile üç farklı çoklu regresyon analizi yapılmıştır.

3.BULGULAR

3.1. Çalışmanın Değişkenlerine Yönelik Betimleyici Analizler

Çalışmanın değişkenlere yönelik betimleyici analizler sonucunda ortalama skorlar, standart sapma değerleri, minimum ve maksimum değerler ve Cronbach alpha puanları hesaplanmıştır. Detaylı bilgiler için Tablo 3.1 incelenebilir.

3.2. Çalışmanın Değişkenlerinin Demografik Değişkenler Açısından İncelenmesi

Çalışmaya 3 farklı demografik değişken katılmıştır. Bunlar yaş, cinsiyet ve romantik ilişki süredir. Öncelikle bu üç değişken frekans dağılımlarına göre gruplara ayrılmıştır. Detaylı bilgi için Tabl 3.2. incelenebilir. Değişkenler açısından anlamlı farklılık olup olmadığının görülmesi amacıyla tek puan veren değişkenler için ANOVA, alt ölçekleri olan değişkenler için MANOVA uygulanmıştır.

3.2.1. Çalışmanın Değişkenlerinin Yaş ve Cinsiyet Farklılıkları Açısından Değerlendirilmesi

Kişilik özelliklerinin farklılaşmasına bakmak amacı ile MANOVA uygulanmış, sonuçlara göre kişilik özelliklerinde herhangi bir anlamlı yaş farklılığına rastlanmamıştır. Ancak, kişilik özelliklerinden Uyumluluk, Duygusal Denge, Deneyime Açıklık, ve Olumsuz Değerlik özelliklerinde anlamlı cinsiyet farkları bulunmuştur. Uyumluluk ve Duygusal Denge özelliklerinde kadınlar anlamlı olarak daha yüksek puanlar alırken, Deneyime Açıklık ve Olumsuz Değerlik özelliklerinde erkeklerin daha fazla puan aldıkları gözlemlenmiştir. Buna ek olarak, yaş ve cinsiyet etkileşiminin Duygusal Denge puanları üzerinde anlamlı etkisi vardır. Buna göre, yaşlandıkça erkeklerin duygusal denge özelliği azalırken, kadınların duygusal denge özelliğinin arttığı bulunmuştur.

Yaş ve cinsiyetin etkisine ANOVA analizi ile gerek tek başına gerekse etkileşimde olarak bakıldığında, sosyal karşılaştırma puanları ve sosyal karşılaştırma sıklığında herhangi bir anlamlı değişiklik göstermediği bulunmuştur.

Yapılan ANOVA'nın sonuçlarına göre, onay arayıcılık üzerinde, yaş ve cinsiyet etkileşiminin anlamlı farklar gösterdiği bulunmuştur. Bu sonuçlara göre, erkeklerin yaşlandıkça onay arayıcılığa yatkınlığının azaldığı, kadınların yatkınlığının ise yaşa göre anlamlı değişiklik göstermediği bulunmuştur.

Çalışmanın bağımlı değişkenleri olan Romantik İlişki içerikli Obsesif Kompulsif (OK) Semptomların gerek toplam puanları gerekse alt ölçek puanları üzerinde yaş ve cinsiyet açısından anlamlı bir fark bulunmamıştır. Bu duruma tek istisna olarak, Partner Odaklı Obsesif Kompulsif (OK) Semptomların altı alt ölçeğinden biri olan fiziksel görünüş alanında, erkeklerin kadınlara göre anlamlı olarak fazla puan aldıkları bulunmuştur. Buna göre, erkeklerin partnerlerinin fiziksel görünüşleri hakkında kadınlara göre daha fazla zihinsel meşguliyet ve obsesif kompulsif semptomlara sahip oldukları söylenebilir.

3.2.2. Çalışmanın Değişkenlerinin Yaş ve İlişki Süresi Farklılıkları Açısından Değerlendirilmesi

Çalışmanın değişkenlerinden kişilik özelliklerine MANOVA ile, sosyal karşılaştırma ve sosyal karşılaştırma sıklığı skorları, ve onay arayıcılık değişkenlerine ise ANOVA ile bakılmış, bu değişkenler üzerinde yaş ve ilişki süresinin anlamlı bir fark göstermediği bulunmuştur.

Sonrasında, Romantik İlişki içerikli Obsesif Kompulsif (OK) Semptomların üzerinde yaş ve ilişki süresinin etkisine bakılmış, toplam puanlar için ANOVA, alt ölçek puanları için MANOVA uygulanmıştır. Sonuçlara göre, Romantik İlişki ile ilgili Obsesif Kompulsif Semptomların toplam puanında anlamlı bir fark bulunmuş, ancak yapılan posthoc analizi sonucunda grupların anlamlı olarak farklılaşmadığı gözlemlenmiştir. Benzer şekilde, Romantik İlişki ile ilgili Obsesif Kompulsif Semptomların alt ölçeklerinin de yaş ve ilişki süresine göre farklılaşmadığı bulunmuştur.

Partner odaklı Obsesif Kompulsif Semptomlara bakıldığında ise, toplam puanlarda yaş ve ilişki süresi açısından bir fark bulunmamış, alt ölçeklerde bulunan anlamlı farkın ise Bonferroni düzeltmesi sonucu anlamlı çıkmadığı gözlemlenmiştir.

3.3. Çalışmanın Değişkenlerinin Yaş ve Bağlanma Stilleri Farklılıkları Açısından Değerlendirilmesi

İlk olarak, kişilik özellikleri üzerinde bağlanma stilleri farklılığına MANOVA ile bakılmıştır. Sonuçlara göre, bağlanma stillerinin Sorumluluk özelliği dışında bütün özelliklerde anlamlı farklılık gösterdiği bulunmuştur. Dışadönüklük özelliğinde güvenli bağlanan bireylerin kayıtsız ve korkulu bağlanan bireylere göre daha yüksek puanlar aldığı; saplantılı bağlananların ise yalnızca korkulu bağlananlara göre anlamlı olarak yüksek puan aldığı bulunmuştur. Uyumluluk özelliğine bakıldığında, güvenli bağlanan bireylerin korkulu ve kayıtsız bağlananlara göre daha uyumlu olduğu, korkulu ve saplantılı bağlanan bireylerin ise kayıtsız bağlananlara göre daha yüksek uyumluluk

sergilediği bulunmuştur. Duygusal denge özelliğinde, güvenli ve kayıtsız bağlanan bireylerin, korkulu ve saplantılı bağlananlara göre daha yüksek puanlar aldıkları gözlemlenmiştir. Deneyime açıklık özelliğine bakıldığında, güvenli ve saplantılı bağlanan bireylerin, korkulu bağlananlara göre deneyime daha açık olduğu bulunmuştur. Son olarak, Olumsuz Değerlik özelliğinde farklılaşan yalnızca iki grup olduğu, güvenli bağlanan bireylerin korkulu bağlanarlardan daha az puan aldıkları bulunmuştur.

Sosyal karşılaştırma puanları açısından bağlanma stillerinin farklılığına bakıldığında, güvenli ve kayıtsız bağlanan bireylerin saplantılı ve korkulu bağlananlara göre daha yüksek puanlar aldığı gözlemlenmiştir. Daha açık olarak, kendilerini başkaları ile karşılaştırdıklarında, güvenli ve kayıtsız bağlananların, saplantılı ve korkulu bağlananlara göre daha pozitif kendilik algıları olduğu bulunmuştur. Sosyal karşılaştırma sıklığına bakıldığında ise, tam tersi olarak, saplantılı ve korkulu bağlananların güvenli ve kayıtsız bağlananlara göre sosyal karşılaştırmaya daha fazla başvurdukları görülmüştür. Benzer bir sonuç, onay arayıcılık değişkeninde de gözlemlenmiş, saplantılı ve korkulu bağlananların güvenli ve kayıtsız bağlananlara göre daha fazla onay aradıkları bulunmuştur.

Romantik İlişki ile ilgili Obsesif Kompulsif Semptomlar açısından, toplam puanlara bakıldığında korkulu bağlananların saplantılı ve kayıtsız bağlananlara göre, onların da güvenli bağlananlara göre anlamlı olarak yüksek puanlar aldıkları bulunmuştur. Alt gruplara bakıldığında ise, kişinin partnere olan duyguları açısından, korkulu bağlanan bireylerin saplantılı ve kayıtsız bağlananlara göre, onların da güvenli bağlananlara göre daha fazla obsesif kompulsif semptomlar sergiledikleri bulunmuştur. Partnerin kişiye olan duyguları ve ilişki deneyiminin doğruluğu konusundaki zihinsel meşguliyete bakıldığında, korkulu bağlanan bireylerin yine en yüksek puanları aldıkları, güvenli ve kayıtsız bağlanan bireyler ile anlamlı olarak farklılaştıkları, ancak saplantılı bağlanan bireyler ile farklılaşmadıkları bulunmuştur.

Partner odaklı Obsesif Kompulsif Semptomlara bakıldığında, toplam puanlarda, korkulu bağlananların saplantılı ve kayıtsız bağlananlara göre, onların da güvenli bağlananlara göre anlamlı olarak yüksek puanlar aldıkları bulunmuştur. Partner odaklı bu semptomların 6 alt alanı olan ahlak düzeyi, sosyal beceriler, duygusal istikrarlılık düzeyi, yetkinlik, fiziksel görünüş ve zeka alanlarının hepsinde bağlanma stilleri açısından anlamlı farklar bulunmuştur. Detaylı bilgi için Figür 3.12. incelenebilir.

3.4. Regresyon Analizleri

Onay arayıcılık, Romantik İlişki ile ilgili Obsesif Kompulsif Semptomlar, ve Partner odaklı Obsesif Kompulsif Semptomları yordayan faktörleri saptamak için üç farklı çoklu regresyon analizi yürütülmüştür.

3.4.1. Onay Arayıcılığı Yordayan Faktörler

Analiz sonuçlarına göre, kaygılı bağlanmanın varyansın % 32'sini açıklayarak, onay arayıcılığı pozitif yönde yordadığı görülmüştür. Sonrasında, kişilik özelliklerinin yalnızca Duygusal Denge özelliğinin pozitif olarak onay arayıcılığı yordadığı gözlemlenmiştir. Sosyal karşılaştırma değişkenine bakıldığında ise, yalnızca sosyal karşılaştırma sıklığının onay arayıcılığı pozitif yönde yordadığı gözlemlenmiştir.

3.4.1. Romantik İlişki ile ilgili Obsesif Kompulsif Semptomları Yordayan Faktörler

Çoklu regresyon analizi sonuçlarına bakıldığında, güvensiz bağlanma olarak kaygılı ve kaçınan bağlanma türlerinin ikisinin de bu semptomları pozitif olarak yordadığı görülmüştür. Ardından, kaygılı ve kaçınan bağlanma stillerinin korelasyon katsayıları karşılaştırılmış ve kaygılı bağlanmanın Romantik İlişki ile ilgili Obsesif Kompulsif Semptomları kaçınan bağlanmaya göre daha fazla yordadığı bulunmuştur. Kişilik özelliklerine bakıldığında, Olumsuz Değerlik özelliğinin pozitif yönde, Sorumluluk özelliğinin negatif yönde bu semptomları yordadığı görülmüştür. Sosyal karşılaştırmaya

bakıldığında, sosyal karşılaştırma sıklığının bu semptomları pozitif olarak yordadığı, onay arayıcılığın da pozitif olarak yordadığı bulunmuştur.

3.4.2. Partner odaklı Obsesif Kompulsif Semptomları Yordayan Faktörler

Analiz sonuçlarına göre, güvensiz bağlanma olarak kaygılı ve kaçınan bağlanma türlerinin ikisinin de bu semptomları pozitif olarak yordadığı görülmüştür. Ardından, kaygılı ve kaçınan bağlanma stillerinin korelasyon katsayıları karşılaştırılmış, ancak herhangi bir fark bulunamamıştır. Kişilik özelliklerinden, Dışadönüklük ve Olumsuz Değerlik özelliklerinin ikisinin de Partner odaklı Obsesif Kompulsif Semptomları pozitif olarak yordadı bulunmuştur. Son olarak, sosyal karşılaştırma sıklığı ve onay arayıcılık değişkenlerinin de bu semptomları pozitif olarak yordadığı gözlemlenmiştir.

4.TARTIŞMA

4.1. Yaş, Cinsiyet, İlişki Süresi ve Bağlanma Stillerinin Çalışmanın Diğer Değişkenleri Üzerindeki Farklılıklarına Dair Bulgular

Yaşın kişilik üzerindeki etkisine bakıldığında, bu çalışmada herhangi bir anlamlı fark bulunmamıştır. Bu bulgu, literatürde öne sürülen insanların yaşlandıkça Uyumluluk ve Sorumluluk alanlarında artan, Dışadönüklük, Deneyime Açıklık, ve Duygusal Denge alanlarında azalan puan gösterdikleri bulgularına ters düşmüştür (Costa & McCrae, 1992; Neugarten, 1977; Srivastava, John, Gosling, & Potter, 2003). Ancak, bu çalışmada Uyumluluk ve Duygusal Denge, Olumsuz Değerlik ve Deneyime Açıklık kişilik özelliklerinde anlamlı cinsiyet farklılıkları bulunmuştur. Bu bulgulara göre, kadınlar Sorumluluk ve Uyumluluk özelliklerinde erkeklerden fazla puan almış, erkekler ise Deneyime açıklık özelliğinde kadınlardan fazla puan almıştır. Bu sonuçlar, kadınların sosyallik, empati, ve negatif duygulanıma daha yatkın olduklarını öne süren literatür bulguları ile uygunluk göstermiştir(Costa, Terracciano, & McCrae, 2001; Weisberg, DeYoung, & Hirsh, 2011). Cinsiyetin Olumsuz Değerlik özelliği üzerindeki etkisi beklenmediktir. Bu çalışmanın sonuçlarına göre, erkeklerin Olumsuz Değerlik özelliğinde kadınlara göre daha fazla puan aldıkları gözlemlenmektedir. Bu sonuç,

çalışmanın yapıdığı örneklemin kültürel özellikleri ile açıklanabilir. Kolektivist kültürlerde, erkeklerin negatif duygularını ve hatalarını saklama eğiliminde oldukları, ve bunlar ile ilgili şikayetlerini dışa vurmadıkları söylenebilir. Kaygı veya yakınma olarak dışa vurulmayan negatif duyguların benliğe yansıtılabildiği, bu durumun Olumsuz Değerlik özelliğini artırdığı söylenebilir. Son olarak, yaş x cinsiyet etkileşimin yalnızca Duygusal Denge özelliğinde anlamlı fark gösterdiği bulunmuştur. Bu bulgu literatür ile çatışmakta (Helson, Kwan, John, & Jones, 2002; Srivastava et al., 2003) ve yaşları ilerledikçe erkeklerin Duygusal Denge özelliğinin azaldığı, kadınların ise bu özellikteki puanlarının arttığını göstermektedir. Bu bulgu, kültürel olarak, erkeklerin erken yaşlarda yaşam streslerinin daha fazla olabileceği, kadınların ise ilerleyen yaşlarda daha fazla yaşam stresi ile karşılaşabileceği fikri ile açıklanabilir.

Bağlanma stilleri açısından, tüm kişilik özelliklerinde anlamlı farklar saptanmıştır. Uyumluluk özelliğine bakıldığında, güvenli ve saplantılı bağlanan kişilerin, kayıtsız bağlananlara göre daha uyumlu oldukları bulunmuştur. Korkulu bağlananların da kayıtsız bağlananlara göre yüksek uyumluluk göstermeleri, bu bulguların kişilerin kaçınan ve kaygılı bağlanma tiplerindeki içsel çalışma modelleri ile açıklanabileceğini düşündürmüştür. Bartholomew'a (1990) göre, kayıtsız bağlanan kişilerin kendiliğe dair algıları pozitif olduğu halde, başkalarına dair algılarının negatiftir. Bu durumda, bu kişilerin sosyal olarak diğerlerine uyumlu davranmaması beklenen bir sonuçtur. Dışadönüklük özelliğinin sonuçları da beklenene uygun olarak kaçınan bağlanma alanında daha yüksek olan kayıtsız ve korkulu bağlanma türlerinde, güvenli bağlanan kişilere göre daha az olarak gözlemlenmiştir. Dışarıdaki uyaranlardan daha kolay etkilenebilmeyi temsil eden Duygusal Denge özelliğinde takıntılı ve korkulu bağlanma sergileyen kişilerin güvenli ve kayıtsız bağlanma sergileyenlere göre daha yüksek puanlar aldıkları gözlemlenmiş, ve bu bulgular güvenli bağlanmanın duygu regülasyonundaki rolü, ve kaçınan bağlanmanın dışarıdaki uyaranlardan etkilenmeden koruyucu rolü ile açıklanmıştır. Sosyal karşılaştırma ve sosyal karşılaştırma sıklığı değişkenleri açısından, yaş, cinsiyet ve ilişki süresi değişkenlerinde bir farklılık gözlemlenmemiştir. Bu bulgu, Festinger'in sosyal karşılaştırmanın herkes tarafından

ihtiyaç duyduğunda yapılabilen ve evrimsel bir rolü olan bir eylem olduğu fikri ile uygunluk göstermektedir. Sosyal karşılaştırma sonrası kendilik algılarının, güvenli ve kayıtsız bağlanan bireylerde, saplantılı ve korkulu bağlanan bireylere göre daha pozitif olduğu bulunmuştur. Bu bulgu beklendiği gibidir, ve Bartholomew'un (1990) kişilerin kendilerine ve başkasına dair olan içsel modellerinin bağlanma stillerine göre farklılaştığı fikrini destekler niteliktedir.

Onay arayıcılık değişkenine bakıldığında, yaş x cinsiyet etkileşiminin anlamlı farka yol açtığı görülmektedir. Sonuçlara göre, kadınların onay arayıcılık eğilimi yaşa göre değişiklik göstermezken, erkeklerin yaşlandıkça daha az onay aradıkları gözlemlenmiştir. Bu bulgu, yukarıda bahsedilen erkeklerin Duygusal Denge özelliğinin de yaşa göre değişimi ile benzerlik göstermekte, ve o bulgu ışığında açıklanabilmektedir. Bağlanma stilleri farklılıkları açısından bakıldığında, saplantılı ve korkulu bağlanan bireylerin güvenli ve kayıtsız bağlananlara göre daha fazla onay arayıcılık eğiliminde oldukları bulunmuştur. Bu bulgu, kişilik özelliklerinden Duygusal Denge ve Olumsuz Değerlik özelliklerinin benzer sonuçları ile, ve dışarıdan gelen geribildirimlere daha fazla ihtiyaç duyan kaygılı bağlanma özellikleri ile açıklanabilir.

Romantik İlişki içerikli Obsesif Kompulsif Semptomların yaş, cinsiyet ve ilişki süresine göre değişiklik göstermediği bulunmuştur. İlişki süresine dair bulgu hem şaşırtıcı, hem de Doron et.al.'ın (2014) bu semptomların başlangıcına dair olan önermeleri ile uygunluk göstermekte, bu semptomların çok kısa süreli ve çok uzun süreli ilişkilerde görülebildiğini, ve ilişki ilerledikçe semptomların azalmadığını desteklemektedir. Bağlanma stilleri açısından, bu semptomlara en fazla sahip olan grubun korkulu bağlanma grubu olduğu, bunları saplantılı ve kayıtsız bağlanma gruplarının takip ettiği bulunmuştur. Bu semptomlara en az sahip olan grubun ise güvenli bağlanma grubu olduğu gözlemlenmiştir. Bartholomew'un (1990) öne sürdüğü fikirler ışığında, korkulu bağlanma grubunun en fazla deneyimlediği yakın olma ve kaçınma arasında kalarak yaşanan içsel çatışmanın, semptomların gelişmesini kolaylaştırıyor olabileceği düşünülmüştür.

4.2. Regresyon Analizlerine Dair Bulgular

Yapılan ilk regresyon analizi sonuçlarına göre, onay arayıcılığı yordayan en büyük faktörün kaygılı bağlanma olduğu bulunmuştur. Bu bulgu, kaygılı bağlanan bireylerin onay arayıcılığına daha yatkın olduğunu söyleyen literatür bulguları ile uygunluk göstermektedir (Brennan & Carnelley, 1999; Shaver, Schachner, & Mikulincer, 2005; Cannon, 2012). Ayrıca, Bartholomew'un (1990) kişilerin içsel modellerine dair fikirleri ışığında, kaygılı bağlanan kişilerin bebeklikte bakımveren ile ilişkilerindeki tutarsızlık, bağlanma figürünün stabil ve güvenilir şekilde desteği ve ilgiyi vermemesi, bazen verip bazen mahrum bırakması sonucu kişinin başkalarının destek ve ilgisini sürekli çekmeye yönelik hareketlerde bulunduğu bilinmektedir. Bu durum, onay arayan kişinin davranışları ile benzerlik göstermekte, ve aldığı onaydan tatmin olmamasının nedenleri hakkında fikir vermektedir. Regresyon analizinin devamına bakıldığında, kişilik özelliklerinden Duygusal Denge'nin onay arayıcılığı pozitif olarak yordadığı görülmüştür. Bu durum Duygusal Denge özelliğinde yüksek olan kişilerin duygu regülasyonu konusunda zorlandıklarını hatırlatmakta, ve negatif duygular ile başa çıkabilmek için başkalarından güvence almaya başvurabileceklerini düşündürmektedir. Duygusal Denge özelliği ile ilişkili bir bulgu da sosyal karşılaştırmanın yordayıcılığı hakkında gelmiştir. Sosyal karşılaştırmaya fazlaca başvuran bireylerin onay arayıcılıkta da yüksek puanlara sahip olmaları, bu iki değişkenin benzer yapısı ile açıklanabileceği gibi, negatif duygu ile baş etmedeki rolleri ile de açıklanabilmektedir (Schachter, 1959; Wills, 1981).

Romantik İlişki ile ilgili Obsesif Kompulsif Semptomlara dair bulgulara bakıldığında, kaygılı ve kaçınan bağlanma boyutlarının ikisinin de bu semptomları pozitif olarak yordadığı, korelasyon karşılaştırması sonrasında ise kaygılı bağlanmanın daha fazla yordadığı bulunmuştur. Bu bulgu, Doron et al.'un (2012) bu yöndeki önermeleri ile uygunluk göstermektedir. Ayrıca, Rachman'e (1993) göre, kişiler incinebilir oldukları alanlarda gelen herhangi bir girici düşünce ile baş etmede daha fazla zorlanmaktadır. Dolayısı ile, kişiler arası ilişkiler alanında daha hassas olmaya eğilimli olan kaygılı ve

kaçıngan bağlanma gruplarının bu semptomları geliştirmeye daha yatkın olabilecekleri düşünülebilir (Doron et al., 2013). Kişilerin romantik ilişkiye dair hassas oldukları alanlarda gelen girici düşünceler, bu kişilerin abartılmış tehdit algısı inançları ile ve bağlanma figürüne dair içsel modelleri ile birleştiğinde, gelen şüpheler ile başa çıkılamaması ve bunların obsesyonlara dönüşmesi olasıdır. Regresyon analizinin devamında, kişilik faktörlerinden Sorumluluk özelliğinin bu semptomları negatif yönde yordadığı, Olumsuz Değerlik özelliğinin ise pozitif yönde yordadığı bulunmuştur. Sorumluluk özelliği yüksek olan kişilerin ihtiyaç duyulan ilgi ve saygıyı ilişkiler üzerinden değil, başarılar ve hedef odaklı eylemler üzerinden karşılayabilecekleri, bu yüzden bu semptomları geliştirmeye daha yatkın olabileceklerini düşündürebilir. Olumsuz Değerlik hakkındaki bulgu ise, literatürde bu özelliğin psikopatoloji ile yakından ilgisine dair bulgular ile (Zeigler-Hill & Holden, 2013; Bardone-Cone, Lin, & Butler, 2017), ve kişinin öz değerini içinde bulunduğu ilişki ile tanımlayabileceği önermesi ile açıklanabilir. Sosyal karşılaştırma sıklığının Romantik İlişki ile ilgili Obsesif Kompulsif Semptomları pozitif yönde yordaması ile ilgili bulgular, bu kişilerin sosyal karşılaştırma yolu ile başka ilişkiler hakkında daha fazla bilgiye maruz kalması, ve bu bilgilerin birer tetikleyici olarak semptomları başlatıp devam ettirmesi ile açıklanabilir. Son olarak, onay arayıcılığın da Romantik İlişki ile ilgili Obsesif Kompulsif Semptomları pozitif olarak yordadığı bulunmuş, bu bulgu OKB semptomları açısından kişilerin güvence aramaya daha yatkın oldukları bilgisi, ve güvence arama davranışlarının Romantik İlişki içerikli Obsesif Kompulsif Semptomlarda görülen terkarlayıcı davranışlar arasında olması ile açıklanabilir.

Partner odaklı Obsesif Kompulsif Semptomlara dair bulgulara bakıldığında, kaygılı ve kaçıngan bağlanma stillerinin her ikisinin de bu semptomları pozitif olarak yordadığı bulunmuştur. Korelasyon karşılaştırmalarına bakıldığında, kaçıngan bağlanma stiline Partner odaklı Obsesif Kompulsif Semptomları daha fazla yordadığı, ancak bu farkın anlamlı olmadığı bulunmuştur. Bu bulgu Doron et al.'un (2012) kaçıngan bağlanmanın bu semptomları daha fazla yordayacağı, çünkü kaçıngan bağlanan bireylerin, benliğin negatif kısımlarını başkalarına atfetme, ve dolayısı ile partnerin yanlışlarını daha fazla

görme eğiliminde olacaklarına dair önermeleri ile uygunluk göstermektedir. Kişilik faktörlerinden Dışadönüklük ve Olumsuz Değerlik özelliklerinin Partner odaklı Obsesif Kompulsif Semptomları pozitif olarak yordadığı bulunmuştur. Bu bulgu, dışadönük olan bireylerin sosyal ortamlarda bulunmaya önem verdikleri, ve buralarda nasıl göründüklerine dair daha fazla meşguliyetleri olabileceği, dolayısı ile kendilerine eşlik eden partnerlerini hakkındaki girici düşüncelerden daha fazla etkilenmelerinin olası olması ile açıklanabilir. Olumsuz Değerlik faktörü hakkındaki bulgu ise, Doron ve Szepesenwol'un (2015) yaptığı çalışmanın sonuçlarına uygunluğu açısından yorumlanabilir. Doron ve Szepesenwol'un (2015), Romantik İlişki içerikli Obsesif Kompulsif Semptomları daha fazla deneyimleyen bireylerin, kendi öz değer ve öz saygılarını partnerleri üzerinden kazanmaya eğilimli olduklarını bulmuştur. Bu durumda, öz değerleri daha az olan bireylerin, partnerlerinin özellikleri hakkında daha fazla meşgul olmaları, bu konuda gelen herhangi bir olası şüpheyi obsesyona dönüştürmeleri daha olasıdır. Sosyal karşılaştırma sıklığı ve onay arayıcılık hakkındaki bulgular, yukarıda anlatılan Romantik İlişki ile ilgili Obsesif Kompulsif Semptomlar ile ilgili bulgular ile paralellik göstermekte, ve benzer önermeler ile açıklanabilir oldukları düşünülmektedir.

4.3. Çalışmanın Güçlü Yönleri ve Sınırlılıkları

Bu çalışmanın en güçlü yönü, son yıllarda çalışılmaya başlamış olan bir OKB alt alanını konu alıyor olması, ve bu yeni semptom alanına yönelik fikirler ortaya koymasıdır. Ayrıca, bağlanma stilleri, kişilik özellikleri, sosyal karşılaştırma, ve onay arayıcılık gibi farklı ve birbiri ile ilişkili değişkenleri bir araya getirerek, bu yeni semptom alanı hakkında biraz daha geniş bir anlayışa katkı sağlamıştır.

Çalışmanın güçlü yönleri olduğu gibi sınırlılıkları da vardır. Öncelikle bu çalışma deneysel bir çalışma değildir, dolayısı ile çalışmanın bulgularından neden-sonuç ilişkisi çıkarmak yanıltıcı olabilir. Ayrıca, katılımcıların yaş, cinsiyet, sosyoekonomik durum, ve ilişki süresi bakımından gruplar arasında eşit dağılmaması, demografik değişkenlerin etkilerini yorumlarken yanıltıcı olması ihtimali vardır. Son olarak, çalışmanın katılımcılarına

internet arayıcılığı ile ulaşılmış, ve birçok katılımcı üniversite öğrencilerinden oluşmuştur. Bu durum, örneklemin, popülasyonun tamamını temsil etmede zayıf olabileceğini göstermektedir.

4.4. Çalışmanın Katkıları

Romantik İlişki içerikli Obsesif Kompulsif Semptomlara sahip bireylerin rapor ettiklerine göre, bu semptomlar beraberinde stress, kaygı, suçluluk ve utanç duyguları getirmekte ve depresyon semptomları ile ilişkilenebilmektedir. Bu durumda, bu çalışma bu semptomların etiyojisi hakkında getirdiği fikirler ve sunduğu model ile semptomların hafiflemesi ve sağaltılması yolundaki gelişmelere katkı sağlamış, bireylerin psikolojik iyi oluş hallerine katkı sağlamıştır.

Ayrıca, OKB semptomlarının, hastaların bir çoğu tarafından gizlenme eğiliminde oldukları bilinmektedir. Kolektivist olmaya daha yatkın olan Türk kültüründe ailenin ve ilişkilerin kişinin problemlerinden önce gelmesi, ve özellikle ilişki gibi çok kişisel bir konu hakkında gelen girici düşüncelerin paylaşımının çok daha zor olması muhtemeldir. Bu çalışma, Romantik İlişki içerikli Obsesif Kompulsif Semptomlar hakkında bir model sunarak, ruh sağlığı çalışanlarını bu konuda daha duyarlı olmaya sevk etmiş olabilir.

Son olarak, bu çalışma bağlanma stillerinin bir çok farklı değişkene etkisini göstermiş, ve bu konudaki literatüre katkı sağlamıştır. Bağlanma stillerinin terapi ortamında da değerlendirilip kullanımı bir çok araştırma ve terapi yönelimine konu olmuştur. Örneğin psikanalitik yönelimde danışanın terapistle olan transferansları terapide çok etkili bir araç olarak kullanılmaktadır. Ek olarak, şema-mod terapisi yaklaşımında, kişilerin erken dönem bakımverenleri ile olan ilişkileri, erken dönem şemaları çözümlenmek ve sınırlı yeniden ebeveynlik uygulamalarında kullanılmak üzere terapide konu alınmaktadır. Bu çalışma, bağlanma stillerinin farklı faktörlere etkisini ortaya koyarak, klinisyenleri erken dönem ilişkilere daha fazla yönelmeleri konusundaki fikirlerini güçlendirmiş olduğu düşünülebilir.

Appendix K: Tez Fotokopi İzin Formu

TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü	<input type="checkbox"/>
Sosyal Bilimler Enstitüsü	<input checked="" type="checkbox"/>
Uygulamalı Matematik Enstitüsü	<input type="checkbox"/>
Enformatik Enstitüsü	<input type="checkbox"/>
Deniz Bilimleri Enstitüsü	<input type="checkbox"/>

YAZARIN

Soyadı: Yıldırım

Adı: Büşra

Bölümü : PSİKOLOJİ

TEZİN ADI (İngilizce): The Influence of Attachment Styles, Personality Characteristics, Social Comparison, and Reassurance Seeking on ROCD Symptoms

TEZİN TÜRÜ: Yüksek Lisans Doktora

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.
2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.
3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz.

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: