DOĞUŞ UNIVERSITY

INSTITUTE OF SOCIAL SCIENCES

MASTER OF ARTS IN CLINICAL PSYCHOLOGY

**PSYCHOMETRIC PROPERTIES OF THE TURKISH VERSIONS OF
THE RELATIONSHIP-RELATED OBSESSIVE COMPULSIVE INVENTORY
AND
THE PARTNER-FOCUSED OBSESSIVE COMPULSIVE SYMPTOMS
INVENTORY**

Graduation Thesis

Merve YILMAZ

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PREFACE

This thesis is submitted for the degree of Master of Arts in Clinical Psychology at the Doğuş University. The research described herein was conducted under the supervision of Assist. Prof. Cemile Ekin Eremsoy between May 2014 and January 2015. This study is an original, unpublished, and independent work by the author.

This work aims to analyze the psychometric characteristics of the Turkish versions of the Relationship Obsessive Compulsive Inventory (ROCI) and Partner-Related Obsessive Compulsive Symptoms Inventory (PROCSI) using Turkish young adults. Confirmatory factor analyses, internal consistencies, and correlations with other related constructs were investigated for the reliability and validity of these two scales.

Istanbul, January 2015   Merve YILMAZ

ABSTRACT

According to many research Obsessive Compulsive Disorder (OCD) have negative effects on people's professional, social and interpersonal performances. However, there are not found many research studies which concern the impacts of OCD on romantic/intimate relationships. Thus, relationship-related obsessive compulsive symptoms are newly research topic for OCD literature. Relationship Obsessive Compulsive Inventory (ROCI) and Partner-Related Obsessive Compulsive Symptoms Inventory (PROCSI) have been used to assess the intenseness of obsessions (such as doubts, preoccupations), compulsions or neutralizing behaviors (i.e., checking and making comparisons) which are based on relationship itself or relationship partner. These two scales have been used to examine how these variables have an effect in the Relationship Obsessive Compulsive Disorder (ROCD). The current research was aimed to conduct the adaptation of two scales into Turkish language also, search the psychometric characteristics of the Turkish versions. The sample of the study is generated from mostly university students with the number of 426 Turkish young adults. Participants completed a set of questionnaires including scales measuring depression, anxiety, self-esteem, relationship satisfaction, and OCD related symptoms and cognitions. Confirmatory factor analyses, internal consistencies, and correlations with other related constructs provided the reliability and validity information of the ROCI and PROCSI. The Turkish adaptations of these two scales had adequate reliability and validity characteristics. The ROCI and PROCSI proved to be reliable and valid assessment tools for future research in Turkey.

Key words: Obsessive compulsive disorder, relationship partner, relationship obsessive compulsive disorder, intimate relationships, romantic relationships, relationship obsessions, relationship compulsions, Turkish adaptation, psychometric properties.

ÖZET

Pek çok araştırma Obsesif Kompulsif Bozuklu'ğun (OKB) mesleki, sosyal ve kişiler arası işlevleri etkilediğini belirtmesine rağmen, az sayıda çalışma OKB'nin romantik/yakın ilişkilere olan etkisini incelemiştir. Bu yüzden ilişki odaklı obsesif kompulsiyon semptomları OKB literatüründe yeni araştırılan bir konudur. İlişki Obsesyon Kompulsiyon Envanteri (İOKE) ve Partnere İlişkin Obsesif Kompulsiyon Semptom Envanteri (PİOKSE) ilişkinin kendisine ya da partnere ilişkin olan obsesyon (örneğin, şüphe ve endişe), kompulsiyon ya da nötrleme davranışlarının (örneğin, kontrol etme ve karşılaştırma yapma) derecesini ölçmek için kullanılmaktadır. Bu iki ölçek bahsedilen değişkenlerin İlişki Odaklı Obsesif Kompulsif Bozukluğu'nda (İOKB) karşılıklı olarak nasıl bir rol oynadığını da incelemektedir. Bu çalışmanın amacı, bu ölçekleri ülkemize uyarlamak ve Türkçe versiyonlarının psikometrik özelliklerini incelemektir. Araştırma örneklemi çoğunun üniversite öğrencisi olduğu 426 Türk genç yetişkinden oluşmaktadır. Katılımcılar depresyon, kaygı, öz-güven, ilişki doyumu, ilişki ambivalansı, güvensiz bağlanma çeşitleri ve OKB semptomları ve inanç belirtilerini değerlendiren ölçüm araçlarından oluşan ölçek setini doldurmuşlardır. İOKE'nin ve PİOKSE'nin geçerlik ve güvenirlik analizleri doğrulayıcı faktör analizleri, iç tutarlılık analizleri ve diğer ilişkili ölçeklerle olan korelasyonlarına dayanılarak incelenmiştir. Ölçeklerin Türkçe versiyonlarının psikometrik özelliklerine dair sonuçları ölçeklerin ülkemizde tatminkâr düzeyde geçerli ve güvenilir olduğunu göstermektedir. Bu çalışma ile İOKE ve PİOKSE'nin ülkemizde yapılacak araştırmalar için geçerli ve güvenilir birer ölçüm aracı olduğu kanıtlanmıştır.

Anahtar kelimeler: Obsesif kompulsif bozukluk, ilişki odaklı obsesif kompulsif bozukluk, ilişki, ilişki partneri, yakın ilişkiler, romantik ilişkiler, ilişki obsesyonları, ilişki kompulsiyonları, Türkçe uyarlama, psikometrik özellikler.

ACKNOWLEDGEMENT

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ABBREVIATIONS

OC: Obsessive Compulsive

OCD: Obsessive Compulsive Disorder

ROCD: Relationship Obsessive Compulsive Disorder

ROCI: Relationship Obsessive Compulsive Inventory

PROCSI: Partner-Related Obsessive Compulsive Inventory

OCCWG: Obsessive Compulsive Cognition Working Group

BDD: Body Dysmorphic Disorder

PSWQ: Penn State Worry Questionnaire

QAR: Questionnaire of Affective Relationships

HOCD: Sexual Orientation Obsessions

OCI: Obsessive Compulsive Inventory

OBQ: Obsessive Beliefs Questionnaire

DASS: Depression Anxiety Stress Scale

ECR: Experience in Close Relationships Scale

RAS: Relationship Assessment Scale

SISE: Single Item Self-Esteem Scale

PI-WSUR: Padua Inventory Washington State University Revision

TAFS: Thought Action Fusion Scale

RAS: Responsibility Attitudes Scale

WBSI: White Bear Suppression Inventory

DAS: Dyadic Adjustment Scale

KMSS: Kansas Marital Satisfaction Scale

RQ: Relationship Questionnaire

MOCI: Maudsley Obsessive Compulsive Inventory

RSES: Rosenberg Self-Esteem Scale

HARS: Hamilton Rating Scales

CCL-A: Cognition Check List-Anxiety

STAI: State Trait Anxiety Inventory

IRB: Institutional Review Board

ASA: Adult Separation Anxiety Questionnaire

YSQ-SF: Young Schema Questionnaire-Short Form

BDI: Beck Depression Inventory

BAI: Beck Anxiety Inventory

CFI: Comparative Fit Index

SRMR: Standardized Root Mean Square Residual

RMSEA: Root Mean Square Error of Approximation

TLI: Tucker-Lewis Index

LFP: Love for Partner

RR: Relationship Rightness

BLP: Being Love by Partner

PHY: Physical Appearance

SOC: Sociability

MOR: Morality

EMS: Emotional Stability

INT: Intelligence

COM: Competence

SES: Socio-economic status

CONTENTS

1. INTRODUCTION

OCD manifests itself via presence of disturbing intrusive thoughts that nobody wants images or urges like obsessions, and via compulsive ritualized behaviors that supposed to decrease stress or to avoid feared events (Rachman, 1997). OCD which is a disabling and prevalent mental condition has a broad range on clinical presentations and obsessional subjects which encompass contamination fears, counting, checking, intrusive thoughts about sex, hoarding, and etc. Systematic research about the variety of clinical presentations has supported sublimation studies in a greater extent for the treatment of OCD and also, decreases the possibility of misdiagnosis of obsessive compulsive symptoms or prevents the confusions regarding to OCD symptoms (Doron, Derby, Szepsenwol, & Talmor, 2012a). Many researchers have suggested that negative effects of OCD can be seen in professional and social life, and interpersonal relations. However, the consequences of OCD on intimate relationships were not examined in a comprehensive manner. That is to say, relationship-related obsessive compulsive symptoms are newly research topic for OCD literature.

1.1. The Phenomenology of Relationship Obsessive Compulsive Disorder (ROCD)

Relationship-related OC-symptoms can be seen in a wide range of relationship types which involve with people's teachers, peers, lovers, parents or their religional figures (Doron, Derby, & Szepsenwol, 2014). Relationship obsessive compulsive disorder can be occurring when obsessive compulsive symptoms focus on intimate relationships. Doron et al. (2014) state that obsessions and consolations which shown in ROCD are about romantic relationships and carried out compulsions to decrease the stress occurring from the obsessions. Relationship-related obsessions and compulsions have many different forms. Relationship obsessions can occur as thoughts (e.g., "does she love me?") and urges (such as, want to live forever with current partner), also they are seen in the form of images of the partner. Compulsive behaviors related to intimate relationship in ROCD can be observed in recurring checking of thoughts of own and partner/relationship oriented feelings or the relationship, finding similarities and differences between the characteristics of partner's or behaviors to others', remembering over and over events or senses, look for

satisfaction and self-satisfaction, but compulsions are not limited these types of compulsions (Doron et al., 2012a, 2014).

The beginning age of ROCD is not known. According to many reports of clients who have ROCD, it started in early adulthood or when they take a decision about their intimate relationship such as getting married or engaged. It was stated in Doron et al.'s study (2014) that it is not necessary to have an ongoing relationship because the symptoms of ROCD come to light about future and past relationship obsessions, but these intrusions examined to be most distressing and enervator when seen during an ongoing romantic relationship. Sometimes, ROCD symptoms start to occur after the discontinuation decision of an intimate relationship. Parallel with this context, obsessions about previous partner can be started to observe such as 'I miss the one' or 'she was the right one'. Generally, these people beginning to have high dose fear about being remorse and, reassurance seeking behaviors, frequently comparisons, and trying to remember detail of the past relationship/partner. Also, it can be seen that some people avoid from new romantic relationships due to the hurting others 'I will drive her crazy' or fear of re-experiencing ROCD symptoms. Relationship length and gender were not found significantly related to ROCD symptoms in community samples of many studies (Doron et al., 2014).

1.2. Patterns of Development and Conservation of ROCD

The development and conservation processes of ROCD symptoms are in a greater extent multi-lateral and mixture of elements play a role in these processes (Doron et al., 2014). In this section, cognitive models of OC-related disorders, the role of OCD-oriented beliefs, monitoring of internal states, relationship-related beliefs, self-related processes, and attachment associations, parenting and family environment will be examined. Also, the potential role and the importance of the other societal factors will be discussed below.

1.2.1. ROCD and OCD-Oriented Maladjusted Beliefs

Beliefs related to obsessive compulsive disorder which are mentioned above also determined as relevant to ROCD in Doron et al.'s studies (2012a, 2012b). Explication of

thoughts related to the relationship partner or the relationship itself can be affected by obsessive compulsive-oriented beliefs. In other words, such as over speculation of threat have a possibility to affect individual's comments of other's feelings towards them and the severity and results of the perceived flaws of partners. Perfectionist approaches may increase obsessions with the' rightness' of the relationship (such as, she is the not one since I don't sense good with her). However, it should be noted that suppression of these biases or tendencies may promote their occurrence toward a partner or a relationship. Intolerance is the other important issue for ROCD which associated with the uncertainty about being in the right relationship. Doron et al. (2014) proposed that stress may be triggered and enhanced due to the having trouble with uncertainty and also ineffective management of relationship doubts.

1.2.2. ROCD and Observing of Internal Conditions

People with relationship-oriented OC symptoms demonstrate highly concern about their internal conditions. For example, 'is this relationship right one?' or 'do I really love her?'. As understand, they are uncertain about their own feelings and people with ROCD symptoms generally spend greater time and attempt to observe their own internal states and senses to decrease and assess the uncertainty. ROCD clients tend to use monitoring themselves like a tool to relieve themselves about the deepness and the intensity of one's own senses.

According to Liberman and Dar (2009) individuals who have OCD not believe exactly their internal conditions and they show diminished ability to reach these conditions. People with OCD overly observe and trust on outside feedback to evaluate these states. The reason why they follow this kind of strategy is that they need to reduce doubts relating their internal senses and conditions. Many studies showed that individuals who have high OC-predispositions are not successful to reach correct results about their inner states, for example their level of relaxation. Also, these individuals trust to environmental feedback (something like not internal) to reach their inner status (Lazarov, Dar, Liberman, & Oded, 2012). Additionally, it was proposed that intensive observing of emotional closeness regarding one's or partner's in a relationship damage achieving these feelings. In contrary,

intense monitoring of feelings reduce access to internal states and feelings (Shapira, Gundar-Goshen, Liberman, & Dar, 2013).

Moreover, ROCD clients tend to use 'objective' signs in actually what they perceive and understand, to judge and control their feelings. In other words, ROCD clients measure relationship quality or rightness of the relationship or the partner by forging a link between to the intellectual features such as not being sure and preoccupations, and behavioral features for instance, interested in other men. For instance, a client tries to assess how much her partner love him and she insistently compares the time he talked on the phone with her and he talked with their mother or friends. Having doubt can be seen as an unfavorable sign for the rightness of relationship/feelings toward partners (Doron et al., 2014). ROCD clients overly observe their internal conditions and relying heavily on not-inner feedback. Although this used strategy may reduce the stress in a little time, repeatedly using of this style increase the sign of ROCD in the long run.

1.2.3. ROCD and Relationship-Oriented Beliefs

Beliefs which are maladaptive relation-oriented can lead to enhance the development and conservation of ROCD (Doron et al. (2012a). Relationship-related beliefs, thoughts, images or urges play a significant role in the context and these ones may result in catastrophic consequences. For instance, a ROCD client may believe that if he/she leaves a relationship there will be devastating consequences, like he/she will hurt the partner. Or, a client may have a belief that if he/she stays in the relationship, he/she will be miserable forever. A three-dimensional concept of relation based commitment was constructed by Adams and Jones (1997), and they asserted that this conceptualization may play a significant role in ROCD and these are relevant to ROCD. The first of three dimensions is personal commitment that refers to affection feelings, intimacy and love issues, love for the partner. The second dimension is moral-normative which includes people's moral obligation toward both relationship and the partner. The last one is the constraining dimension which involves social, financial and emotional disadvantage consequences of relationship termination. The finding is people who have more deep personal commitment

show appreciation of good qualities of the partner and this helps them to be in more satisfactory relationship (Lydon, 2010 cited in Doron et al., 2014).

However, in the case of ROCD clients there is a reciprocally issue which means that less deep personal commitment may increase doubts about relationship rightness and the characteristics of a partner. Also, these doubts may harm and decrease the deepness level of personal commitment, and make difficult reaching the right and satisfying relationship. So, these ones may lead the more symptoms of the ROCD. Cultural and religional issues may affect the second and last dimensions (Adams & Jones, 1997; Allgood, Harris, Skogrand, & Lee, 2009). Doron et al. (2014) stated that concentrating on relationship termination's social, financial and emotional disadvantage results may promote the doubts about taking 'wrong decision' and it causes disastrous thoughts and meanings regarding to relational fears, doubts and it may lead totally avoidance of all relationships. Furthermore, anticipated regret may be another factor for maintenance of the ROCD symptoms. Zeelenberg (1999) identified the anticipated regret as 'regret which is intuited like we experience the future'. To put in other words, regret can be experienced when it is realized that the current situation could have been more satisfying in the future and if there was made a different choice. Fear of anticipated regret increase the reactions to the relation based doubts. For example, a ROCD client thinks when he sees other partners that 'My partner is not social enough. If I stay with her I will feel ashamed and regret, but if I don't stay, I will become aware that he/she is the right one, I miss the only one' According to Doron et al. (2014) indicated that one of the cornerstones for ROCD is the huge amount of fear for taking the wrong decision about the relationship.

1.2.4. ROCD and Self-Related Processes

Vulnerabilities which exist before in the self have an important position for the ROCD's growth and conservation. Rachman (1997, 1998) stated that intrusions which challenge the self's system increase the obsessions. Similar with this opinion many studies showed that pre-existing self-vulnerabilities contribute to individual's obsessions in different themes (e.g., Clark & Purdon, 1993 cited in Doron et al., 2014; Garcia-Soriano, Clark, Belloch, Del Palacio, & Castañeiras, 2012). Weak points about relational frame of the self may

result increasing of relationship-oriented intrusions. In other words, being sensitive to intrusions which outface self-perceptions in the relationship ('I don't feel she is the right one for me') may stimulate catastrophic relationship appraisals or maladaptive ones and, following by neutralizing behaviors. Some people's self-worth attached to perceived value of relationship partner such as every flaw of the partner may trigger the partner-focused OC symptoms. These people who give their own self-worth connecting to with their partners' failures or flaws, show more sensitivity about thoughts or situations with regarding their partners' characteristics. These intrusions may lead to catastrophic appraisals ('he is not competent enough, so he will never be a right person for my family context') and behaviors which have neutralizing mission (increase sensitivity about competency of partner) (Doron et al., 2014).

1.2.5. ROCD and Attachment Representations, Parenting and Family Environment

Attachment type may be seen as adaptive regulatory processes. According to Bowlby (1982) people internalize their interpersonal interactions with primary caregivers (attachment figures) to construct figurations of self and others. The conceptualized name of these concepts is internal working models. Attached figures are not always shaped as secure sometimes these can be inconsistently available, rejecting or absolutely absent. The types of attachment figures except secure, bring forth not positive frames of self and others. According to Mikulincer & Shaver (2007) these models (except secure type) later in life give rise to availability of doubts and emotional problems which are self-related (Intimate partners replace with main attachment character in adulthood. Avoidance and anxiety are observed as two different dimensions in attachment insecurities in adulthood (Brennan, Clark, & Shaver, 1998 cited in Doron et al., 2014; Mikulincer & Shaver, 2007). Attachment avoidance includes distrust in significant others. People with attachment avoidance are becoming more conservative for their personal independence and emotional distance from others. Avoidantly attached individuals deny their attachment requirements and suppress their thoughts or emotions concerning to attachment. They use these strategies as 'Deactivating strategies' (Mikulincer & Shaver, 2007). However, anxiously attached people worry about 'Is the significant other is there for her/him. Individuals who

anxiously attached mostly use 'hyperactivating strategies' for instance assertive trials to get care, support or love by the significant one.

Self-oriented challenges can be achieved through adaptive coping mechanisms. However, due to the fact that attachment insecurities may block the adaptive system by using dysfunctional stress regulating strategies, mostly these are resulted in anxiety and further ineffective responses (Doron, Moulding, Kyrios, Nedeljkovic, & Mikulincer, 2009). Individuals who attached anxiously tend to give responses to failures of self by exaggerating the adverse results of the experience, carrying on rumination, increasing connection with attachment fears (Mikulincer & Shaver, 2003). All of these strategies and tendencies render anxiously attached people vulnerable to relationship-oriented obsessions and compulsions.

Moreover, the positive/negative level of parents' intimate relationship would have an effect on person's relational belief system, feelings and attitudes. Also, parental conflict is another important issue. After all, Doron et al. (2014) proposed that a negative family environment during childhood or parental conflict can create vulnerability factors for ROCD.

1.2.6. ROCD and Other Societal Factors

Personal and societal factors can jointly affect one's ability to feel secure in a relationship or with a partner. In recent years, exposure to others' lives, behaviors, and their personal lives have increased. Of course the role of the social networks such as Facebook, Google+, Instagram or many different dating websites should not be forgotten. Doron et al. (2014) state that these exposures may create an illusion of availability. For example, such intensive exposure of potential partners may be important stimulant of relationship doubts and preoccupations. According to Tversky and Shafir (1992) perceived availability of better options plays significant role in indecisiveness. Studies showed that more search options resulted in decreased quality and selectivity for decision making in finding potentials. This can be summarized in the term of the more-means-worse effect (Wu and Chiou, 2009). In the context of choice proliferation Yang and Chiou (2010) found the

more-means-worse effect is mostly seen in people who tend to use "maximizing" strategy for their decision making. This strategy's goal is by using the wide search of all options, reaching the best possible choice (Simon, 1956 cited in Schwartz, Ward, Monterosso, Lyubomirsky, White, & Lehman, 2002). In contrast maximizing, strategies of "satisfying" examine a good enough option and look for until finding an acceptable choice. Some characteristics of people who use the type of maximizing may be connected to weak mental health, high maladaptive beliefs, more regret and etc. (Schwartz et al., 2002). Summarily, a high level of increased perceived availability of relationship or partner options and the effect of maximizing decision strategies may enhance doubts and preoccupations one's relational choices. Additionally, it should be taken consider that views about faith, cultural characteristics and socio-economic level affect the perceived and actual availability of alternative partners such as in some cultures divorce is not acceptable.

1.3. Relational and Personal Consequences of ROCD

Angst et al. (2004) proposed that OCD can reflect negative consequences in the functions of relationships. For instance, in order to count the romantic partner in ritualized compulsions, people with OCD perform continuous pressure on their partners. This situation identified as the origin of relationship stress and disaggrements. It damages the quality of relationship (Koran, 2000 cited in Doron et al., 2014). Boeding et al. (2013) stated that partners' adaptation to OCD symptoms such as joining the rituals or avoiding anxiety-triggered events has been found associative with the rate of symptoms, treatment outcomes or decreased relationship satisfaction of OCD people. Also, decreased functioning levels in family, professional and social context (Ruscio, Stein, Chiu, & Kessler, 2008), increased parental duties and stress (Vikas, Avasthi, & Sharan, 2011) and higher marital problems (Riggs, Hiss, & Foa, 1992 cited in Doron et al., 2014) were found as connected with the severity of OCD symptoms

1.3.1. Relationship Satisfaction and ROCD

Symptoms of ROCD can be enervator for romantic relationships. Like in symptoms of OCD, ROCD symptoms may cause adverse reactions between the partners and relational conflict. Indeed, these negative outcomes may be more observable and prominent in ROCD, since the orientation of preoccupations is the either relationship or the partner. As known, conflicts in the relationship context damage the relationship satisfaction and stability of it (Amato, 2000). The symptoms of ROCD play a role in relationship satisfaction in different types. Repeated checking the relationship or the partner may endanger main relationship issues and lead to destabilization of the relationship. In many studies there were indicated that positive ideals of a relationship or a partner may enhance the positive relational outcomes for instance less conflict, greater satisfaction and more stabilization (Doron et al., 2014; Murray, Griffin, Derrick, Harris, Aloni, & Leder, 2011). The breakup is the expected consequence due to the fading of these idealized and common perceptions (Caughlin & Huston, 2006). Due to the continuously repeated intrusions, individuals with ROCD have problems to maintain idealized relationship and perceptions of partners. And so these may cause poorer relationship satisfaction.

Two studies indicated the expected connection among the symptoms of ROCD and satisfaction of relationship. In the first study, relationship-oriented OC-symptoms which assessed via Relationship Obsessive Compulsive Inventory (ROCI; Doron et al., 2012a) were found significantly related with poor relationship satisfaction under the control of general OC symptoms, depression, lower self-esteem, anxious and avoidant attachment styles (Doron et al., 2012a). Likely, in the second study Doron et al. (2012b) showed significant link between partner-oriented OC symptoms and poorer relationship satisfaction when controlling other factors which are mentioned above. The important point is that the relation between relationship satisfaction and partner or relationship oriented OC symptoms should be taken account as bidirectional. Two sides of the correlation can feed each other (Doron et al., 2014).

1.3.2. ROCD and Well-Being

The symptoms of ROCD may cause higher levels of stress, anxiety, incapacity or feeling shame and guilt about having suspicions and concerns. Because of these feelings, self-criticism may increase and, psychologically being well of individuals may decrease. Owing to the fact that neutralizing behaviors were not performed rationally, these behaviors also lead to negative self-perceptions. Social life, academic and work functioning are influenced negatively due to the expanding effort and time which are relevant to above concerns. Two studies conducted with non-clinical participants indicated relevant findings with this topic. In one study by Doron et al. (2012a), OC symptoms which are relationship oriented were found significantly related with depression, ambivalence about relationship, attachment anxiety and avoidance and lower self-esteem. The second research demonstrated that partner-related OC symptoms were indicated associative with depression, even under control of relationship-oriented OC symptoms and other factor which are mentioned above (Doron et al., 2012b). This can be attracted a notice that partner-oriented OC-symptoms were identified as having more resulting characteristics to depression. Relationship-oriented OC-symptoms were not found as having much as Partner-oriented OC symptoms. The strength of the predictiveness to depression of partner-based OC symptoms were found as high than relationship-focused OC symptoms but the opposite was not proved in the study.

1.4. The Consolidation of Relationship-Oriented and Partner-Oriented Obsessive Compulsive Symptoms

There is appeared reciprocal connection between two presentations of ROCD phenomena and ROCD can include both of them.

1.4.1. Within-Person Two-way Infiltration of ROCD Symptoms

OC symptoms of relationship-orientation and partner-orientation can co-occur. Doron et al. (2012b) showed that the total scores of ROCI and Partner-oriented Obsessive Compulsive Symptom Inventory (PROCSI; Doron et al., 2012b) are strongly related with each other.

Also, two representations of ROCD-symptoms may feed one another. An increment in relationship-oriented OC-symptoms was estimated by partner-oriented OC-symptoms two months later and the opposite is also true (Doron et al., 2012b). In other words, partner-oriented OC-symptoms may cause more centering on doubts regarding relationship itself and its standards. So, this situation inflames relationship-oriented OC-symptoms. ROCD clients mostly comment the presence of intrusive thoughts or images about deficits of partners as proof. They interpret more likely that there is something problematic in their relationship. So, these concerns about partner's flaws boost the developing doubts related to the rightness of relationship and feelings toward the partner. The common features of individuals who have partner-focused OC symptoms can be explained as higher attention which given the possible intimate partners and making repeated comparing between the real partner and potential partners. Increased attention to romantic alternatives may result in poor relationship commitment and foster relationship doubts especially when couples have low relationship satisfaction (Doron et al., 2014).

When partner's flaws are identified for the purpose of measuring the relationship rightness or/and feelings towards them, relationship-focused OC-symptoms may stimulate and increase the partner-oriented OC symptoms. As mentioned before, people with relationship-centered OC-symptoms monitor mostly their internal states and they heavily give importance on receiving environmental feedback for assessing feelings of one's (Liberman & Dar, 2009). Using the flaws of their partners like a tool to measure feelings of one's with regard to the relationship or the partner. In other words, these individuals 'give reason for' their suspicions and preoccupations via trying to collect evidences to 'objective' deficiencies of partner's (Doron et al., 2014).

1.4.2. Between-Person Infiltration of ROCD Symptoms

It is possible expanding of ROCD-symptoms from one individual to another when it comes to intimate relationships. In intimate relationships the symptoms of ROCD may spread from one individual to another. ROCD symptoms may contaminate to a partner or may lead to an increase of these symptoms in a partner. Doron et al. (2014) gave an example about this explanation, according to this continuously questioning of the partner's feelings

towards the other member of relationship stimulates the occurrence of such doubts. A partner who has relationship-centered or partner-focused OC symptoms may trigger and increase these symptoms in another dyad partner. Different and many processes may cause this dyadic influence. For instance, repeated reassurance seeking ('do you love me?') that is one of the ROCD symptoms may bring about higher level observing for their inner states ('do I really sense to him?'). Likely, making continuous comparing of one partner can rise that the other member possibly behave the same. Furthermore, emotional burden triggered by comparisons of partner in many ways such as intelligence, emotional stability or competence; and this may result in turn more ROCD symptoms in the partner (Doron et al., 2014).

1.5. ROCD and Related Constructs

Although ROCD has some unique characteristics to relational context, it has some common features with related constructs. For instance, relationship-focused OC symptoms carry some associations with worry and social anxiety, and partner-focused OC symptoms have some potential links with BDD.

According to Clark (2004) differentiating the relationship-centered OC phenomena from general worries is so important. Doron et al. (2014) stated that we can differentiate the obsessions of relationship-orientation from common worries. This differentiation can be made in matter and also in their form. Staying focused on the relationship rightness, one's feelings toward a partner and a partner's feelings towards one are robustly definitions of relationship-oriented obsessions. In contrary to these definitions, worry is about future outcomes and real situations (Clark, 2004). Similar with another obsession types, relationship-oriented obsessions are not wanted, intrusive, and not acceptable than general/normal worries and these obsessions are highly resisting. The intrusions which mentioned above can be seen in glorified and far away from realistic basis. Relationship-centered obsessions are relevant with neutralizing attempts and also they experienced in the form of irrational than general worries. The other difference between the obsessions and worry is that whereas worry is observed commonly in oral version. Obsessions of relationship-orientation can be seen as many formats, such as images, thoughts or urges.

Moreover, Doron et al. (2013) found that there is small correlation ($r = .21$) between general worry (calculated via the Penn State Worry Questionnaire, PSWQ; Meyer, Miller, Metzger, & Borkovec, 1990), and relationship-oriented obsessions.

As guessed social anxiety and obsessions regarding to relationship-orientation may affect the individual's intimate relationships and interpersonal interactions. Relationship-centered obsessions are heavily on associated with individual's estimated opinions about relations, feelings, and things perceived over time. Social anxiety can be defined as individual's performance in interpersonal circumstances. Such as, focusing on his/her own feelings towards a partner at a point in the course of a romantic meeting is a characteristic of people with relationship-oriented obsessions. However, a person who has social anxiety fear about perceived incompetence for future romantic meetings. Also, social anxiety symptoms mostly involve physical symptoms such as sweating than relationship-centered symptoms and social anxiety symptoms related to negative self-talk of the person (Doron et al., 2014).

Obsessional jealousy and relationship-related obsessions are both associated with romantic relationships but, obsessional jealousy concern partner's infidelity and unfaithful attitudes instead of the relationship itself. People with obsessions about relationship do not suppose that there is possible rival and unfaithful behavior or they less likely monitor their partners because of unfaithful doubts. Doron et al. (2014) stated that obsessional jealousy and relationship-oriented obsessions have common weak points and conservation characteristics for instance higher sensitivity in the relational context. It is possible that increasing of ROCD symptoms (such as doubts about the partner's behaviors) may be linked to obsessional jealousy (need for control if partner behaves appropriately). Marazziti et al. (2003 cited in Doron et al., 2014) found moderate correlation ($r = .41$) between obsessional jealousy which assessed via the Checking Subscale of the Questionnaire of Affective Relationships (QAR; Marazziti et al., 2003 cited in Doron et al., 2014) and relationship-centered obsessions.

As mentioned before, partner-focused OC symptoms are conceptualized with preoccupations and neutralizing behaviors regarding to perceived partner's deficits or

flaws. BDD can be defined by too much preoccupation with one's own instead of other's sensed physical deficits. Partner-oriented OC-symptoms and BDD focus on physical appearance, but partner-focused OC symptoms may be concentrated on social features, emotional stability or morality of the partners. These of two types involve hypervigilance towards sensed deficits or defects and disastrous interpretations of the consequences of flaws. Lambrou, Veale, and Wilson (2011) stated that esthetic sensitivity plays a significant role on partner-focused obsessions and BDD. There was found moderate correlation ($r = .39$) between PROCSI total score and BDD (Doron et al., 2012b). Also, the subscale of PROCSI, physical appearance subscale had not stronger correlation ($r = .32$) with BDD.

Being not sure concerning one's sexual orientation or afraid of being homosexual are the examples of sexual orientation obsessions, and these obsessions may be connected to relational doubts for some individuals (Williams & Farris, 2011; Moulding, Aardema, & O'Connor, 2014 cited in Doron et al., 2014). For some individuals, ROCD symptoms can transform to sexual orientation obsessions and the opposite is also possible. Doubts in ROCD focus on the relationship experience. However, obsessions about sexual orientation (HOCD) are shaped around the fears about the self. There may be an association between swelled level of self-monitoring with relationship-related obsessions and HOCD (Doron et al., 2014).

1.6. Measuring the Relationship Obsessive Compulsive Symptoms

Lately, two scales were investigated; the Relationship Obsessive Compulsive Inventory (ROCI) and the Partner-Related Obsessive Compulsive Symptom Inventory (PROCSI).

1.6.1. Relationship Obsessive Compulsive Inventory (ROCI)

ROCI is a short selfly reported scale about relationship-focused OC symptoms. ROCI was created to detect grade of obsessions (doubts, preoccupation) and compulsions (controlling, making comparisons) which are based on a relationship. The ROCI consists of three relational dimensions. The first one is 'one's feelings towards a relationship partner' (the

thought that I don't honestly love my partner haunts me). The second dimension is named 'the partner's feelings towards oneself' (I am constantly search for proofs that my partner really loves me). The last dimension is the "rightness' of the relationship' (I control and overcontrol whether my relationship is right). There are two heading criteria which applied for item reduction; satisfactory content validity and reliability of the scale. Every subscale involves 2 obsession items and 2 compulsion items. It was paid attention that all pair of items had analogue wording type and they were found as highly correlated ($r > .45$; Rapee, Craske, Brown, & Barlow, 1996 cited in Doron et al., 2012a) within each subscale. Each subscale has four items and ROCI has 12 items in the total. Participants rated thoughts and behaviors from the point of how much these are explain their experiences in romantic relationships ranged from 0 'not at all' to 4 'very much' on a 5-point Likert type scale.

It was demonstrated the scale has adequate reliability and validity results (Doron et al., 2012a). Internal consistency of 'love for the partner' subscale has calculated as .84, for 'relationship rightness' .89 and for 'being love for the partner' subscale .87. The total ROCI scale was found also significantly reliable; its Cronbach's alpha coefficient was .93. There were not reported significant correlations among the ROCI total score and gender, relationship-duration and education level (in years) and, a small negative correlation among the ROCI total score and age ($r = -.17$, $p < .05$). The test-retest correlation coefficient of the ROCI for an interval of nine weeks was demonstrated as .69 ($p < .001$) and this value was fairly high (Doron et al., 2012b).

On account of examining whether there are distinct theoretical constructs instead of general OCD and anxiety (generated from relationship) between the scores of ROCI total and its subscales, many correlation studies were conducted between the scores of ROCI and OCD measurements, mental health and relationship-based situations and concerns. Positive correlations were demonstrated between the ROCI and its three subscales, and the Obsessive Compulsive Inventory total score (OCI-R; Foa, Huppert, Leiberg, Langner, Kichic, & Hajcak, 2002) and its six subscales (checking, obsessions, contamination, ordering, neutralizing, hoarding) ranging between and .21 and .47 ($p < .001$). Other positive correlations among the total ROCI score (and its subscales) and the Obsessive Beliefs Questionnaire (OBQ; Moulding, Anglim, Nedeljkovic, Doron, Kyrios, & Ayalon,

2011) and its four subscales (threat overestimation, perfectionism, importance of thoughts, responsibility) were found ranged from .25 and .34 ($p < .001$). The indicated correlations among the ROCI total score (and its subscales) and the Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995 cited in Doron et al., 2012a) and its three subscales (depression, stress, anxiety) positive correlations among .34 and .56 ($p < .001$). The correlation level of relationship ambivalence (measured by the Ambivalence Subscale of the Personal Relationship Questionnaire; Braiker & Kelley, 1979 cited in Doron et al., 2012a) and the ROCI and its subscales were reported between .38 and .59 ($p < .001$). The Experiences in Close Relationships Scale short form (ECR; Wei, Russell, Mallinckrodt, & Vogel, 2007) and its two subscales avoidance and anxiety showed positive correlations among the ROCI and its subscales ranged from .27 and .36 ($p < .001$). Negative correlations between satisfaction of relationship (measured by the Relationship Assessment Scale, RAS; Hendrick, Dicke, & Hendrick, 1998) were stated among -.39 and -.61 ($p < .001$). Also, it was found that self-esteem (which examined via the Single-Item Self-Esteem Scale, SISE; Robins et al., 2001) negatively correlated with the ROCI and its three subscales ranging between -.29 and -.35 ($p < .001$). The moderate level of the correlations (among .21 and .56) demonstrated the ROCI has a slightly different theoretical construct and moderately related with global OC-symptoms. Moreover, it cannot be deduced that high relationship-oriented symptom level necessarily accompanies with high normal OC-symptom levels (i.e., measured by OCI-R; Doron et al., 2012a).

Doron et al., (2012a) used three hierarchical regression models to identify the estimated value of the total ROCI score in guessing common stress (such as; OC-symptoms, stress due to the relationship and depression). The results showed that depression and relationship dissatisfaction (apart from ambivalence of relationship and attachment insecurities) were predicted by the ROCI. Also, the ROCI guessed the OC-symptoms out of mental conditions and the measures of relationship insecurity. As a result, the ROCI has unique predictive value.

1.6.2. Partner-Oriented Obsessive Compulsive Symptoms Inventory (PROCSI)

OC-symptoms can influence the context of relationships in supplemental way. During a romantic relationship, people give more attention and orientation on real or not real deficiencies of partner's (Sprecher & Metts, 1999). According to Murray and Holmes (1993 cited in Doron et al., 2012b), an uphill job for the development and conservation of a long-term consistent and balanced relationship is accepting or seeing one's partner as less-than-perfect. It can be concluded that making stable and objective evaluation of the partner involving deficits, is essential element for long-term stable relationships (Thompson & Holmes, 1996 cited in Doron et al., 2012b). Preoccupation with the partners' perceived faults is seen as related to disabling personal and dyadic distress, interfering with the individual's social, occupational and individual functioning.

PROCSI is a self-report measurement scale concerning partner-focused OC symptoms. It was developed to assess the obsession levels (doubts, preoccupation) and neutralizing behaviors (controlling, making comparisons) which are focused on the relationship partner. The scale includes 24 items in the total and six subscales. The six subscales which are oriented on the sensed defects of relationship partner, are namely; physical appearance, morality, sociability, intelligence, emotional stability, and competence. Each subscale involves an equal number of obsessions (2 items) and compulsion items (2 items), so each dimension has four items. There are two heading criteria which applied for item reduction; satisfactory content validity and reliability of the scale. Also, given attention that all pair of items had analogue wording type and they were found as highly correlated ($r > .45$; Abramowitz et al., 2002; Rapee et al., 1996 cited in Doron et al., 2012a, 2012b) within each subscale. Each subscale has four items and ROCI has 12 items in the total. Participants rated thoughts and behaviors from the point of how much these are explain their experiences in romantic relationships ranged from 0 'not at all' to 4 'very much' on a 5-point Likert scale.

Doron et al. (2012b) found that the PROCSI has satisfactory reliable and validity results. The internal consistency of the PROCSI total score was found to be .95. Also, the Cronbach's alpha values of six subscales were acceptable and satisfactory. The Cronbach's

alpha of the appearance subscale was reported .83, sociability subscale .84, morality .89, emotional stability .84, intelligence .83, and the Cronbach's alpha of competence subscale was .87. Test-retest correlation coefficient of the PROCSI for an interval of nine weeks was obtained. A satisfactory test-retest reliability coefficient of PROCSI .77 ($p < .001$) was indicated.

Construct validity of the PROCSI was identified with three steps. Firstly, the correlations among demographic information and the total score of PROCSI and its subscale scores were examined. The PROCSI scores were not found as significantly related with age, gender and relationship duration. However, education level (number of years) was found significantly and negatively correlated with all PROCSI scores. Second step for the construct validity studies is conducted by checking the correlations among the PROCSI total and PROCSI subscales and, OCD measurements, insecurities focusing on relationships and mental health.

The positive correlations among OCI-R with its subscales and the PROCSI total and its subscale scores were found ranging from .24 to .44 ($p < .001$). OBQ and its four subscales showed positive correlations among .24 and .37 ($p < .001$). DASS depression, anxiety and stress scales which try to assess the mental health conditions, indicated positive and moderate correlations with the PROCSI and its six dimensions ranging between .26 and .47 ($p < .001$). ECR-Anxiety and ECR-Avoidance scales had positive correlations with the PROCSI and its subscales among .26 and .45 ($p < .001$). Negative correlations were reported between the PROCSI and its subscales with RAS and SISE similar to ROCI correlations with these scales in the analysis. As a result, the PROCSI scores were moderately correlated with OC beliefs and scores, depression, low self-esteem, low relationship satisfaction, attachment anxiety, attachment avoidance and anxiety stress. These outcomes can be inferred as the PROCSI has a relatively different theoretical construct from general OCD.

The last step for the construct validity measurements was performing two hierarchical regressions to assess the predictive relative worth of the PROCSI in guessing general stress (depression and dissatisfaction of relationship). The PROCSI total score predicted

depression and dissatisfaction of relationship out of other mental health and insecurity scales (Doron et al., 2012b). For the predictive validity assessments it was realized that when the total score of PROCSI added in the analysis, the effect of the ROCI decreases. In the case of depression, the impact of the ROCI total score was reduced to a non-significant value by adding the total score of the PROCSI into the analysis. Doron et al. (2012b) proposed that this result may be due to the PROCSI was the only OCD measure that was a significant unique predictor of depression. Also, the other finding that the impact of PROCSI on relationship centered satisfaction was much larger than its impact on depression. This consequence was explained as because the influence of partner-focused OC phenomena on the relationship is closer, but the effect of partner-focused OC symptoms on general mental health is much distal (Doron et al., 2012b).

Additionally, there were examined the correlations between the ROCI total score and the PROCSI total and its subscales scores. These correlations were found as positive moderate to high correlations ranging from .51 to .68 ($p < .001$) (Doron et al., 2012b). This can be understood that the partner-focused OC symptoms are highly related to relationship-oriented OC symptoms and they were seem to be associated but they are not penetrated completely with each other.

1.6.3. The Pathways between the ROCI and the PROCSI

In order to specify whether partner-focused OC phenomena predict the change in relationship-centered OC phenomena and vice versa Doron et al. (2012b) conducted a longitudinal study. Two hierarchical regressions were applied with ROCI and PROCSI total scores at time_2 as predicted variables. All time_1 measurements were accepted as predictors in both regressions. The break among time_1 and time_2 was taken as nine weeks. Results showed that the PROCSI total score at time_1 positively predicted the total score of ROCI at time_2. Likely, the ROCI total score at time_1 positively guessed the PROCSI total score at time_2. It can be deduced from the results that relationship-centered and partner-focused obsessions and compulsions are within a reciprocal relationship, where one inflames the other over time. In other saying, one's partner obsessions and

compulsions appear to feed obsessions and compulsions regarding one's relationship and vice versa is also true.

However, Doron et al. (2012b) pointed out that the PROCSI predicted the exacerbation of relationship-oriented OC symptoms much better than the ROCI predicted for partner-focused OC phenomena. Partner-focused OC phenomena seems to be much more provider the directionality of the causality with relationship-oriented OC phenomena.

2. METHOD

2.1. Participants

The research data were collected from mostly university students with the number of 914 young adults. Data were recruited from the universities and via Surveymonkey.com, a web-based survey platform. 56 participants were excluded because of missing data. Also, 432 participants have reported that they had any emotional and/or sexual relationship before, so they were not counted in the analyses. The analyses were conducted with 426 participants; 251 female (59%) and 175 male (41%) who had a relationship experience. 248 female (99.2%) and 172 male (98.9%) participants had a current relationship among them. The age of participants ranged among 19 and 31 ($M = 22.31$, $SD = 2.43$). Detailed demographic information regarding participants is demonstrated in Table 2.1.

Table 2.1 The distribution of the social & demographic characteristics within the sample.

		Female n = 251 (59%)	Male n = 175 (41%)
Civil status	**married**	14 (5.6%)	7 (4%)
	engaged	7 (2.8%)	5 (2.9%)
	cohabit	4 (1.6%)	13 (7.5%)
	divorced	1 (0.4%)	2 (1.1%)
	widow	1 (0.4%)	−
	multiple dates	9 (3.6%)	20 (11.5%)
	one partner	196 (78.4%)	124 (71.3%)
Current income	**upper class**	9 (3.6%)	14 (8%)
	upper-middle class	116 (46.4%)	72 (41.1%)
	middle class	109 (43.6%)	77 (44.4%)
	middle-low class	16 (6.4%)	12 (6.9%)
Current location	**metropolis**	237 (94.4%)	169 (96.6%)
	city	12 (4.8%)	6 (3.4%)
	town	1 (0.4%)	−
	village	1 (0.4%)	−
Occupation	**student**	235 (95.9%)	158 (98.8%)
	public servant	3 (1.2%)	1 (0.6%)
	employee	5 (2%)	−
	academician	1 (0.4%)	−
	teacher	1 (0.4%)	1 (0.6%)
Age (in years) *M (SD)*		22.35 (2.41)	22.24 (2.47)
Education (in years) *M (SD)*		15.73 (1.90)	15.40 (1.93)

2.2. Measures

Totally, eleven instruments were utilized. In the first part of the study, after given the consent form (Appendix A), participants were consulted to accomplish the Demographic Information Form (Appendix B). Secondly, participants were given the Relationship Obsessive-Compulsive Inventory (ROCI; Appendix C) and Partner-Related Obsessive-Compulsive Symptoms Inventory (PROCSI; Appendix D). Then, Obsessive Beliefs Questionnaire-Revised (Appendix E), Relationship Assessment Scale (Appendix F), Experiences in Close Relationship Scale-Revised (Appendix G), Padua Inventory-Washington State University Revision (Appendix H), Rosenberg Self-Esteem Scale (Appendix I), Adult Separation Anxiety Questionnaire (Appendix J), Beck Depression Inventory (Appendix K), and Beck Anxiety Inventory (Appendix L) were given to the participants. In addition, Relationship Obsessive-Compulsive Inventory and Partner-Related Obsessive-Compulsive Symptoms Inventory can be viewed in the parts of 1.6.1 and 1.6.2.

2.2.1 Demographic Information Form

On account of gathering information regarding with several demographic characteristics and background information about the participants Demographic Information Form regarding gender, age, education level, civil status, current income, current location, occupation and religional issues was given to the participants.

2.2.2. Obsessive Beliefs Questionnaire-Revised

Obsessive Beliefs Questionnaire (OBQ; OCCWG, 2001, 2003, 2005) which has self-reported 44 items, assesses belief domains related with OCD. Individuals replied on a 7-point scale between the range of 1 (strongly disagree) and 7 (strongly agree). Obsessive Compulsive Cognition Working Group (2005; Myers, Fisher, & Wells, 2008) converted the original six dimensions of the scale to three factors eventually analyzing the OBQ-87. Then OBQ was reduced the 44 items, the three subscales are; responsibility/threat estimation (I think the things in the environment are mostly harmful),

perfectionism/certainty (According to my standards everything must be perfect), and importance/control of thoughts (I must be sure about my decisions) (Myers et al., 2008).

The internal consistency coefficients with OCD sample to all three OBQ subscales and OBQ total score were reported as high; .93 for responsibility/threat estimation, .93 for perfectionism/certainty, .89 for importance/control of thoughts and .95 for the OBQ total score (OCCWG, 2005). The convergent validity of OBQ was established by relating the OBQ and its three subscales with the measures of Padua Inventory-Washington State University Revision (PI-WSUR; Burns, Keortge, Formea, & Sternberger, 1996) and its subscales. Most of the correlations were reported as significant value. Such as; the correlation among OBQ total score and PI-WSUR subscale of thoughts of harm to self and others was .59 ($p < .001$). These correlations were between .19 ($p < .01$) and .62 ($p < .001$; OCCWG, 2005).

The Turkish adaptation of the OBQ was performed by Yorulmaz and Gençöz's study (2008). The total OBQ score demonstrated as having .92 Cronbach's alpha coefficient, and .85 for the subscale of responsibility/threat estimation, .80 for importance/control of thoughts, .86 for perfectionism/certainty subscale. To reach the validity assessments, correlational coefficients were conducted among relevant measures for instance Thought Action Fusion Scale (TAFS; Shafran et al., 1996 cited in Yorulmaz & Gençöz, 2008), Responsibility Attitudes Scale (RAS; Salkovskis et al., 2000 cited in Yorulmaz & Gençöz, 2008), White Bear Suppression Inventory (WBSI; Wegner & Zanakos, 1994; Yorulmaz & Gençöz, 2008) and, PI-WSUR (Burns et al., 1996; Yorulmaz & Gençöz, 2008). TAFS was found to be positively correlated with OBQ and its subscales ranged from .27 to .57 ($p < .001$). RAS had negative correlations with OBQ and its subscales among -.15 ($p < .05$) and -.23 ($p < .001$). WBSI showed positive relations with the scales ranged from .26 to .34 ($p < .001$). Also, PI-WSUR had positive correlations with OBQ and the subscales between .42 and .55 ($p < .001$; Yorulmaz & Gençöz, 2008). We reported internal consistency of the OBQ total as .95 in this study. The Cronbach's alpha coefficicents were found for responsibility/threat estimation subscale .89, importance/control of thoughts was .87, perfectionism/certainty .90.

2.2.3. Relationship Assessment Scale

Relationship Assessment Scale (RAS; Hendricks, 1988) was constructed assessing general satisfaction of relationships. RAS has 7-item and answers were taken on a 5-point Likert scale. The total or average score can be used for the interpretation of the scale. Low scores demonstrate low level of relationship satisfaction. Items 4 and item 7 are scored reversely.

The Cronbach's alpha coefficient level of the RAS was analyzed as .86 (Hendrick, 1988) also, test-retest reliability mentioned as .85 (Hendrick, Dicke, & Hendrick, 1998). RAS's convergent validity analyses were implemented with Dyadic Adjustment Scale (DAS; Spanier, 1976; Spanier & Thompson, 1982; Hendricks, 1988). RAS showed comparatively high correlations with the total DAS score and its subscales. The value of .80 on the sample of dating couples was calculated as correlation value among the total scale score of DAS and RAS (Hendrick, 1988). Additionally, correlation analyses were detected among the RAS and the Kansas Marital Satisfaction Scale (KMSS; Schumm et al., 1986; Hendrick, Dicke, & Hendrick, 1998) and it was found that .74 for women and .64 for men (Hendrick et al., 1998). The value of Cronbach's alpha for RAS total was .91 and the correlation among RAS and DAS was mentioned .84 ($p < .01$) (Vaughn & Baier, 1999). Curun (2001) applied Turkish adaptation studies of RAS and the internal consistency of the RAS was calculated .86. Moreover, we reported the internal consistency of the RAS as .86.

2.2.4. Experiences in Close Relationship Scale-Revised

The Experiences in Close Relationship Scale- Revised (ECR-R; Fraley, Waller, & Brennan, 2000) which has 36-items, is self-report scale for the classification of romantic attachment style. ECR-R consists of two subscales which assess attachment anxiety and avoidance. Individuals answered the items according to their confirmation on a Likert scale with 7 points, among 1 'strongly disagree' and 7 'strongly agree' (Fraley et al., 2000; Busonera, Martini, Zavattini, & Santona, 2014).

The scale showed high Cronbach's alpha levels near or above .90 for both of the subscales (Busonera et al., 2014). Fraley et al. (2000) showed test-retest reliability of subscales, with the scores of .93 for anxiety, .95 for avoidance. The validity information of the scale was obtained via making correlations with various measurements of Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991 cited in Busonera et al., 2014), DAS and their subscales. ECR-R anxiety indicated positively moderate correlation with the RQ preoccupied type ($r = .41$, $p < .001$) and no correlation with the RQ dismissing. Both ECR-R subscales indicated negative correlations with the RQ secure prototype (for anxiety and avoidance $r = -.31$, $p < .001$) and positive correlations with the RQ fearful prototype (for anxiety $r = .44$, for avoidance $r = .35$, $p < .001$). In addition ECR-R anxiety and avoidance scales had negative correlations with DAS total score and with the consensus, satisfaction, affective expression subscales (for anxiety respectively, $r = -.41$, $r = -.36$, $r = -.36$, $r = -.31$; for avoidance $r = -.48$, $r = -.43$, $r = -.36$, $r = -.45$; $p < .001$; Busonera et al., 2014).

The psychometric characteristics of its Turkish adaptation were examined as adequate. The internal consistency was reported to be .90 and .86 for the subscales of avoidance and anxiety. Avoidance scale had .81 value and anxiety scale had .82 for their test-retest reliability coefficients (Selçuk, Günaydın, Sümer, & Uysal, 2005). Although the anxiety scale of ECR-R showed negative correlations with self-esteem and satisfaction of relationship (respectively, $r = -.32$, $p < .01$, $r = -.23$, $p < .05$), positive correlations with the disapproval and separation anxiety (respectively, $r = .55$, $p < .01$; $r = .34$, $p < .01$). In addition the avoidance subscale of ECR-R indicated negative correlations with self-esteem and relationship satisfaction (respectively, $r = -.19$, $p < .01$; $r = -.49$, $p < .01$), positive correlations with the disapproval and like being alone (respectively, $r = .17$, $p < .01$; $r = .15$, $p < .01$; Selçuk et al., 2005). Also, our research indicated the scale has high internal consistency level to be .85 to .83 for ECR-R anxiety and avoidance subscales, respectively.

2.2.5. Padua Inventory-Washington State University Revision

The Padua Inventory-Washington State University Revision (PI-WSUR; Burns et al., 1996) assesses the OCD symptoms in five dimensions involving dressing/grooming, checking, contamination obsessions/cleaning compulsions, impulses involving harming the

self or others, and obsessional thoughts to harm other/self (İnözü & Eremsoy, 2013). The scale has 39 items and items were answered using 5-point scale among 0 (nothing at all) and 4 (too much).

Each of the subscales and the total scale had an adequate Cronbach's alpha coefficients. These were calculated as .92 for the total scale, .77 for obsessional thoughts about harm to self/others, .85 for contamination obsessions, 82 for obsessional impulses to harm self/others, .78 for dressing/grooming compulsions, .88 for checking compulsions (Burns et al., 1996). Studies from Burns et al. (1996) indicated that the items of PI-WSUR had significant and high level of correlations with the total score of PI-WSUR instead of the Penn State Worry Questionnaire (PSWQ; Meyer et al., 1990; Burns et al., 1996). So, PI-WSUR items were analyzed more strongly correlated to its specific status of OCD and also OCD in general than to the assessment of worry. Also, it was found every PSWQ item had significant and higher level correlations with the PSWQ than with the five subscales and the total score of the PI-WSUR ($p < .0005$). Differently from the earlier study (Freeston et al., 1994 cited in Burns et al., 1996), Burns et al. (1996) reported the variance in common of PSWQ and the PI-WSUR as 12%.

Psychometric characteristics of its Turkish version of the scale (Yorulmaz et al., 2007) were also reported satisfactory in both normal and clinical samples. Internal consistency of normal group was found as .93, clinical group's was .95 and test-retest reliability score of normal sample was .86. The Cronbach's alpha scores of five dimensions were reported as; checking compulsions .90, dressing/grooming compulsions .73, obsessive thoughts .76, impulses .84 involving harming the self or others .76, contamination obsessions/cleaning compulsions .86 (Yorulmaz et al., 2007). For validity assessment, the Maudsley Obsessive-Compulsive Inventory (MOCI; Rachman & Hodgson, 1980 cited in Yorulmaz et al., 2007) and TAFS were used. There were found satisfactory high correlations between MOCI and PI-WSUR and their subscales in both OCD patients and student control group (for instance; $r = .84$, $p < .001$ for PI-WSUR-MOCI total scores for OCD patients or $r = .79$, $p < .001$ for PI-WSUR contamination obsessions/cleaning compulsions subscale- MOCI cleaning subscale for control group) (Yorulmaz et al., 2007).

We found the Crobach's alpha coefficient of the PI-WSUR total score as .96. The internal consistency values of the five subscales were indicated for checking compulsions, contamination obsessions/cleaning compulsions, dressing/grooming compulsions, obsessive thoughts and impulses involving harming the self or others, respectively .91, .91, .77, .85, .92.

2.2.6. Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965 cited in Martin-Albo, Nunez, Navarro, & Grijalvo, 2007; Akdemir, Zeki, Ünal-Yetimoğlu, Kara, & Çuhadaroğlu-Çetin, 2013) is a 10-items scale and it was developed to assess self-respect and self-acceptance of participants. Participants answered the scale using 4-point which ranged among 1 (totally disagree) and 4 (totally agree).

The internal consistency of the scale was assessed as .85 in the first administration, .88 in the second session. The test-retest correlation was indicated to be .84. The validity measurement of the scale was constructed via Autoconcepto Forma 5 (AF5; in Spanish, "Self-concept Form 5 Questionnaire"; García & Musitu, 2001 cited in Martin-Albo et al., 2007) to assess the relation between self-esteem and the five self-aspects. The correlation among self-esteem and the five aspects were reported positively and among medium-high scores with the values ranged from .28 ($p < .01$; between self-esteem and social self-concept) to .50 ($p < .01$; between self-esteem and emotional self-concept) (Martin-Albo et al., 2007). The Turkish version of RSES was done by Çuhadaroğlu (1986 cited in Akdemir et al., 2013; Büyükgöze-Kavas, 2009). The correlation between psychiatric interviews and the self-esteem scale was found to be .71. The test-retest reliability of the scale was analyzed as .75 by Çuhadaroglu (1986 cited in Akdemir et al., 2013; Büyükgöze-Kavas, 2009). Our research indicated the Cronbach's alpha coefficient as .87.

2.2.7. Adult Separation Anxiety Questionnaire

Adult Separation Anxiety Questionnaire (ASA-27; Manicavasagar, Silove, Wagner, & Drobny, 2003) aimed to measure the adult separation anxiety level focuses on the

symptoms in adulthood. Participants rated the scale which has 27 items, using 4-point Likert scale among 1 'never' and 4 'almost always'. The total score of ASA-27 indicates the level of adult separation anxiety the individual has.

The test-retest reliability of ASA-27 was found .86. Also, reliability of ASA-27 was evaluated by examining the Cronbach's alpha value, .95 detected strong value ($p < .001$; Manicavasagar et al., 2003). For the validity assessment, a receiver operation characteristic (ROC) asessment (Hsiano, Bartko, & Potter, 1989 cited in Manicavasagar et. al., 2003) was used to assess the relationship more detailed among the ASA-27 and case-assignment by the adult separation anxiety semi-structured interview (ASA-SI; Manicavasagar, Silove, & Curtis, 1997 cited in Hasirci, Erdem, & Eremsoy, 2010). The authors put accounted the ASA-SI as the standard tool to determine the items to be included in ASA-27 (Manicavasagar et. al., 2003). The area under the curve (AUC) for the ASA-27 in the ROC assessment was reported as (.90), this result indicates a good enough level of correspondence among the ASA-27 and the ASA-SI.

In the adaptation study of ASA-27 to Turkish population the Cronbach's alpha of ASA-27-TR was examined .93 and split half reliability of the scale was .82. The convergent validity of ASA-27 was conducted via Turkish version of Young Schema Questionnaire Short Form (YSQ-SF; Young & Brown, 1994 cited in Hasirci et al., 2010). The subscales of the YSQ-SF (abandonment, pessimism, vulnerability to threats, enmeshment/dependency and failure) were found as highly correlated with ASA-27. Also, the entitlement/insufficient self-control and emotional inhibition subscales showed less significant correlations with ASA-27. In the current research, we demonstrated the internal consistency of the scale .96.

2.2.8. Beck Depression Inventory

Beck Depression Inventory (BDI; Beck, Rush, Shaw, & Emery, 1979) was designed to detect the level of depressive symptoms. The self-report scale which has 21 items contains items regarding to the cognitive and affective as well as somatic symptoms of depression. Participants rated the items ranging from 0 ''not at all'' to 3 ''severely'' for how much they are affected the participant in the past week (Eack, Singer, & Greeno, 2008).

The Turkish version of the inventory was studied by Tegin (1980 cited in Hisli 1989) and Hisli (1988, 1989). The Cronbach's alpha coefficient was reported as .80 for the BDI (Hisli, 1989). The split half reliability was shown as among .74 (Hisli, 1989) and .78 (Tegin, 1980 cited in Hisli, 1989) for university students. The validity measurement of the scale was done by correlating the measures of BDI with MMPI-D scale and it was found as $r = .63$ with the clinical sample ($p < .001$; Hisli, 1988) and also this correlation was reported as $r = .50$ with the university students (Hisli, 1989). In our research, the internal consistency of the scale was analyzed to be excellent ($\alpha = .90$).

2.2.9. Beck Anxiety Inventory

Beck Anxiety Inventory (BAI; Beck, Epstein, Brown, & Steer, 1988) which has 21-item was supposed to measure the intensity of anxiety. Individuals rated the items on a 4-point scale between 0 (not at all) and 3 (severely) according to how much have been affected by the specific symptom over the past two weeks (Eack et al., 2008). Four of the 21 items of BAI are anxious mood terms, specific fears assessed by 3 items, the remaining 14 items measure the symptoms of autonomic hyperactivity and motor tension generalized anxiety disorder and panic.

The scale demonstrated high internal consistency level as .92 and the validity assessments were constructed by the correlations of BAI with a set of scales. The correlation between BAI and BDI was analyzed to be .48, with the Hamilton Rating Scales for Anxiety (HARS-R; Hamilton, 1959 cited in Beck et al., 1988) .51, and with the Cognition Checklist -Anxiety subscale (CCL-A; Beck, Brown, Steer, Eidelson, & Riskind, 1987 cited in Beck et al., 1988) .51. The psychometric characteristics of the Turkish scale were found as reliable and valid in clinical samples (Ulusoy, Şahin, & Erkmen, 1998). The internal consistency was reported as .93. The validity of BAI was established by relating the BAI to BDI and the State Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, & Lushene, 1970 cited in Ulusoy et al., 1998) scores. The BAI - BDI correlation was analyzed as .46, the correlation of BAI with STAI-T (trait) and STAI-S (state) were .45 and .53 respectively (Ulusoy et al., 1998). We demonstrated the Cronbach's alpha value to the BAI as .93 in our study.

2.3. Procedure

First of all, the permission for our research was taken from the ethic committee of Doğus University. Participants were instructed of their rights and finalized an informed consent either on paper or online in accordance with university IRB standards. After informed consent and demographic information form were taken, participants completed a set of questionnaires including ROCI, PROCSI, OBQ, RAS, ECR-R, PI-WSUR, RSES, ASA, BDI and BAI, respectively. The instruments were administrated to the participants either in the classrooms or as online. The www.surveymonkey.com was used for the web-based survey platform. Answers were collected and recorded as anonymous form. Each version of the administrations took approximately 35-40 minutes. They finished the questionnaire in one session and they were given credits if they are university students.

3. RESULTS

The result section consists of three parts. Each part involves the ROCI and the PROCSI sections. Confirmatory factor analysis of the ROCI and PROCSI items to evaluate whether these items loaded on the subscales of the original ROCI and PROCSI in this sample of Turkish young adults will be shown in the first part. The second part will present the descriptive statistics of the ROCI and PROCSI subscales, involving the means, standard deviations, internal consistency of the ROCI and the PROCSI and also their subscales, and subscale correlations. Lastly, correlation analyses between related measures will be presented to assess the construct validity of the Turkish adaptations of the ROCI and the PROCSI.

3.1. Confirmatory Factor Analyses

3.1.1. ROCI

To test whether the hypothesized factor structure which exists in the original scale of ROCI is also applicable in the data collected from the Turkish sample, confirmatory factor analysis was applied. This factor structure has subscales of the ROCI which represented by three latent factors with four indicators each (see Fig. 1). As in the original study (Doron et al., 2012a), errors connected with items assessing the same OC phenomenon (compulsions, obsessions) were not presumed as independent and were allowed to covary. MPLUS 7.0 was used to examine this model and this model produced slightly conflicting fit indices.

The goodness-of-fit indices reported are suitable with the recommendations of SEM theorists and the literature (McDonald & Ho, 2002). The comparative fit index (*CFI*) was found as .93, also the standardized root mean-square residual (*SRMR*) found as .06. These values are within or very near the range which regarded as indicating acceptable fit (*CFI* > .95, *SRMR* < .08; Hu & Bentler, 1999). The root mean square error of approximation (*RMSEA*) was analyzed as .11 which existed outside the range generally regarded as

indicating poor fit (*RMSEA* > .10; Browne & Cudeck, 1993). Tucker-Lewis index (*TLI*) found as .90 was satisfactory.

Results appear to support a three-factor structure. However, a second-order assessment model with one higher-order factor and three lower-order factors would have suited the data well as equal. The fit indices of the second-order model were exactly same as the three-factor model; *CFI* = .93, *SRMR* = .06, *RMSEA* = .11, and *TLI* = .90. Therefore, the ROCI can be shown to regard to a single scale, with three subordinate subscales.
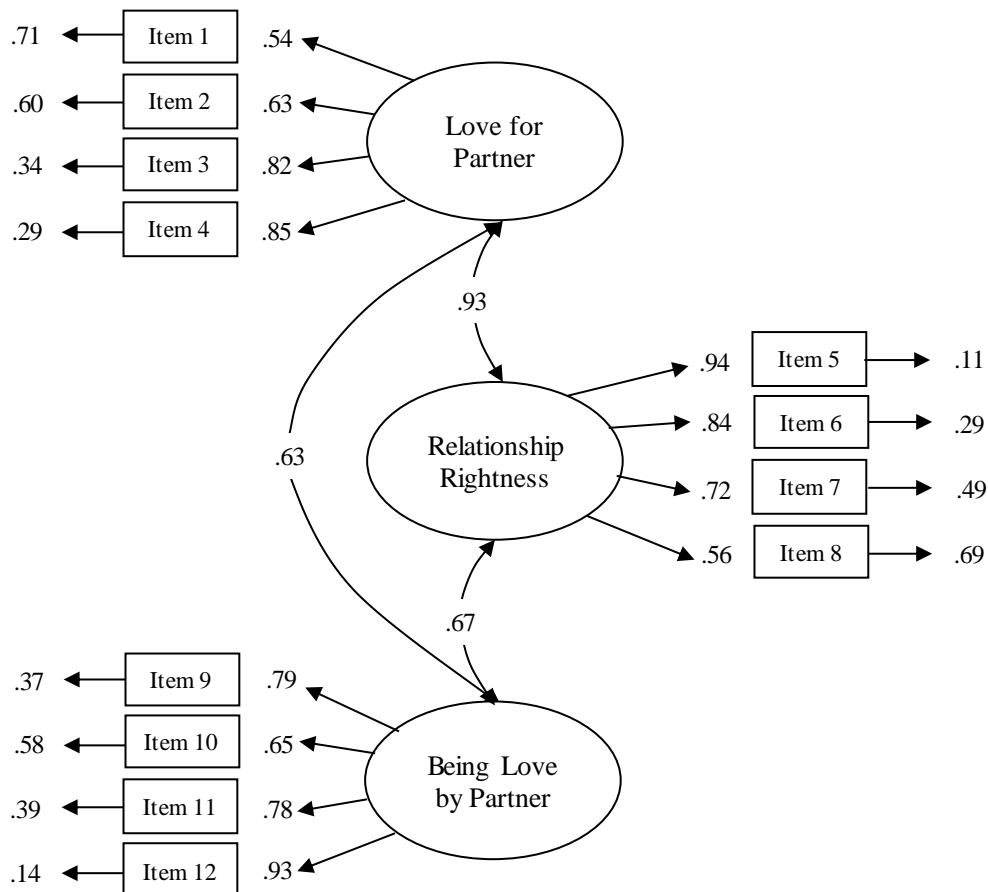
Figure 1. Confirmatory factor analysis model of the ROCI.
Note: The number of items fit to Appendix C. All results are significant (*p* < .001). LFP: love for the partner, RR: relationship rightness, BLP: being loved by the partner.

3.1.2. PROCSI

To test the six factor structure of the PROCSI, a standard CFA model was specified, in which each PROCSI subscale was represented by a latent factor each with four indicators (see Fig. 2). As conducted for the ROCI in the previous section, within each latent factor, errors connected with items measuring the same OC phenomenon (compulsions, obsessions) were allowed to covary. MPLUS 7.0 (Maximum Likelihood estimation) was used to examine this model and produced highly satisfactory fit indices. However, due to the inherent positive skewness of the PROCSI items, before starting the CFI analysis, a square root transformation was performed on all the items in order to increase normality.

As in the analysis of ROCI in the previous section, only the commonly recommended and reported goodness-of-fit indices by SEM theorists (McDonald & Ho, 2002) are reported here. The comparative fit index (*CFI*) was found as .95 and the standardized root mean-square residual (*SRMR*) was found as .04. These values were within the range commonly regarded as indicating acceptable fit (*CFI* > .95, *SRMR* < .08; Hu & Bentler, 1999). Furthermore, the root mean square error of approximation (*RMSEA*) was found as .07 which fell inside the range commonly accepted as indicating good fit (*RMSEA* < .10; Browne & Cudeck, 1993). Tucker-Lewis index (*TLI*) found as .94 was also satisfactory.

Finally, results appear to promote a six-factor structure of PROCSI. Attention should be paid on that a second-order measurement model with one higher-order factor and six lower-order factors would have also suited the data properly. The fit indices of the second-order model were exactly same as the six-factor model; *CFI* = .95, *SRMR* = .04, *RMSEA* = .07, and *TLI* = .94. Based on these results, it can be suggested that PROCSI may be encoded either as a six-factor scale or a single scale.
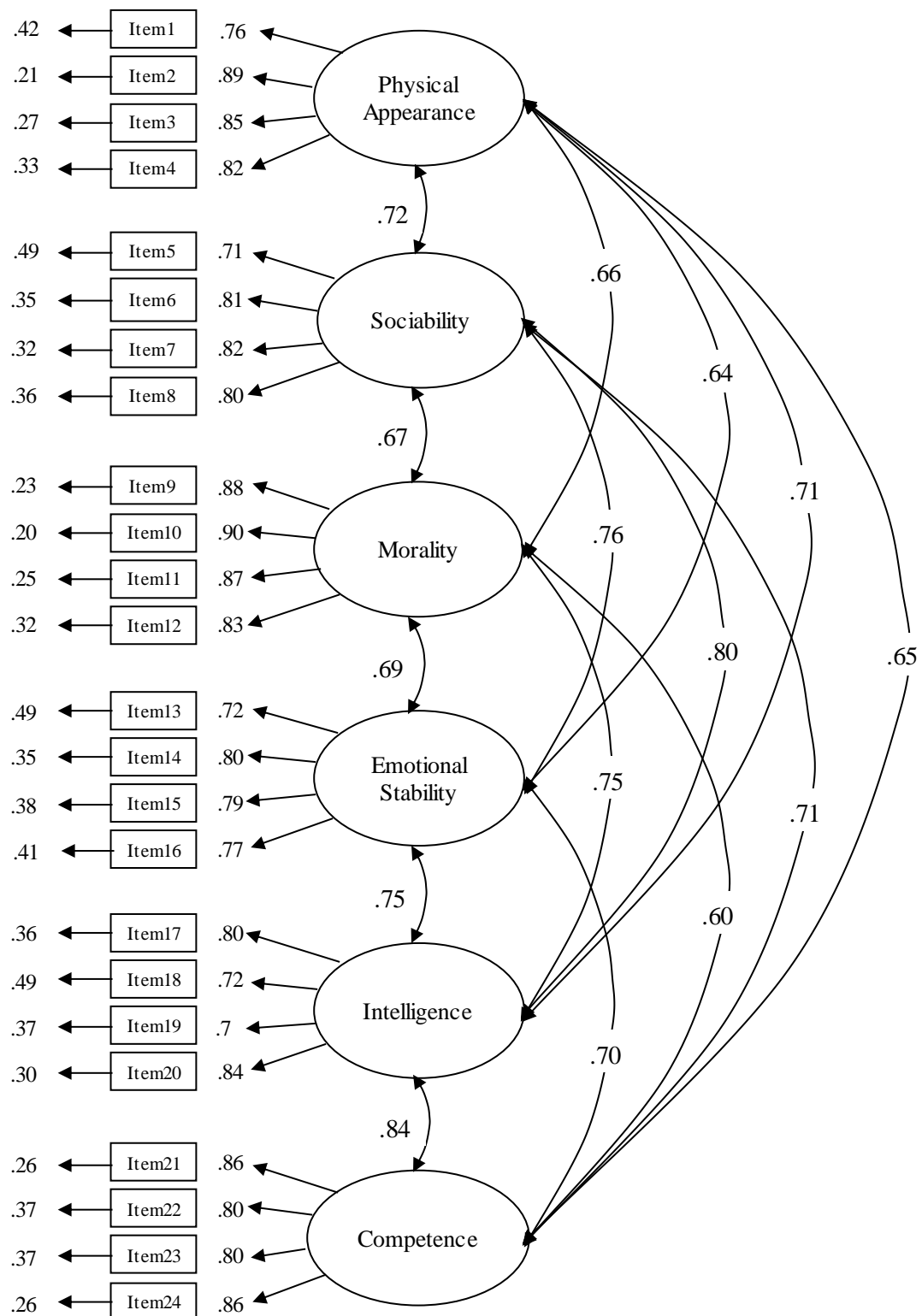
Figure 2. Confirmatory factor analysis model of the PROCSI.
Note: The number of items fit to Appendix D. All results are significant ($p < .001$). PHY: Physical Appearance, SOC: Sociability, MOR: Morality, EMS: Emotional Stability, INT: Intelligence, COM: Competence.

3.2. Descriptive Statistics

3.2.1. ROCI

As can be seen in Table 3.1, ROCI and all of the ROCI subscales had satisfactory internal reliability values. The internal consistency of the total score of ROCI was calculated .92. The other Cronbach's alpha values of the subscales were .85, .87, and .87 for the LFP, RR, and BLP subscales, respectively. Also, as expected the inter correlations between ROCI subscales were high, indicating that the items were consistent with the overall subscale and measure the same construct.

Table 3.1 Correlations of inter-factors, Cronbach's α's, means and standard deviations of the ROCI subscales (N = 426).

	LFP	RR	BLP
LFP	.85		
RR	.93*	.87	
BLP	.63*	.67*	.87
M	3.33	4.08	2.72
SD	3.47	3.79	3.55

Note: LFP: love for the partner, RR: relationship rightness, BLP: being loved by the partner.
Correlations are between the means of the items of each factor. Values on the diagonal are Cronbach's α's.

 * $p < .001$

3.2.2. PROCSI

As can be seen in Table 3.2, PROCSI and all of the PROCSI subscales had satisfactory internal reliability. The internal consistency of the total score of PROCSI was calculated .96. The other Cronbach's alpha values of the subscales were .91, .87, .93, .88, .87 and .92 for the PHY, SOC, MOR, EMS, INT and COM subscales, respectively. Also, as expected the inter correlations between PROCSI subscales were high, indicating that the items were consistent with the overall subscale and measure the same construct.

Table 3.2 Correlations of inter-factor, Cronbach's α's, means and standard deviations of the PROCSI subscales (N = 426).

	PHY	SOC	MOR	EMS	INT	COM
PHY	.91					
SOC	.72*	.87				
MOR	.66*	.67*	.93			
EMS	.64*	.76*	.69*	.88		
INT	.71*	.80*	.75*	.75*	.87	
COM	.65*	.71*	.60*	.70*	.74*	.92
M	2.00	2.84	1.75	3.11	2.10	2.67
SD	3.35	3.48	3.26	3.66	3.33	3.77

Note: PHY: Physical Appearance, SOC: Sociability, MOR: Morality, EMS: Emotional Stability, INT: Intelligence, COM: Competence.
Values on the diagonal are Cronbach's α's. Correlations are between the means of the items of each factor.

 * $p < .001$

3.3. Construct Validity

To investigate the construct validity two steps were applied in the current study. Firstly, the correlations between the Turkish versions of the ROCI and PROCSI total and their subscales scores and demographic variables (gender, age, and education level) were identified. Detailed descriptive information of the ROCI and the PROCSI can be seen in Table 3.3. According to results, the ROCI scores were not significantly correlated with gender, age and education level of the participants. However, physical appearance, sociability, morality, emotional stability and intelligence subscales of the PROCSI had negatively significant correlations with gender (*r*s among -.14 and -.19, all *p*s < .01). Additionally, age showed negative correlations with the PROCSI total score and the its competence subscale (all *r*s = -.11, *p*s < .05). Education level was not found as significantly correlated with the PROCSI scores.

Table 3.3 Descriptives for the ROCI and the PROCSI subscales.

Variable	Mean	SD	Min. - Max.
ROCI			
LFP subscale	3.33	3.47	0 - 16
RR subscale	4.08	3.79	0 - 16
BLP subscale	2.72	3.55	0 - 16
PROCSI			
PHY subscale	2.00	3.35	0 - 16
SOC subscale	2.84	3.48	0 - 16
MOR subscale	1.75	3.26	0 - 16
EMS subscale	3.11	3.66	0 - 16
INT subscale	2.10	3.34	0 - 16
COM subscale	2.67	3.77	0 - 16

Note: LFP = ROCI love for the partner; RR = ROCI relationship rightness; BLP = ROCI being loved by the partner; PHY = PROCSI physical appearance; SOC = PROCSI sociability; MOR = PROCSI morality; EMS = PROCSI emotional stability; INT = PROCSI intelligence; COM = PROCSI competence.

Secondly, the correlations between the ROCI and PROCSI total and their subscales scores, and established measurements of OCD, relationship-related insecurities and, mental health were analyzed. These results will be demonstrated as two categories for the Turkish versions of the ROCI and PROCSI.

3.3.1. ROCI

In the present study, OBQ, PI, Beck Depression and Anxiety Inventories, ECR, ASA, RSES, and RAS were used as external measures validating the subscales of the ROCI.

The three subscales and ROCI total score were analyzed as having significant correlations with the OBQ total and its three subscale scores. According to results, except the significant correlations of LFP and BLP subscales of the ROCI with the OBQ perfectionism/certainty subscale score (ps < .05), correlations were ranged from .19 to .30 (all ps < .01). For investigation of the relation between the ROCI and the general OCD, the other used measurement was PI. Results showed that correlations between the ROCI scores and, PI-total and its five dimensions scores were stated as significant ranging between .14 and .34 (all ps < .01). Also, the significant correlations between LFP and, contamination obsessions/cleaning compulsions and dressing/grooming compulsions; RR and dressing/grooming compulsions; BLP and contamination obsessions/cleaning compulsions were reported at p < .05.

The ROCI scores had weak to moderate correlations with OC symptoms and beliefs demonstrating that the ROCI has a different construct from general OCD. Thus, the results indicated the construct validity of the ROCI.

Furthermore, the ROCI scores were also found as moderately correlated with depression, anxiety, self-esteem, attachment anxiety, attachment avoidance, low relationship satisfaction and, separation anxiety.

The relations among the BDI and the subscales of the ROCI were examined. According to results, BDI had moderately significant correlations with ROCI total score and its subscales. The correlation coefficients of ROCI total, LFP, RR, and BLP subscales with the BDI were ranging among .21 and .27 (p < .01). BAI was also used for the analysis and results showed that BAI and ROCI scores had low to moderate significant correlations. The ROCI total score, LFP, RR, and BLP subscales were found as correlated with BAI, ranging among .16 and .26 (p < .01). The detailed information can be seen in the Table 3.4.

Moreover, attachment anxiety as measured by ECR-R indicated moderately significant correlations with the ROCI scores. The ROCI total score had a positive correlation $r = .51$ ($p < .01$) with ECR-R anxiety subscale. The significant positive correlations between subscales of LFP, RR, and BLP of ROCI and, ECR-R anxiety were found respectively, .34, .47, and .50 ($p < .01$). Also, attachment avoidance subscale had significantly positive and moderate correlations with the ROCI total, LFP, RR, and BLP scores; ranging from .25 to .34 ($p < .01$). To assess the relation between separation anxiety and the relationship-related OC symptoms, the correlation analyses were conducted between ASA and ROCI scores. Regarding the results, ASA had moderately positive significant correlations with ROCI scores. Correlation values of ASA with ROCI scores were ranging from .28 to .37. Lastly, negative correlations were found among the ROCI scores and self-esteem (measured by RSES) and relationship satisfaction (measured by RAS). The significant correlations among RAS and ROCI total, LFP, and RR subscale scores had higher values; -.48, -.43, and -.54, respectively ($p < .01$) than the BLP and RAS $r = -.28$ ($p < .01$). Also, it was indicated that the moderate correlations among self-esteem and the ROCI scores were found ranging between -.20, and -.16, ($p < .01$). The detailed information can be observed in the Table 3.4.

Table 3.4 Correlations of the ROCI subscales with related measures.

	LFP	RR	BLP	TOT
OBQ scores				
Responsibility/threat estimation	.21**	.30**	.21**	.27**
Perfectionism/certainty	.13*	.24**	.11*	.19**
Importance/control of thoughts	.23**	.28**	.23**	.28**
OBQ total	.21**	.30**	.20**	.27**
PI total score	.22**	.24**	.26**	.27**
Beck Depression	.27**	.21**	.27**	.24**
Beck Anxiety	.24**	.16**	.20**	.26**
ECR-R Anxiety	.51**	.34**	.47**	.50**
ECR-R Avoidance	.34**	.33**	.31**	.25**
ASA	.37**	.28**	.33**	.35**
RSES	-.20**	-.16**	-.19**	-.17**
RAS	-.48**	-.43**	-.54**	-.28**

Note: OBQ = Obsessive Beliefs Questionnaire; PI = Padua Inventory; ECR-R = Experiences in Close Relationship Scale-Revised; ASA = Adult Separation Anxiety; RSES = Rosenberg Self-Esteem Scale; RAS = Relationship Assessment Scale score; LFP = ROCI love for the partner; RR = ROCI relationship rightness; BLP = ROCI being loved by the partner; TOT = ROCI total score.

*p < .05
**p < .01

3.3.2. PROCSI

In the current study, OBQ, PI, Beck Depression and Anxiety Inventories, ECR, ASA, RSES, and RAS were used as external measures validating the subscales of the PROCSI.

The six subscales and the total score of the PROCSI were reported generally as having significant correlation with the OBQ total and its three subscales ranging from .15 to .31 (all ps < .01). The significant correlation among the PROCSI total and OBQ perfectionism/certainty score was found .13 ($p < .05$). The appearance subscale and morality subscale scores of PROCSI were not adequately correlated with the score of OBQ perfectionism/certainty dimension.

The subscales scores of PROCSI, physical appearance and competence had significantly low correlation with PI dressing/grooming subscale score, .14, .13 ($p < .05$), respectively. There was not seen any significant correlation among morality dimension and PI dressing/grooming subscale. The other correlations were investigated as significant and low to moderate levels between the PROCSI scores and the PI scores.

Furthermore, in the present study the PROCSI scores were as moderately correlated with depression, anxiety, self-esteem, attachment anxiety, attachment avoidance, low relationship satisfaction and separation anxiety.

According to results, the PROCI total and its subscale scores had weak and significant correlations with BDI and BAI ranging from .18 to .25 ($p < .01$) but, the physical appearance subscale of the PROCSI did not show any significant correlation with the BAI. The positive and significantly moderate correlations were examined among the PROCSI scores and ECR-R anxiety subscale ranging among .24 and .39 ($p < .01$). Also, ECR-R avoidance subscale had positive and moderate correlations with the PROCSI scores ranged from .31 to .44 ($p < .01$). The positive and moderate associations were found between separation anxiety and the PROCSI total and its subscales scores; the correlation coefficients were among .26 and .37 ($p < .01$). However, self-esteem assessed by RSES showed negatively significant and low to moderate correlations with the PROCSI scores.

The subscale of physical appearance and the PROCSI total scores had correlations with RSES, -.21 and -.20, respectively ($p < .01$). Moreover, negative and moderate correlations between relationship satisfaction and the PROCSI scores, except the emotional stability subscale, were reported ranged from -.30 and -.35 ($p < .01$). The calculated correlation coefficient between relationship satisfaction and the emotional stability subscale was higher than the other correlations -.48 ($p < .01$). The detailed information can be observed in the Table 3.5.

Table 3.5 Correlations of the PROCSI subscales with related measures.

	PHY	SOC	MOR	EMS	INT	COM	TOT
OBQ scores							
Responsibility/threat estimation	.15**	.25**	.21**	.25**	.26**	.18**	.18**
Perfectionism/certainty	.08	.15**	.08	.17**	.16**	.16**	.13*
Importance/control of thoughts	.25**	.31**	.30**	.24**	.32**	.25**	.26**
OBQ total	.17**	.26**	.21**	.24**	.27**	.22**	.21**
PI total	.28**	.39**	.33**	.31**	.32**	.27**	.27**
Beck Depression	.18**	.25**	.23**	.23**	.19**	.19**	.14*
Beck Anxiety	.11	.20**	.22**	.18**	.18**	.18**	.14*
ECR-R Anxiety	.25**	.34**	.37**	.39**	.31**	.28**	.24**
ECR-R Avoidance	.39**	.32**	.44**	.37**	.39**	.31**	.36**
ASA	.26**	37**	.36**	.31**	.37**	.31**	.30**
RSES	-.21**	-.15**	-.15**	-.16**	-.15**	-.18**	-.20**
RAS	-.30**	-.35**	-.33**	-.48**	-.33**	-.35**	-.31**

Note: OBQ = Obsessive Beliefs Questionnaire; PI = Padua Inventory; ECR-R = Experiences in Close Relationship Scale-Revised; ASA = Adult Separation Anxiety; RSES = Rosenberg Self-Esteem Scale; RAS = Relationship Assessment Scale score. PHY = PROCSI physical appearance; SOC = PROCSI sociability; MOR = PROCSI morality; EMS = PROCSI emotional stability; INT = PROCSI intelligence; COM = PROCSI competence; TOT = PROCSI total score.

$* p < .05$
$** p < .01$

4. DISCUSSION

The first purpose of this study was to adapt the Relationship Obsessive Compulsive Inventory (ROCI) and Partner-Related Obsessive Compulsive Symptoms Inventory (PROCSI) into Turkish language. We secondly aimed that examining the psychometric characteristics of the Turkish versions of the scales. Reliability and validity results for the adaptation versions of these two scales with a Turkish sample were indicated as satisfactory. The items of the Turkish versions of these scales loaded on the same factors as presented in the original studies (Doron et al., 2012a, 2012b), and they were grouped under the same subscales.

The factor structures were examined through confirmatory factor analyses. Results indicated that the Turkish form of the ROCI has three factors, namely the love for partner, rightness of relationship, and being love by partner subscales. This three factor structure of the ROCI was coherent with the study of Doron et al. (2012a). Similar with the findings of Doron et al. (2012a) this conceptualization may not be considered as a correlated-factors conceptualization. Results indicated that ROCI which relationship-centered OC scale is a single construct. Also, ROCI represent OC construct in three relationship aspects, instead of viewing these three factors as three related constructs. Also, a six-dimensional structure identical to the original study of Doron et al. (2012b) was obtained in this study for the PROCSI. Results supported the six subscales of the Turkish version of the PROCSI. These findings were found to be consistent with the original studies of Doron et al. (2012a, 2012b).

Different from the original versions, this study did not include test-retest reliability scores for the ROCI and PROCSI; however, internal consistency results demonstrated high scores referring good reliability. The analyses of the present study ascertained that the Cronbach's alpha coefficients of the three ROCI subscales and the ROCI total scale and also the six PROCSI subscales and its total scale were high and comparable to the original scales (Doron et al., 2012a, 2012b). This result suggests that the items in each subscale have been perceived as a homogeneous unit by our Turkish sample.

The validity assessments of the Turkish adaptations of the ROCI and PROCSI were investigated via exploring correlations with demographic variables and theoretically related constructs. Results indicated that the ROCI did not show any significant correlation with gender and education level similar with the original study (Doron et al., 2012a). Different from the original work, also age did not show negative correlation with ROCI total score. This result may be due to the homogeneity of the age range of the participants. The age interval of our sample was between 19-31 and the mean was 22, so correlations may not appear. Furthermore, unlike the original study (Doron et al., 2012b) there was not found significant correlation between education level and the PROCSI scores in this study. This finding may be the result of the homogeneity of education level of the sample. Unexpectedly, analyses presented that gender was analyzed as having significant correlation with the subscales of PROCSI. Also, significant and negative correlations were obtained between age and the PROCSI total and its competence subscale. In the original study (Doron et al., 2012b) age and gender were not detected as having significant correlation with partner-oriented OC-symptoms.

On account of examining whether the ROCI total score and its subscales have distinct designs as theoretically from general OCD and relationship-based anxiety, many correlation studies were conducted between ROCI scores and measurements of OCD, psychological health and relationship-based concerns. According to results, the ROCI scores had significant and weak to moderate correlations with OC symptoms and OC beliefs demonstrating that the ROCI has a different construct from general OCD. Consistent with the original study (Doron et al., 2012a), the ROCI scores were also analyzed as significantly and positively correlated with depression, anxiety, avoidance-anxiety of attachment versions, and separation anxiety. As expected, relationship satisfaction and self-esteem demonstrated significant and negative correlations with the all ROCI scores. In other words, low self-confidence and low satisfaction in the relationship concept, lead to higher levels of relationship obsessive compulsive symptoms regarding the relationship. All correlations were found to be consistent with the original study of Doron et al. (2012a). The low-moderate size of the correlations indicated that the Turkish adaptations of the ROCI has a relatively different construct also, the scale is moderately related to global OC symptoms.

Additionally, to understand the construct validity of the PROCSI many correlation studies were applied between PROCSI scores and measures of OCD, psychological health and relationship-based concerns.

The six subscales and the PROCSI total were reported as having significant and positive correlations with OC symptoms and beliefs similar with the original study (Doron et al., 2012b). In other words, people with high OC symptoms and beliefs asserted higher levels of partner-oriented obsessive compulsive symptoms. Different from the original work, the physical appearance and morality subscales of the PROCSI did not show significant correlations with obsessive beliefs' perfectionism/certainty dimension. Also, there was not found significant correlation between morality dimension and general OC symptoms' dressing/grooming subscale. These findings might be due to the limited age range and high SES of the individuals in our study. As expected, the PROCSI scores had significant and positive correlations with depression, anxiety, attachment anxiety, attachment avoidance, and separation anxiety with the exception between the physical appearance subscale of the PROCSI and general anxiety. Relationship satisfaction and self-esteem demonstrated significant and negative correlations with the all PROCSI score. It means that people with low relationship satisfaction and low self-esteem indicated partner-oriented obsessive compulsive symptoms. The correlation between relationship satisfaction and the emotional stability subscale of the PROCSI was higher than the other correlations. This may be the result of the given importance to the dimension of emotional stability than other dimensions in a relationship. Emotional stability may be a substantial characteristic for people regarding a relationship partner. All correlations were found consistent with the original study of Doron et al. (2012b). The low-moderate size of the correlations indicated that the Turkish version of the PROCSI obtained a relatively distinct theoretical construct and moderately related to global OC symptoms.

4.1. Conclusion

Besides the topic is newly researched in the literature, this research fills in a substantial gap in the Turkish literature by validating the screening tools to identify young adults for relationship-centered and partner-oriented OC symptoms. ROCI and PROCSI proved that they are reliable and valid measurements to be used in future studies and in clinical practice to identify at-risk population based on relationship and partner-related obsessive compulsive symptoms.

4.2. Strengths and Limitations

One of the strengths of this research is used multi-method approach to assess the constructs of the study. LaFreniere (2002) states that the comparability of a scale across cultures is more reliable when the validity of the scale is evaluated with other instruments that measure the same construct which is called triangulation. In the present study, we have used the ROCI and PROCSI to validate with using the measurements of common OCD symptoms, OCD related cognitions and beliefs, depression, common self-esteem, anxiety, stress and, relationship measures (ambivalence and satisfaction in relationship, attachment insecurity types). We have also collected a large data for the related constructs mentioned above that are theoretically and empirically related to relationship and partner-oriented OC symptoms. In addition, nearly the half of the data was excluded from the analyses due to the fact that they had any emotional and/or sexual relationship before. Therefore, our study was avoided from the inconsistent data in the analyses.

When we evaluate the study in terms of its weaknesses, some points attract the attention. First of all, because of the bureaucratic procedures and time limitation on data collection, data were collected mostly from private high SES university students, which may make the effortful control data biased. Also, the age range and the age mean were smaller than the original studies which may affect the generalization of the data in the Turkish sample. Future research is warranted with more heterogeneous samples from different regions and socio-economic status with a large age range to collect data on effortful control.

4.3. Clinical Implications and Future Directions

Notwithstanding these potential limitations of the results, the current findings have substantial theoretical and clinical implications. The short measures assessing relationship-oriented and partner-oriented OC symptoms might provide more systematic research of these topics, their correlates, and associated impairments. The ROCI and PROCSI might be applied especially in the areas of couple therapy, relationship-base therapy issues to assess the obsessions and compulsions considering the relationship or partner, to identify the problematic issues by clinicians. Moreover, our investigations of relationship-centered and partner-oriented obsessions and compulsions have the potential to increase clinical awareness of relationship-oriented and partner-oriented OC symptoms. Thus, clinicians may consider these scales measuring body dysmorphic symptoms, attachment insecurities, and perceptions of self (Doron & Moulding, 2009). Thereby, this awareness might reduce the misdiagnosis of psychological problems and disorders. The ROCI and PROCSI might ensure clinicians to detect quickly relationship-centered and partner-oriented OC symptoms. Moreover, these scales can be used effectively in couples therapy and concepts which relating with this kind of issues.

Furthermore, Doron et al. (2012a) suggested that relationship-oriented OCD might be taken into account as single and different construct that represent OC symptoms in three relationship aspects, instead of embracing these aspects as three related constructs. Therefore, it was proposed by Doron et al. (2012b) that the more specific factorial coding might be useful for clinical applications, whereas the one-factor coding might be more useful for empirical investigations. In sum, findings of this study may contribute to the preliminary step for further developments in the field of OCD especially in Turkey.

Moreover, the sample was a non-clinical sample. Coming studies would benefit from studying the connections among partner-oriented OC symptoms, relationship-oriented OC symptoms, more commonly seen OCD presentations, mood and relationship variables among clinical participants. For this reason, the findings should be evaluated attentively and replicated in clinical samples. It should be taken consideration that our design was correlational which consistent with the original studies (Doron et al., 2012a, 2012b), and

therefore one should be attentive when drawing causal inferences from these findings. Furthermore, there is need for further assessments and replications in more heterogeneous samples with a wider range of age, education level and social and economic status of the sample. Also, conducting test-retest reliability analyses to investigate whether the scales are reliable overtime might provide further reliability information for the scales.

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Appendix A

Turkish Version of the Consent Form

KATILIMCI ONAM FORMU

Araştırmanın Adı	: İlişkiler ve Kişisel Özellikler
Araştırmacı :	: Merve Yılmaz & Yrd. Doç. Dr. Ekin Eremsoy

Merve Yılmaz & Yrd. Doç. Dr. Ekin Eremsoy tarafından yürütülmekte olan bu proje, bireylerin ilişkilerinde nelere önem verdikleri ile bazı kişisel özellikler arasındaki ilişkiyi incelemeyi amaçlamaktadır.

Bu çalışmada, sizden duygu durumunuzu, davranışlarınızı ve düşüncelerinizi değerlendirmenize yönelik bir dizi ölçeği doldurmanız istenecektir.

Çalışmanın tamamı yaklaşık 35-40 dakika sürmektedir ve katılımınız karşılığında Psikoloji Bölümü derslerinin birinden (tercih ettiğiniz) bir puan kazanacaksınız. Bu çalışmada vermiş olduğunuz tüm cevaplar tamamen gizlidir ve sadece bu araştırmanın kapsamı içinde kullanılacaktır. Tüm veriler, size verilecek bir katılımcı kodu ile girilecek, hiç bir yerde kimliğinize ilişkin herhangi bir bilgi sorulmayacaktır. Ayrıca, isminizi ya da imza gibi kimliğinizi belirtecek herhangi bir bilgiyi bu onam formu dışındaki hiçbir yazılı forma yazmamalısınız. Bu çalışmadan herhangi bir neden belirtmeksizin istediğiniz an çekilebilirsiniz. Çalışmadan çekilmeniz durumunda herhangi bir cezai yaptırımla karşılaşmayacaksınız ve yine de katılım puanı alacaksınız.

Bu çalışma ile ilgili herhangi bir endişeniz ya da sorunuz olursa bu projenin araştırmacısı olan Merve Yılmaz (myilmaz@dogus.edu.tr) Yrd. Doç. Dr. Ekin Eremsoy (1249 ya da eeremsoy@dogus.edu.tr) ile iletişim kurabilirsiniz.

Eğer bu çalışmaya katılmayı istiyorsanız, lütfen aşağıdaki onay formunu okuyarak imzalayınız.

Merve Yılmaz ve Yrd. Doç. Dr. Ekin Eremsoy tarafından yürütülmekte olan bu çalışmaya katılmayı kabul ediyorum. Bilgi-Onam metnini okudum ve bu çalışmaya katılmakla ilgili olarak sormak istediğim soruları araştırmacının kendisine ya da asistanına sorarak öğrenme fırsatım olduğunu biliyorum. Çalışmadan herhangi bir neden belirtmeksizin istediğim her

aşamada çekilebileceğimi biliyorum. Herhangi bir gerekçe ile bilgi almak istediğimde araştırmacılara başvurabileceğim konusunda bilgilendirildim.

Eğer bu bilgiler doğrultusunda araştırmaya katılmak istiyorsanız, lütfen Onam Formunu imzalayınız.

Katılımcının Adı-Soyadı (lütfen yazınız): _____

Katılımcının İmzası: _____

Tarih: _____

Kredi İstenen Dersin Kodu: _____

Araştırma projesine vermiş olduğunuz destek ve yardım için teşekkür ederiz.

Appendix B

Turkish Version of Demographic Information Form

Demografik Bilgi Formu

Cinsiyet (birini işaretleyiniz):   Erkek _____   Kadın _____

Doğduğunuz yıl: _____

Medeni Haliniz (size uygun olanların hepsini işaretleyiniz):

  ○Evliyim ○Nişanlıyım   ○Birisiyle yaşıyorum   ○Boşandım   ○Dulum
   ○Birkaç kişiyle çıkıyorum ○Bir kişiyle çıkıyorum ○Biriyle birlikte değilim
   ○Şimdiye kadar hiç cinsel nitelikli bir ilişkim olmadı

Çocukluğunuzdaki gelir seviyenizi tanımlar mısınız?
○Çok iyi ○İyi ○Fena Değil ○Kötü ○Çok Kötü

Şimdiki sosyo-ekonomik düzeyiniz nedir (birini işaretleyiniz)?

Üst sınıf ____   Üst-Orta Sınıf ____   Orta Sınıf ____   Düşük-Orta Sınıf ____   Düşük Sınıf ____

En uzun süreyle yaşadığınız yer:

○Büyükşehir   ○Şehir   ○Kasaba   ○Belde   ○Köy

Şu anda bulunduğunuz yerleşim birimi

○Büyükşehir   ○Şehir   ○Kasaba   ○Belde   ○Köy

Toplam eğitim yılı (ilkokul dahil) _____

Mesleğiniz (size uygun olanların hepsini işaretleyiniz):

☐Öğrenci   ☐Devlet Memuru   ☐Fabrikada çalışan İşçi ☐Ofiste çalışan İşçi

☐Akademisyen   ☐Öğretmen   ☐Ev Hanımı   ☐Emekli

☐Diğer (lütfen belirtiniz) _____

Aşağıdakilerden hangisi sizin dini/inanç sisteminizi en iyi ifade etmektedir?
○Tanrı'ya inanmam (Ateistim)
○Tanrı'ya inanıyor ama bir dini tercih etmiyorum
○Müslümanım
○Diğer _____

Kendinizi dindar/inanan biri olarak nitelendirir misiniz?

1----------------2---------------3--------------4---------------5---------------6------------7

Hiç dindar   Orta   Çok

değilim   dindarım

Hangi sıklıkla camiye dini toplantılara gidersiniz?

1-Asla

2-Senede bir defa veya daha az

3-Senede birkaç defa

4-Ayda birkaç defa

5-Haftada bir

6-Haftada birden fazla

Hangi sıklıkla dua etme ve Kur'an-ı Kerim okuma gibi özel dini aktiviteler için zaman harcarsınız?

1-Hiç veya çok az

 2-Senede birkaç defa

3-Ayda birkaç defa

4-Haftada birkaç defa

5-Günde bir defa

6-Günde birden fazla

Aşağıdaki dört ifadeden her biri sizi tanımlamak için ne kadar doğrudur?

1------------------2------------------3----------------4------------------5

Hiç   Orta   Çok Fazla

1. Hayatımda kutsal olan yaratıcının varlığını hissediyorum.	1	2	3	4	5
2. Dini inançlarım hayata tamamen nasıl yaklaştığımı belirler.	1	2	3	4	5
3. Dinimi hayatımda yaptığım her şeyin içinde bulundurmak için çok gayret ederim.	1	2	3	4	5
4. Dini inancım davranış ve kararlarımı belirlemede önemli bir rol oynar.	1	2	3	4	5

Appendix C

Turkish Form of Relationship Obsessive-Compulsive Inventory (ROCI)

İlişki Odaklı Obsesyon Kompulsiyon Envanteri

Aşağıdaki ifadeleri okuyup sizin için uygun olan seçeneği işaretleyiniz.

		Hiç	Biraz	Oldukça	Çok	Çok Fazla
1.	Partnerimi neden sevdiğimi kendime tekrar tekrar hatırlatmak zorunda olduğumu hissederim	0	1	2	3	4
2.	Partnerimi ne kadar sevdiğimi sürekli olarak kontrol etme ihtiyacı duyarım	0	1	2	3	4
3.	Partnerimi aslında sevmediğim düşüncesi kafamı sürekli meşgul eder.	0	1	2	3	4
4.	Partnerime olan sevgimden daima şüphe duyarım	0	1	2	3	4
5.	Sürekli olarak ilişkimden şüphe duyarım	0	1	2	3	4
6.	İlişkimde bir şeylerin yolunda gitmediğini düşünmemden ötürü son derece rahatsızım.	0	1	2	3	4
7.	Sürekli ilişkimin yolunda gidip gitmediğini sorgularım	0	1	2	3	4
8.	Sıklıkla ilişkimin yolunda gittiğine ilişkin güvence ararım	0	1	2	3	4
9.	Partnerimin aslında benimle olmak istemediği düşüncesi sürekli olarak canımı sıkar	0	1	2	3	4
10.	Partnerime beni sevip sevmediğini sormadan duramam	0	1	2	3	4
11.	Sürekli olarak partnerimin beni gerçekten sevdiğine dair kanıt ararım	0	1	2	3	4
12.	Partnerimin beni sevdiğine ilişkin şüpheleri kafamdan atmakta zorlanırım	0	1	2	3	4

Appendix D

Turkish Form of Partner Related Obsessive-Compulsive Symptoms Inventory (PROCSI)

Partner Odaklı Obsesyon Kompulsiyon Semptom Envanteri

Aşağıdaki ifadeleri okuyup sizin için uygun olan seçeneği işaretleyiniz.

		Hiç	Biraz	Oldukça	Çok	Çok Fazla
1.	Partnerimle birlikteyken onun fiziksel kusurlarını görmezden gelmekte zorlanırım	0	1	2	3	4
2.	Partnerimin fiziksel görünüşüyle ilgili kusurlara dair düşünceler sürekli canımı sıkar	0	1	2	3	4
3.	Ne zaman partnerimi hatırlasam onun fiziksel görünüşündeki kusurları düşünürüm	0	1	2	3	4
4.	Partnerimin fiziksel kusurlarını başka kadın ve erkeklerinkilerle karşılaştırma konusunda kontrol edilemez bir istek duyarım	0	1	2	3	4
5.	Sürekli olarak partnerimin soysal işlevselliğini değerlendiririm	0	1	2	3	4
6.	Partnerimin soysal becerilerine dair düşünceler beni üzer	0	1	2	3	4
7.	Partnerimin soysal ortamlardaki yetersizliğine dair düşünceler beni her gün rahatsız eder	0	1	2	3	4
8.	Partnerimin soysal yetersizliklerini /eksikliklerini sürekli telafi etmeye uğraşırım	0	1	2	3	4
9.	Partnerimin ahlak düzeyine dair şüpheler beni sürekli rahatsız eder	0	1	2	3	4
10.	Partnerimin "iyi ve ahlaklı" biri olmadığı düşüncesi beni devamlı rahatsız eder	0	1	2	3	4
11.	Partnerimin yeteri derecede ahlaklı olduğuna dair kanıt arar dururum	0	1	2	3	4
12.	Sürekli olarak partnerimin ahlak düzeyini sorgularım	0	1	2	3	4
13.	Partnerimin duygusal olarak dengeli biri olmadığı düşüncesini göz ardı etmek benim için zordur	0	1	2	3	4

14.	Partnerimin duygusal tepkilerini başka erkek/kadınlarınkiyle karşılaştırma eğilimimi dizginlemekte zorlanırım	0	1	2	3	4
15.	Partnerimin duygusal dengesine dair olan şüpheleri beni rahatsız eder	0	1	2	3	4
16.	Partnerimin tuhaf davranıp davranmadığını gözler dururum	0	1	2	3	4
17.	Sürekli olarak partnerimin yeteri kadar derin ve zeki olup olmadığını sorgularım	0	1	2	3	4
18.	Sıklıkla partnerimin yeterince akıllı olduğu konusunda onay ararım (arkadaşlarımdan, ailemden vs)	0	1	2	3	4
19.	Partnerimin zeka düzeyini başka erkek/kadınlarınkiyle karşılaştırmadan duramam	0	1	2	3	4
20.	Partnerimin yeterince zeki olmadığı düşüncesi beni çok rahatsız eder	0	1	2	3	4
21.	Partnerimin hayatta birşeyleri başarma becerisini başka erkek/kadınlarınkiyle karşılaştırıp dururum	0	1	2	3	4
22.	Partnerimin bu hayatta biryerlere gelmeyi becerip beceremeyeceği düşüncesi aşırı derecede kafamı meşgul eder	0	1	2	3	4
23.	Partnerimi düşündüğümde acaba modern dünyada başarılı olabilecek türden biri mi diye şüphe duyarım	0	1	2	3	4
24.	Partnerimin mesleki başarısına dair kanıt arar dururum	0	1	2	3	4

Appendix E

Turkish Form of Obsessive Beliefs Questionnaire-Revised

Obsesif İnançlar Ölçeği

Bu ankette, <u>insanların zaman zaman takındıkları</u> bir dizi tutum ve inanış sıralanmıştır. Her bir ifadeyi dikkatlice okuyunuz ve ifadeye ne kadar katılıp katılmadığınızı belirtiniz.

Her bir ifade için, *nasıl düşündüğünüzü en iyi tanımlayan* cevaba karşılık gelen rakamı seçiniz. İnsanlar birbirinden farklı olduğu için envanterde doğru veya yanlış cevap yoktur.

Sunulan ifadenin, tipik olarak yaşama bakış açınızı yansıtıp yansıtmadığına karar vermek için sadece <u>*çoğu zaman* nasıl olduğunuzu</u> göz önünde bulundurunuz.

Derecelendirme yaparken, ölçekteki orta değeri işaretlemekten (4) kaçınmaya <u>çalışınız;</u> bunun yerine, inanış ve tutumlarınızla ilgili ifadeye genellikle katılıp katılmadığınızı belirtiniz.

1	2	3	4	5	6	7
Kesinlikle Katılmıyorum	Katılmıyorum	Biraz Katılmıyorum	Ne katılıyorum Ne katılmıyorum	Biraz Katılıyorum	Katılıyorum	Tamamen Katılıyorum

1. Sıklıkla çevremdeki şeylerin tehlikeli olduğunu düşünürüm	1 2 3 4 5 6 7
2. Bir şeyden tamamıyla emin değilsem, kesin hata yaparım	1 2 3 4 5 6 7
3. Benim standartlarıma göre, her şey mükemmel olmalıdır	1 2 3 4 5 6 7
4. Değerli biri olmam için yaptığım her şeyde mükemmel olmalıyım	1 2 3 4 5 6 7
5. Herhangi bir fırsat bulduğumda, olumsuz şeylerin gerçekleşmesini önlemek için harekete geçmeliyim	1 2 3 4 5 6 7
6. Zarar verme/görme olasılığı çok az olsa bile, ne yapıp edip onu engellemeliyim	1 2 3 4 5 6 7
7. Bana göre, kötü/uygunsuz dürtülere sahip olmak aslında onları gerçekleştirmek kadar kötüdür	1 2 3 4 5 6 7
8. Bir tehlikeyi önceden görmeme karşın bir harekette bulunmazsam, herhangi bir sonuç için suçlanacak kişi konumuna ben düşerim	1 2 3 4 5 6 7
9. Bir şeyi mükemmel biçimde yapamayacaksam hiç yapmamalıyım	1 2 3 4 5 6 7
10. Her zaman sahip olduğum tüm potansiyelimi kullanmalıyım	1 2 3 4 5 6 7
11. Benim için, bir durumla ilgili tüm olası sonuçları düşünmek çok önemlidir	1 2 3 4 5 6 7
12. En ufak hatalar bile, bir işin tamamlanmadığı anlamına gelir	1 2 3 4 5 6 7

13. Sevdiğim insanlarla ilgili saldırgan düşüncelerim veya dürtülerim varsa, bu gizlice onları incitmeyi istediğim anlamına gelir	1 2 3 4 5 6 7
14. Kararlarımdan emin olmalıyım	1 2 3 4 5 6 7
15. Her türlü günlük aktivitede, zarar vermeyi engellemede başarısız olmak kasten zarar vermek kadar kötüdür	1 2 3 4 5 6 7
16. Ciddi problemlerden (örneğin, hastalık veya kazalar) kaçınmak benim açımdan sürekli bir çaba gerektirir	1 2 3 4 5 6 7
17. Benim için, zararı önlememek zarar vermek kadar kötüdür	1 2 3 4 5 6 7
18. Bir hata yaparsam üzüntülü olmalıyım	1 2 3 4 5 6 7
19. Diğerlerinin, kararlarım veya davranışlarımdan doğan herhangi bir olumsuz sonuçtan korunduğundan emin olmalıyım	1 2 3 4 5 6 7
20. Benim için, her şey mükemmel olmazsa işler yolunda sayılmaz	1 2 3 4 5 6 7
21. Müstehcen düşüncelerin aklımdan geçmesi çok kötü bir insan olduğum anlamına gelir	1 2 3 4 5 6 7
22. İlave önlemler almazsam, ciddi bir felaket yaşama veya felakete neden olma ihtimalim, diğer insanlara kıyasla daha fazladır	1 2 3 4 5 6 7
23. Kendimi güvende hissetmek için, yanlış gidebilecek herhangi bir şeye karşı olabildiğince hazırlıklı olmalıyım	1 2 3 4 5 6 7
24. Tuhaf veya iğrenç düşüncelerim olmamalı	1 2 3 4 5 6 7
25. Benim için, bir hata yapmak tamamen başarısız olmak kadar kötüdür	1 2 3 4 5 6 7
26. En önemsiz konularda bile herşey açık ve net olmalıdır	1 2 3 4 5 6 7
27. Din karşıtı bir düşünceye sahip olmak, kutsal şeylere karşı saygısız davranmak kadar kötüdür	1 2 3 4 5 6 7
28. Zihnimdeki tüm istenmeyen düşüncelerden kurtulabilmeliyim	1 2 3 4 5 6 7
29. Diğer insanlara kıyasla, kendime veya başkalarına kazara zarar vermem daha muhtemeldir	1 2 3 4 5 6 7
30. Kötü düşüncelere sahip olmak tuhaf veya anormal biri olduğum anlamına gelir	1 2 3 4 5 6 7
31. Benim için önemli olan şeylerde en iyi olmalıyım	1 2 3 4 5 6 7
32. İstenmeyen bir cinsel düşünce veya görüntünün aklıma gelmesi onu gerçekten yapmak istediğim anlamına gelir	1 2 3 4 5 6 7
33. Davranışlarımın olası bir aksilik üzerinde en küçük bir etkisi varsa sonuçtan ben sorumluyum demektir	1 2 3 4 5 6 7
34. Dikkatli olsam da kötü şeylerin olabileceğini sıklıkla düşünürüm	1 2 3 4 5 6 7
35. İstenmeyen biçimde zihnimde beliren düşünceler, kontrolü kaybettiğim anlamına gelir	1 2 3 4 5 6 7
36. Dikkatli olmadığım takdirde zarar verici hadiseler yaşanabilir	1 2 3 4 5 6 7
37. Bir şey tam anlamıyla doğru yapılıncaya kadar üzerinde çalışmaya devam etmeliyim	1 2 3 4 5 6 7

38. Şiddet içerikli düşüncelere sahip olmak, kontrolü kaybedeceğim ve şiddet göstereceğim anlamına gelir	1 2 3 4 5 6 7
39. Benim için bir felaketi önlemekte başarısız olmak ona sebep olmak kadar kötüdür	1 2 3 4 5 6 7
40. Bir işi mükemmel biçimde yapmazsam insanlar bana saygı duymaz	1 2 3 4 5 6 7
41. Yaşamımdaki sıradan deneyimler bile tehlike doludur	1 2 3 4 5 6 7
42. Kötü bir düşünceye sahip olmak, ahlaki açıdan kötü bir şekilde davranmaktan çok da farklı değildir	1 2 3 4 5 6 7
43. Ne yaparsam yapayım, yaptığım iş yeterince iyi olmayacaktır	1 2 3 4 5 6 7
44. Düşüncelerimi kontrol edemezsem cezalandırılırım	1 2 3 4 5 6 7

Appendix F

Turkish Form of Relationship Assessment Scale

İlişki Değerlendirme Ölçeği

Lütfen aşağıdaki her soru için size en uygun olan harfi <u>daire</u> içine alınız.

Soruları erkek/kız arkadaşınız, nişanlınız veya eşinizle olan ilişkinizi göz önüne alarak cevaplayınız.

Eğer hayatınızda romantik olarak hoşlandığınız bir erkek/kadın varsa, fakat o kişiyle aşağıdaki soruları cevaplayacak derecede bir ilişkiniz yoksa, <u>bu kutuyu</u> □ işaretleyip aşağıdaki soruları atlayarak bir sonraki sayfadan devam ediniz.

Eğer <u>şu an için romantik olarak hoşlandığınız veya ilişkide olduğunuz bir erkek/kadın yoksa</u> aşağıdaki soruları atlayarak bir sonraki sayfadan devam ediniz.

1. Partneriniz ihtiyaçlarınızı ne ölçüde karşılıyor?

   A.........................B.........................C.........................D.........................E

   Zayıf   *Orta*   *Çok iyi*

2. Genelde ilişkinizden ne kadar memnunsunuz?

   A.........................B.........................C.........................D.........................E

   Memnun değilim   *Orta*   *Çok memnunum*

3. Başkalarınkine kıyasla ilişkiniz ne kadar iyi?

   A.........................B.........................C.........................D.........................E

   Zayıf   *Orta*   *Çok iyi*

4. Bu ilişkiye girmemiş olmayı ne sıklıkta aklınızdan geçiriyorsunuz?

A..........................B..........................C..........................D..........................E

Hiç bir zaman   *Bazen*   *Çok sık*

5. İlişkiniz başlangıçtaki beklentinizi ne ölçüde karşıladı?

A..........................B..........................C..........................D..........................E

Hemen hemen hiç   *Orta*   *Tamamen*

6. Partnerinizi ne kadar seviyorsunuz?

A..........................B..........................C..........................D..........................E

Fazla değil   *Orta*   *Çok fazla*

7. İlişkiniz ne kadar sorunlu?

A..........................B..........................C..........................D..........................E

Çok az   *Orta*   *Çok fazla*

Appendix G

Turkish Form of Experiences in Close Relationship Scale-Revised

Yakın İlişkilerde Yaşantılar Envanteri - II

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

1--------------2--------------3--------------4--------------5--------------6------------7

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

24. Birlikte olduğum kişiye hemen hemen her şeyi anlatırım.	1	2	3	4	5	6	7
25. Romantik ilişkide olduğum kişiler bazen bana olan duygularını sebepsiz yere değiştirirler.	1	2	3	4	5	6	7
26. Başımdan geçenleri birlikte olduğum kişiyle konuşurum.	1	2	3	4	5	6	7
27. Çok yakın olma arzum bazen insanları korkutup uzaklaştırır.	1	2	3	4	5	6	7
28. Birlikte olduğum kişiler benimle çok 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 öfkelendirir.	1	2	3	4	5	6	7
32. Romantik ilişkide olduğum kişiye güvenip inanmak benim için kolaydır.	1	2	3	4	5	6	7
33. Başka insanlara denk olamamaktan endişe duyarım	1	2	3	4	5	6	7
34. Birlikte olduğum kişiye şefkat göstermek benim için kolaydır.	1	2	3	4	5	6	7
35. Birlikte olduğum kişi beni sadece kızgın olduğumda önemser.	1	2	3	4	5	6	7
36. Birlikte olduğum kişi beni ve ihtiyaçlarımı gerçekten anlar.	1	2	3	4	5	6	7

Appendix H

Turkish Form of Padua Inventory-Washington State University Revision

Padua Envanteri-Washington Eyalet Üniversitesi Revizyonu

Aşağıdaki ifadeler, günlük hayatta herkesin karşılaşabileceği düşünce ve davranışlar ile ilgilidir. Her bir ifade için, bu tür düşünce ve davranışların sizde yaratacağı rahatsızlık düzeyini göz önüne alarak size en uygun olan cevabı seçiniz. Cevaplarınızı aşağıdaki gibi derecelendiriniz:

0 = Hiç　　　　1 = Biraz　　　　2 = Oldukça　　　　3 = Çok　　　　4 = Çok Fazla

	Hiç	Biraz	Oldukça	Çok	Çok Fazla
1. Paraya dokunduğum zaman ellerimin kirlendiğini hissederim	0	1	2	3	4
2. Vücut sıvıları (ter, tükürük, idrar gibi) ile en ufak bir temasın bile giysilerimi kirleteceğini ve bir şekilde bana zarar vereceğini düşünürüm	0	1	2	3	4
3. Bir nesneye yabancıların yada bazı kimselerin dokunduğunu biliyorsam, ona dokunmakta zorlanırım	0	1	2	3	4
4. Çöplere veya kirli şeylere dokunmakta zorlanırım	0	1	2	3	4
5. Kirlenmekten ya da hastalanmaktan korktuğum için umumi tuvaletleri kullanmakta kaçınırım.	0	1	2	3	4
6. Hastalıklardan veya kirlenmekten korktuğum için umumi telefonları kullanmaktan kaçınırım	0	1	2	3	4
7. Ellerimi gerektiğinden daha sık ve daha uzun süre yıkarım	0	1	2	3	4
8. Bazen kendimi, sırf kirlenmiş olabileceğim ya da pis olduğum düşüncesiyle yıkanmak ya da temizlenmek zorunda hissediyorum	0	1	2	3	4
9. Mikrop bulaşmış veya kirli olduğunu düşündüğüm bir şeye dokunursam hemen yıkanmam veya temizlenmem gerekir	0	1	2	3	4
10. Bir hayvan bana değerse kendimi kirli hissederim ve hemen yıkanmam yada elbiselerimi değiştirmem gerekir	0	1	2	3	4
11. Giyinirken, soyunurken ve yıkanırken kendimi belirli bir sıra izlemek zorunda hissederim	0	1	2	3	4

12. Uyumadan önce bazı şeyleri belli bir sırayla yapmak zorundayım	0	1	2	3	4
13. Yatmadan önce, kıyafetlerimi özel bir şekilde asmalı ya da katlamalıyım	0	1	2	3	4
14. Doğru dürüst yapıldığını düşünebilmem için yaptıklarımı bir kaç kez tekrarlamam gerekir	0	1	2	3	4
15. Bazı şeyleri gereğinden daha sık kontrol etme eğilimindeyim	0	1	2	3	4
16. Gaz ve su musluklarını, elektrik düğmelerini kapattıktan sonra tekrar tekrar kontrol ederim	0	1	2	3	4
17. Düzgün kapatılıp kapatılmadıklarından emin olmak için eve dönüp kapıları, pencereleri ve çekmeceleri kontrol ederim	0	1	2	3	4
18. Doğru doldurduğumdan emin olmak için formları, evrakları, ve çekleri ayrıntılı olarak tekrar tekrar kontrol ederim	0	1	2	3	4
19. Kibrit, sigara vb'nin iyice söndürüldüğünü görmek için sürekli geri dönerim	0	1	2	3	4
20. Elime para aldığım zaman birkaç kez tekrar sayarım	0	1	2	3	4
21. Mektupları postalamadan önce bir çok kez dikkatlice kontrol ederim	0	1	2	3	4
22. Aslında yaptığımı bildiğim halde, bazen yapmış olduğumdan emin olamam	0	1	2	3	4
23. Okurken, önemli bir şeyi kaçırdığımdan dolayı geri dönmem, ve aynı pasajı iki veya üç kez okumam gerektiği izlenimine kapılırım	0	1	2	3	4
24. Dalgınlığımın ve yaptığım küçük hataların felaketle sonuçlanacağını hayal ederim	0	1	2	3	4
25. Bilmeden birini incittiğim konusunda çok fazla düşünürüm veya endişelenirim	0	1	2	3	4
26. Bir felaket olduğunu duyduğum zaman onun bir şekilde benim hatam olduğunu düşünürüm	0	1	2	3	4
27. Bazen sebepsiz yere kendime zarar verdiğime veya bir hastalığım olduğuna dair fazlaca endişelenirim	0	1	2	3	4
28. Bıçak, hançer ve diğer sivri uçlu nesneleri gördüğümde rahatsız olur ve endişelenirim	0	1	2	3	4
29. Bir intihar veya cinayet vakası duyduğumda, uzun süre üzülür ve bu konuda düşünmekten kendimi alamam	0	1	2	3	4
30. Mikroplar ve hastalıklar konusunda gereksiz endişeler yaratırım	0	1	2	3	4
31. Bir köprüden veya çok yüksek bir pencereden aşağı baktığımda kendimi boşluğa atmak için bir dürtü hissederim	0	1	2	3	4
32. Yaklaşmakta olan bir tren gördüğümde, bazen kendimi trenin altına atabileceğimi düşünürüm	0	1	2	3	4
33. Bazı belirli anlarda umuma açık yerlerde kıyafetlerimi yırtmak için aşırı bir istek duyarım	0	1	2	3	4
34. Araba kullanırken, bazen arabayı birinin veya bir şeyin üzerine sürme dürtüsü duyarım	0	1	2	3	4

35. Silah görmek beni heyecanlandırır ve şiddet içeren düşünceleri aklıma getirir	0	1	2	3	4
36. Bazen hiçbir neden yokken bir şeyleri kırma ve zarar verme ihtiyacı hissederim	0	1	2	3	4
37. Bazen işime yaramasa da, başkalarına ait olan şeyleri çalma dürtüsü hissederim	0	1	2	3	4
38. Bazen süpermarketten bir şey çalmak için karşı konulmaz bir istek duyarım	0	1	2	3	4
39. Bazen savunmasız çocuklara ve hayvanlara zarar vermek için bir dürtü hissederim	0	1	2	3	4

Appendix I

Turkish Form of Rosenberg Self-Esteem Scale

Rosenberg Öz-Güven Ölçeği

Lütfen aşağıdaki 10 maddeyi size uygun olan seçeneği daire içine alarak değerlendiriniz.

1. Kendimi en az diğer insanlar kadar değerli buluyorum.

1	2	3	4
Tamamen katılıyorum	Katılıyorum	Katılmıyorum	Hiç katılmıyorum

2. Birçok olumlu özelliğimin olduğunu düşünüyorum.

1	2	3	4
Tamamen katılıyorum	Katılıyorum	Katılmıyorum	Hiç katılmıyorum

3. Genelde kendimi başarısız bir kişi olarak görme eğilimindeyim.

1	2	3	4
Tamamen katılıyorum	Katılıyorum	Katılmıyorum	Hiç katılmıyorum

4. Ben de çoğu insan gibi işleri iyi yapabilirim.

1	2	3	4
Tamamen katılıyorum	Katılıyorum	Katılmıyorum	Hiç katılmıyorum

5. Kendimde gurur duyacak fazla bir şey bulamıyorum.

1	2	3	4
Tamamen katılıyorum	Katılıyorum	Katılmıyorum	Hiç katılmıyorum

6. Kendime karşı olumlu bir tutum içindeyim.

1	2	3	4
Tamamen katılıyorum	Katılıyorum	Katılmıyorum	Hiç katılmıyorum

7. Genel olarak kendimden memnunum.

1	2	3	4
Tamamen katılıyorum	Katılıyorum	Katılmıyorum	Hiç katılmıyorum

8. Kendime karşı daha fazla saygı duyabilmeyi isterdim.

1	2	3	4
Tamamen katılıyorum	Katılıyorum	Katılmıyorum	Hiç katılmıyorum

9. Bazı zamanlar, kesinlikle bir işe yaramadığımı düşünüyorum.

1	2	3	4
Tamamen katılıyorum	Katılıyorum	Katılmıyorum	Hiç katılmıyorum

10. Bazı zamanlar, hiç de yeterli biri olmadığımı düşünüyorum.

1	2	3	4
Tamamen katılıyorum	Katılıyorum	Katılmıyorum	Hiç katılmıyorum

Appendix J

Turkish Form of Separation Anxiety Questionnaire

Yetişkinlerde Ayrılık Kaygısı Ölçeği

Aşağıda kişilerin kendilerine ait duygularını anlatmada kullandıkları birtakım ifadeler verilmiştir. Her ifadeyi okuyun ve **genel olarak** *kendinizi* nasıl hissettiğinizi ifadelerin sağ tarafındaki seçeneklerden uygun olanını işaretleyerek belirtin. Doğru ya da yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman harcamadan **genelde** nasıl hissettiğinizi gösteren seçeneği işaretleyin.

		Hiçbir Zaman	Bazen	Çoğu Zaman	Hemen Her Zaman
1.	Evde yakın bağı olan kişilerleyken kendisini daha güvende hisseder	1	2	3	4
2.	Birkaç saat evden uzakta kalmakta zorluk yaşar	1	2	3	4
3.	Çantasında ya da cüzdanında kendisini güvende veya rahat hissettirecek bir şeyler taşır	1	2	3	4
4.	Uzun bir yolculuğa çıkmak üzere evden ayrılırken aşırı derecede stres yaşar	1	2	3	4
5.	Yakın bağı olan kişilerden ayrılmakla ilgili rüyalar ya da kabuslar gördüğünden yakınır	1	2	3	4
6.	Yakın olduğu birini bırakıp bir yolculuğa gitmeden önce aşırı derecede stres yaşar	1	2	3	4
7.	Günlük rutini bozulduğu zaman ciddi şekilde keyfi kaçar	1	2	3	4
8.	Yakın bağı olan kişilerle kurduğu ilişkilerin yoğunluğu ile ilgili endişe duyar	1	2	3	4
9.	İşe ya da diğer günlük aktivitelere giderken fiziksel şikayetler yaşar	1	2	3	4
10.	Yakın bağı olan kişileri etrafında tutmak için aşırı konuşur	1	2	3	4
11.	Yakın bağı olan kişilerden ayrı kaldığı zamanlarda onların nereye gittiğiyle ilgili endişelenir	1	2	3	4
12.	Geceleri yalnız uyumakta zorluk yaşar	1	2	3	4
13.	Yakın bağı olan kişilerin konuşmaları ya da televizyon veya radyonun sesi kulağına gelirken daha rahat uyuyabilir	1	2	3	4
14.	Yakın bağı olan kişilerden uzakta olmayı düşündüğünde yoğun sıkıntı hisseder	1	2	3	4

15.	Evden ayrılmakla ilgili rüyalar ya da kabuslar gördüğünden yakınır	1	2	3	4
16.	Yakın bağı olan kişilere ciddi bir zarar gelecek diye çok endişe duyar	1	2	3	4
17.	Yakın bağı olan kişilerle görüşmesini etkilediği taktirde, her zamanki günlük rutininde değişiklik olması ciddi şekilde canını sıkar	1	2	3	4
18.	Yakın bağı olan kişilerin kendisini terk etmesiyle ilgili yoğun endişe duyar	1	2	3	4
19.	Eğer evin ya da yatak odasının ışıkları açıksa daha rahat uyur	1	2	3	4
20.	Yakın bağı olan kişiler dışarıdayken, evde tek başına kalmamaya çalışır	1	2	3	4
21.	Yakın bağı olan kişilerden ayrıldığını ya da onların kendisinden ayrıldığını düşündüğünde panik atak geçirir	1	2	3	4
22.	Yakın bağı olan kişilerle düzenli olarak telefonda konuşmadığıyla kaygılanır	1	2	3	4
23.	Yakın bağı olan kişiler terk ettiğinde, bununla başa çıkamamaktan korkar	1	2	3	4
24.	Yakın bağı olan kişilerden ayrıldığı zaman panik atak geçirir	1	2	3	4
25.	Kendisini yakın bağı olan kişilerden ayırabilme olasılığı olan olaylarla ilgili endişe duyar	1	2	3	4
26.	Yakın bağı olan kişilerin kendisinin fazla konuştuğundan bahsetmişlikleri vardır	1	2	3	4
27.	İlişkilerin çok yakın olmasının başka sorunlara sebep olabileceği düşüncesiyle endişe duyar	1	2	3	4

Appendix K

Turkish Form of Beck Depression Inventory

Beck Depresyon Envanteri

Aşağıda, kişilerin ruh durumlarını ifade ederken kullandıkları bazı cümleler verilmiştir. Her madde, bir çeşit ruh durumunu anlatmaktadır. Her maddede o ruh durumunun derecesini belirleyen 4 seçenek vardır. Lütfen bu seçenekleri dikkatle okuyunuz. Son bir hafta içindeki (şu an dahil) kendi ruh durumunuzu göz önünde bulundurarak, size en uygun olan ifadeyi bulunuz.

1.   a. Kendimi üzgün hissetmiyorum.
       b. Kendimi üzgün hissediyorum.
       c. Her zaman için üzgünüm kendimi bu duygudan kurtaramıyorum.
       d. Öylesine üzgün ve mutsuzum ki dayanamıyorum.

2.   a. Gelecekten umutsuz değilim.
       b. Geleceğe biraz umutsuz bakıyorum.
       c. Gelecekten beklediğim hiçbir şey yok.
       d. Benim için bir gelecek yok ve bu durum düzelmeyecek.

3.   a. Kendimi başarısız görmüyorum.
       b. Çevremdeki birçok kişiden fazla başarısızlıklarım oldu sayılır.
       c. Geriye dönüp baktığımda, çok fazla başarısızlığımın olduğunu görüyorum.
       d. Kendimi tümüyle başarısız bir insan olarak görüyorum.

4.   a. Her şeyden eskisi kadar zevk alabiliyorum.
       b. Her şeyden eskisi kadar zevk almıyorum.
       c. Artık hiçbir şeyden gerçek bir zevk alamıyorum.
       d. Bana zevk veren hiçbir şey yok.

5.   a. Kendimi suçlu hissetmiyorum.
       b. Arada bir kendimi suçlu hissettiğim oluyor.
       c. Kendimi çoğunlukla suçlu hissediyorum.
       d. Kendimi her an için suçlu hissediyorum.

6.   a. Cezalandırıldığımı düşünmüyorum.

         b. Bazı şeyler için cezalandırılabileceğimi hissediyorum.

         c. Cezalandırılmayı bekliyorum.

         d. Cezalandırıldığımı hissediyorum.

7.   a. Kendimden hoşnudum.

         b. Kendimden pek hoşnut değilim.

         c. Kendimden hiç hoşlanmıyorum.

         d. Kendimden nefret ediyorum.

8.   a. Kendimi diğer insanlardan daha kötü görmüyorum.

         b. Kendimi zayıflıklarım ve hatalarım için eleştiriyorum.

         c. Kendimi hatalarım için çoğu zaman suçluyorum.

         d. Her kötü olayda kendimi suçluyorum.

9.   a. Kendimi öldürmek gibi düşüncelerim yok.

         b. Bazen kendimi öldürmeyi düşünüyorum, fakat bunu yapamıyorum.

         c. Kendimi öldürebilmeyi isterdim.

         d. Bir fırsatını bulsam kendimi öldürürdüm.

10.   a. Her zamankinden daha fazla ağladığımı sanmıyorum.

         b. Eskisine göre şu sıralarda daha fazla ağlıyorum.

         c. Şu sıralarda her an ağlıyorum.

         d. Eskiden ağlayabilirdim,ama şu sırlarda istesem de ağlayamıyorum.

11.   a. Her zamankinden daha sinirli değilim.

         b. Her zamankinden daha kolayca sinirleniyor ve kızıyorum.

         c. Çoğu zaman sinirliyim.

         d. Eskiden sinirlendiğim şeylere bile artık sinirlenemiyorum.

12.   a. Diğer insanlara karşı ilgimi kaybetmedim.

         b. Eskisine göre insanlarla daha az ilgiliyim.

         c. Diğer insanlara karşı ilgimin çoğunu kaybettim.

         d. Diğer insanlara karşı hiç ilgim kalmadı.

13.   a. Kararlarımı eskisi kadar kolay ve rahat verebiliyorum.

b. Bu sıralarda kararlarımı vermeyi erteliyorum.

c. Kararlarımı vermekte oldukça güçlük çekiyorum.

d. Artık hiç karar veremiyorum.

14.   a. Dış görünüşümün eskisinden daha kötü olduğunu sanmıyorum.

b. Yaşlandığımı ve çekiciliğimi kaybettiğimi düşünüyor ve üzülüyorum.

c. Dış görünüşümde artık değiştirilmesi mümkün olmayan olumsuz değişiklikler

 olduğunu düşünüyorum.

d. Çok çirkin olduğumu düşünüyorum.

15.   a. Eskisi kadar iyi çalışabiliyorum.

b. Bir işe başlayabilmek için eskisine göre kendimi daha fazla zorlamam gerekiyor.

c. Hangi iş olursa olsun yapabilmek için kendimi çok fazla zorluyorum.

d. Hiçbir iş yapamıyorum.

16.   a. Eskisi kadar rahat uyuyabiliyorum.

b. Şu sıralarda eskisi kadar rahat uyuyamıyorum.

c. Eskisine göre 1 veya 2 saat erken uyanıyor ve tekrar uyumakta zorluk çekiyorum.

d. Eskisine göre çok erken uyanıyor ve uyuyamıyorum.

17.   a. Eskisine kıyasla daha çabuk yorulduğumu sanıyorum.

b. Eskisinden daha çabuk yoruluyorum.

c. Şu sıralarda neredeyse her şey beni yoruyor.

d. Öyle yorgunum ki hiçbir şey yapamıyorum.

18.   a. İştahım eskisinden pek farklı değil.

b. İştahım eskisi kadar iyi değil.

c. Şu sıralarda iştahım epey kötü.

d. Artık hiç iştahım yok.

19.   a. Son zamanlarda pek fazla kilo kaybettiğim söylenemez.

b. Son zamanlarda istemediğim halde üç kilodan fazla kaybettim.

c. Son zamanlarda istemediğim halde beş kilodan fazla kaybettim.

d. Son zamanlarda istemediğim halde yedi kilo verdim.

20. a. Sağlığım beni pek endişelendirmiyor.

b. Son zamanlarda ağrı, sızı, mide bozukluğu,kabızlık gibi sorunlarım var.

c. Ağrı, sızı, gibi bu sıkıntılarım beni epey endişelendirdiği için başka şeyleri düşünmek zor geliyor.

d. Bu tür sıkıntılar beni öyle endişelendiriyor ki, artık başka hiçbir şey düşünemiyorum.

21. a. Son zamanlarda cinsel yaşantımda dikkatimi çeken bir şey yok.

b. Eskisine oranla cinsel konularla daha az ilgileniyorum.

c. Şu sıralarda cinsellikle pek ilgili değilim.

d. Artık, cinsellikle bir ilgim kalmadı.

Appendix L

Turkish Form of Beck Anxiety Inventory

Beck Kaygı Envanteri

Aşağıda insanların kaygılı ya da endişeli oldukları zamanlarda yaşadıkları bazı belirtiler verilmiştir. Lütfen her maddeyi dikkatle okuyunuz. Daha sonra, her maddedeki belirtinin <u>bugün dahil son iki haftadır</u> sizi ne kadar rahatsız ettiğini aşağıdaki ölçekten yararlanarak maddelerin yanındaki uygun yere (x) işareti koyarak belirleyiniz.

0. Hiç   **1. Hafif derecede**   **2. Orta derecede**   **3. Ciddi derecede**

Sizi ne kadar
rahatsız etti?

	Hiç			Ciddi
1. Bedeninizin herhangi bir yerinde uyuşma veya karıncalanma	⓿	❶	❷	❸
2. Sıcak / ateş basmaları..	⓿	❶	❷	❸
3. Bacaklarda halsizlik, titreme...	⓿	❶	❷	❸
4. Gevşeyememe..	⓿	❶	❷	❸
5. Çok kötü şeyler olacak korkusu..	⓿	❶	❷	❸
6. Baş dönmesi veya sersemlik	⓿	❶	❷	❸
7. Kalp çarpıntısı..	⓿	❶	❷	❸
8. Dengeyi kaybetme duygusu...	⓿	❶	❷	❸
9. Dehşete kapılma...	⓿	❶	❷	❸
10. Sinirlilik..	⓿	❶	❷	❸
11. Boğuluyormuş gibi olma duygusu...	⓿	❶	❷	❸

12. Ellerde titreme..	0	1	2	3
13. Titreklik..	0	1	2	3
14. Kontrolü kaybetme korkusu...	0	1	2	3
15. Nefes almada güçlük..	0	1	2	3
16. Ölüm korkusu..	0	1	2	3
17. Korkuya kapılma..	0	1	2	3
18. Midede hazımsızlık ya da rahatsızlık hissi..............................	0	1	2	3
19. Baygınlık...	0	1	2	3
20. Yüzün kızarması...	0	1	2	3
21. Terleme (sıcağa bağlı olmayan)	0	1	2	3

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