



Predicting and explaining relationship obsessive-compulsive symptoms based on insecure attachment styles

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Abstract

Introduction: Regarding the importance of investigating the relationship between insecure attachment styles and Relationship Obsessive-Compulsive (ROC) symptoms, the present study aimed to predict ROC symptoms due to insecure attachment of the anxiety and avoidance type in the student population.

Materials and Methods: In this descriptive and correlational research, the statistical population included all married students of Tehran universities in the academic year of 2022. The research instruments were the New Partner-Related Obsessive-Compulsive Symptoms Inventory (PROCSD), New Relationship Obsessive-Compulsive Inventory (ROCI), and Experiences in Close Relationships-Revised (ECR-R). After removing the incomplete questionnaires, the data related to 111 people (17 men and 94 women) were analyzed. Simultaneous correlation and regression methods were used to analyze the data.

Results: Anxious and avoidant insecure attachment can predict significantly 27% of the variance of PROCSD scores ($P= 0.001$). Anxious and avoidant insecure attachment can predict 29% of the variance of ROCI scores significantly ($P= 0.001$). Avoidant and especially anxious insecure attachment in a meaningful model was able to predict the signs of obsession with the relationship with the spouse ($P< 0.01$).

Conclusion: Insecure attachment is important in creating Relationship Obsessive Compulsive Disorder (ROCD). We found a relationship between self-perception and others-perception and symptoms of ROCD.

Keywords: Anxiety, Attachment, Relationship Obsessive Compulsive Disorder

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Introduction

Attachment styles, not only in childhood but also in adulthood, especially after marriage and in married life, play an important role in the communication of young couples. Attachment styles are one of the most important factors determining how people adapt to stress, especially practical obsessions. A person with a secure attachment model sees his caregiver as available and experiences him/herself positively. In the ambivalent attachment pattern, the caregiver is constantly pushing the person away and is insecure but compulsively trusting. Finally, in the anxious attachment model, the individual experiences the caregiver as an unstable responder and the self as dependent and worthless. Attachment style is one characteristic that affects couples' relationships, creates practical obsessions, and mutually affects couples (1). Parents' parenting styles, early life experiences, and attachment styles are important in creating intellectual-practical obsessions (2,3). One of the factors that has a high correlation with practical obsession is attachment styles (4). Attachment theory, one of the appropriate theoretical frameworks to explain disease adaptation, has been proposed (5). In particular, the results of some studies show that anxious and avoidant attachments have a significant impact on obsessive-compulsive symptoms (4). For example, Dorri Mashhadi et al. examined the relationship between the perceived attachment styles of 206 individuals with symptoms of Obsessive-Compulsive Disorder (OCD) using the Obsessive Belief Questionnaire (OBQ), the Yale-Brown Obsessional Obsession Scale (Y-BOCS), and Young's Parenting Styles (YPS). The results showed that childhood dynamics, especially parents' parenting style and attachment styles, play an important role in creating obsessive-compulsive symptoms (6). Also, the results of the study by Amanali Khani and Khabir, which investigated the relationship between OCD and attachment styles of 240 couples using the Collins, Reed Attachment Styles (RAAS), the Maudsley Obsessive-Compulsive Inventory (MOCI), and the Conflict Resolution Styles of Couples Questionnaire, showed that attachment styles can predict obsessive-compulsive behavior through conflict resolution styles (7). Moreover, the results of systematic research examining sixteen studies on adult patients with OCD, as well as general people who had OCD symptoms, showed that

attachment has a moderate effect on practical obsessions (4). Recently, Doron et al. stated that focus on OCD symptoms in communication can cause detrimental effect on the couple's intimate communication. So, they stated a new theme of OCD as Relationship Obsessive-Compulsive Disorder (ROCD). Individuals with ROCD focus on obsessions in intimate communications. Relationship obsessions are often presented in thoughts and images of a marital relationship. Of course, it may also be seen as an impulse (such as a desire to leave the spouse). This disorder is often related to the person's mental preoccupations and doubts about how he/she feels about his/her spouse. Also, in this disorder, there may be mental preoccupations with the perceived defect of the spouse (spouse-focused obsessions) (8).

ROCD increases conflicts between spouses and opposite reactions of spouses and may lead to low satisfaction with marital relationships. Also, constantly doubting a spouse causes harm effects on marital relationships and marital durability (9). Symptoms of ROCD are also associated with marital relationship problems such as poor communication, low sexual satisfaction, low commitment, and insecure attachment (10,11). Insecure attachment and dysfunctional emotion regulation lead to more distress and behaviors associated with symptoms of ROCD (11). Doron et al. showed that insecure attachment of the anxiety type is associated with severe symptoms of ROCD, and this association was seen especially in people whose self-esteem is highly dependent on the quality of their marital relationship (12). Although insecure attachment is important in the formation and persistence of symptoms of ROCD, no other study in this field, especially in Iranian society, exists except for the study of Doron et al. (12). Investigating the relationship between attachment models and symptoms of ROCD can be the basis for new models of cognitive therapy interventions (13). In research on OCD, the use of a non-clinical population instead of a clinical population is almost common. The results revealed that non-clinical populations also experience annoying thoughts similar to those of the clinical population. However, the frequency of these thoughts and the anxiety caused by them is less (14). Thus, due to the importance of investigating the relationship between insecure attachment styles and symptoms of ROCD and the research gap in this field, especially in Iran, the present study aimed to predict ROCD

symptoms due to insecure attachment of the anxiety and avoidance type in the university students.

Materials and Methods

The statistical population of this descriptive and correlational research, consisted of all married students who were studying at Tehran universities in the academic year of 2022. To select a sample through the convenient method, we referred to all faculties of Tehran University (Tarbiat Modares, Shahid Beheshti, Shahed, Allameh Tabatabai, and the Sharif University of Technology). The inclusion criteria were being married, willingness to participate, and studying at the above universities. The exclusion criteria included not answering most of the questions or not being satisfied with the analysis of the results despite answering the questionnaires. The sample size formula for regression studies was used to calculate the sample size ($N \geq 8k+50$). In this formula, "K" is the number of independent variables. This study had two independent variables: anxious, insecure attachment, and avoidant insecure attachment. Therefore, the required number of samples is more than 66 people. Due to the possibility of sample drop, we assessed more cases. After removing the incomplete questionnaires, they reached 111 people (17 men and 94 women).

Research instruments

A) *New Partner-Related Obsessive-Compulsive Symptoms Inventory (New PROCSI)*: This inventory was designed according to Iranian culture (9,15). It has 22 items and measures compulsions and obsessive thoughts related to the spouse's characteristics (such as intelligence, adequacy, popularization, adherence to morals, emotional stability, and physical appearance). In confirmatory factor analysis, this scale showed a significant advantage in the Chi-square index over the original PROCSI. Also, this instrument has more convergent validity with the Depression Anxiety Stress Scale, Relationship Beliefs Inventory, Obsessive Compulsive Inventory-Revised, and especially OBQ, than the original version of PROCSI. Also, it showed more appropriate divergent validity with Spanier's Dyadic Adjustment Scale than the original version. Its Cronbach's alpha was 0.91 (15).

B) *New Relationship Obsessive-Compulsive Inventory (New ROCI)*: The new ROCI, was

designed regarding Iranian culture (16). This scale included 19 items and two factors. The first factor refers to the obsession with loving the spouse, being loved by the spouse, and the "correctness" of the relationship, and the second factor refers to the obligatory behaviors in the field of loving the spouse, being loved by the spouse and "correctness" of communication. This scale showed a significant advantage over the original ROCI regarding all goodness-of-fit indicators in confirmatory factor analysis. Also, based on the previous study, the Cronbach's alpha of factor 1, factor 2, and total score were 0.60, 0.74, and 0.83, respectively (16).

C) *Experiences in Close Relationships-Revised (ECR-R)*: It was developed by Brennan et al. (17). This questionnaire is based on Bartholomew's theory of the four attachment styles. Fraley, Waller, and Brennan revised this questionnaire in 2000. The questionnaire has 36 items, all scored on a 7-point Likert scale (1: strongly disagree to 7: strongly agree). The first 18 items are related to the anxiety axis, and the others are related to the avoidance axis. Higher scores indicate higher levels of anxiety and avoidance (18). Fraley et al. reported the retest correlation coefficient of this scale for anxiety and avoidance subscales that were 0.94 and 0.95, respectively (18). Also, Sibley et al. reported the internal consistency coefficient of 0.95 and 0.93 for anxiety and avoidance, respectively (19). Panaghi et al. assessed the psychometric properties of the questionnaire. They reported the homogeneity coefficients in the two subscales of avoidance and anxiety as 0.80 and 0.89, respectively, and the reliability coefficient of the retest with a two-week interval for avoidance and anxiety as 0.71 and 0.89, respectively (20).

Results

The mean age of university students was 26.32 ± 6.75 years. They were studying at University of Tehran (21.6%), Tarbiat Modares (17.1%), Beheshti (21.6%), Shahed (25.2%), Allameh Tabatabai (13.5%), and Sanati Sharif (0.9%). Also, 14.4% of them were men, and 84.7% were women.

In terms of educational level, 45% had a bachelor's degree, 40.5% had a master's degree, and 12.6% had a doctoral degree. Table 1 shows the descriptive indicators of variables, and Table 2 presents the matrix of correlation coefficients of the variables.

Table 1. Mean and standard deviation of variables

Variable	MD	SD
Anxiety attachment	57.65	17.74
Avoidance attachment	48.49	17.67
PROCSI	13.72	11.55
ROCI	17.56	11.95

Table 2. Matrix of correlation coefficients

Number	Variables	1	2	3	4
1	Anxiety attachment	1			
2	Avoidance attachment	0.24*	1		
3	PROCSI	0.50**	0.28**	1	
4	ROCI	0.52**	0.27**	0.75**	1

* $P < 0.05$

** $P < 0.01$

The results of Table 2 show that avoidant attachment style and anxious attachment style had a positive and significant relationship with the symptoms of relationship obsession (in dimensions of obsession with the characteristics of the spouse and obsession with the relationship with the spouse). Table 3

presents the results of simultaneous regression analysis to predict the signs of obsession with the spouse's characteristics (PROCSI) based on anxious and avoidant insecure attachment. As presented, anxious and avoidant insecure attachment can predict significantly 27% of the variance of PROCSI scores ($P = 0.001$).

Table 3. Results of simultaneous regression analysis for predicting signs of obsession with the characteristics of the spouse (PROCSI) based on anxious and avoidant insecure attachment

Model	R	R ²	Adjusted R ²	F	P
1	0.52	0.27	0.26	20.65	0.00

Table 4 presents the standard and non-standard coefficients of simultaneous regression analysis for predicting PROCSI

based on anxious and avoidant insecure attachments.

Table 4. Standard and non-standard coefficients of simultaneous regression analysis for PROCSI prediction based on insecure attachment of anxiety and avoidance type

Model	B	SE	β	t	P
Attach anxiety	0.29	0.05	0.45	5.44	0.00
Attach avoidance	0.11	0.05	0.16	2.00	0.04

Given the significance of the β coefficients shown in Table 4, it can be stated that for one unit of change in anxious and avoidant insecure attachment scores, PROCSI scores change by 0.45 and 0.16 units, respectively. Also, the anxious and avoidant type of insecure attachment in a meaningful model can predict the symptoms of obsession with the spouse

characteristics. Table 5 shows the results of simultaneous regression analysis to predict the symptoms of obsession in a relationship with a spouse based on the insecure attachment of the anxious and avoidant type. Anxious and avoidant insecure attachment can predict 29% of the variance of ROCI scores significantly ($P = 0.001$).

Table 5. Results of simultaneous regression analysis to predict the symptoms of obsession in a relationship with a spouse (ROCI) based on the anxious and avoidant type of insecure attachment

Model	R	R ²	Adjusted R ²	F	P
1	0.54	0.29	0.28	22.96	0.00

Table 6 presents the standard and non-standard coefficients of simultaneous regression analysis to predict the symptoms of

obsession in a relationship with a spouse based on the insecure attachment of the anxious and avoidant type.

Table 6. Standard and non-standard coefficients of simultaneous regression analysis to predict the symptoms of obsession in a relationship with a spouse (ROCI) based on the insecure attachment of anxious and avoidant type

Model	B	SE	β	t	P
Attach anxiety	0.32	0.05	0.48	5.84	0.00
Attach avoidance	0.10	0.05	0.16	1.92	0.05

Given the significance of the β coefficients, it can be stated that for one unit of change in insecure attachment scores of anxious and avoidant type, ROCI scores change by 0.48 and 0.16 units, respectively. Accordingly, it can be said that insecure attachment of the avoidance and especially anxiety type in a meaningful model can predict the signs of obsession with the relationship with the spouse.

Discussion

The present study revealed that avoidant and especially anxious insecure attachment in a meaningful model can predict the signs of obsession with the relationship with the spouse. The results of these findings are consistent with previous studies that have shown an association between insecure attachment in the formation of OCD symptoms (21,22) and studies that have linked OCD to self and others' perception (21,23,24). The findings of some studies show that secure attachment style has a significant negative correlation with obsessive beliefs, and secure attachment style and anxious and avoidant insecure attachment styles can predict obsessive beliefs (25). For example, Rostami et al. used Y-BOCS and the Collins, Reed Attachment Styles (RAAS). They found that there is a significant correlation between attachment styles and the severity of obsessive-compulsive symptoms. In addition, this study showed that health anxiety plays a significant mediating role in the relationship between anxious and avoidant insecure attachment styles and the severity of obsessive-compulsive symptoms. The results of this study support the results of the current study (26). Also, Falsafi et al. developed a structural model of OCD based on the primary maladaptive schemas, attachment styles, and defense mechanisms of 390 OCD patients aiding Maudsley Obsessive-Compulsive Inventory (MOCI), Young Schema Questionnaire (YSQ), Attachment Styles Questionnaire (ASQ) and Defense Styles

Questionnaire (DSQ). They concluded that the OCD model based on primary maladaptive schemas, attachment styles and defense mechanisms has a good fit (25). Pozza et al. studied the attachment styles of 135 OCD patients using OCI-R, OBQ, and ASQ. They found that these patients present a lower level of trust and higher attachment anxiety compared to the controls (27). These results were concordant with the present findings.

In addition, in treatment field, Gorelik et al. showed that the use of CBT software reduced attachment anxiety over time (11). This result suggests that CBT software may reduce long-term vulnerability to ROCD symptoms, and these results are also support our findings.

In explaining the findings of this research, the attachment theory refers to the nature of the relationship between the child and his/her primary caregiver and the importance of this relationship in forming a person's personality and view of the world. According to this theory, during the repetition of attachment-related experiences, the child creates a mental representation or, in other words, an "internal functional model" of him/herself and others. If the attachment system is activated, these models will also be activated and guide the individual's behavior in multiple contexts (28). So, early experiences of attachment shape an individual's perceptions of his/herself and the environment, and considering the role of damaged and disrupted representations of the person with OCD of his/herself and the world, it is inferred that early experiences in attachment can be a contributing factor to dysfunctional beliefs in OCD. Negative attachment experiences may contribute to the development of OCD symptoms through the formation of insecure attachment styles and negative self-assessments. Explaining this finding, we can say that insecure attachment styles, in the context of dry and cold childhood relationships, establish two main aspects of obsession (over-responsibility/threat

estimation and perfectionism/uncertainty). In this way, having domineering or negligent parents makes the child perceive that others do not meet his/her needs. In these circumstances, one's knowledge of oneself and others is distorted, which is a cognitive vulnerability to obsession. Thus, there is a need for support in the form of extreme perfectionism and perfection in social relationships to receive the acceptance and support of peers and parents to ensure that failure never occurs. Perfectionism and a sense of over-responsibility are at the core of OCD (29). On the other hand, considering the relationship between insecure attachment of the avoidance type and obsessive-compulsive symptoms, alienation (avoidance) means the feeling of separation and lack of mental (cognitive) and objective (action) connection between the person and his/her environment (that is, society, other human beings, social structures, and oneself) and in OCD, the individual is unsure of the correctness of what he/she is doing and considers him/herself ashamed and guilty of his/her actions, but has no control over these actions. Therefore, the possibility of a person suffering from alienation with OCD is high.

Also, our study showed that the anxious type of insecure attachment was more able to predict and explain the symptoms of ROCD than the avoidant type of insecure attachment. In this line, various studies indicate the relationship between insecure attachment styles, especially anxious insecure attachment, in people with OCD (29). Yarbo et al. (29), Doron et al. (30), and Shakier and Hamili (31) concluded that insecure attachment styles, especially anxious attachment, have a significant prevalence in people with OCD. The association between anxious, insecure attachment, and OCD symptoms is explained by increased person's tendency to worry, doubts, attachment fears, and readiness to act (32). Such a situation may lead to a great deal of awareness of disturbing thoughts, especially thoughts that are ego-dystonic (as opposed to their valuable aspects), such as thoughts that threaten one's morality or sense of self-sufficiency (22,23, 33) and thus increase the need for action. People with insecure attachments of the anxiety type show more difficulty suppressing thoughts (34), and this situation is similar to the failure of suppressed thoughts by OCD patients (35). In addition, people with an insecure attachment style, such as anxiety, may compensate for their negative self-esteem by over-supporting others,

forming dysfunctional beliefs such as perfectionism, and taking personal responsibility for preventing harm. Also, people with insecure attachments of the anxiety type are more likely to view the world as threatening (36). Therefore, insecure attachment to the anxiety type may involve in creating OCD symptoms.

Couples with anxious, insecure attachments respond to the negative consequences of their experiences with a catastrophic perspective by exaggerating the negative consequences of their experiences. They ruminate about it and activate mental strategies related to the fear of attachment, such as the fear of giving up because it is bad. In addition, they not only interfere effectively with challenging experiences related to their sensitive areas, but these coping strategies lead to their vulnerability to relationship obsessions. Perceptions of relationship-related inadequacies (for example, mild negative feedback about the ability to maintain long-term intimate relationships) increase couples' obsessive beliefs, mainly among people with anxious attachment and conditional self-esteem in their relationship. In couples with an avoidant attachment style, focusing on the negative social, emotional, and economic consequences of dissolving relationships may exacerbate worries associated with wrong decisions in the marital relationship and lead to exaggerated and catastrophic interpretations of the doubts in their relationship so that they generally take a state of avoidance in their relationship (12). One of the limitations of this study is the use of non-clinical OCD samples. The symptoms of OCD in non-clinical individuals may differ in type and severity from the symptoms of patients with OCD, and this is one of the limitations of current research. The use of available sampling methods is another area for improvement of current research. Due to the limitations of the research, it is suggested that similar research and its variables be conducted in clinical populations. Also, a more accurate sampling method, such as random sampling, should be used in future research.

Conclusion

We concluded that insecure attachment, especially of the anxiety type, involves effectively in creating symptoms of obsessive-compulsive disorder. In addition, there is a strong relationship between the quality of childhood communication and OCD symptoms in the context of marital relationships.

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Conflict of Interests

This article does not have any conflict of interest.

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Ethical Considerations

The students' information was confidential throughout the current study. This research was approved by the Ethics Committee of Shahed University. The information of the students of this study was confidential throughout the current study.

Code of Ethics

IR.SHAHED.REC.1397.078.

Authors' Contributions

Soheila Ghomian: Designing and implementing this research, and writing the manuscript; Mohammad Reza Shaeiri: Managing and supervising; Hojjatollah Farahani: Statistical analysis; Mohtaram Rabbani and Zahra Sadat Goli: Translating and re-translating some of the research questionnaires; Zainab Ahmadi, Zainab Soleimani, and Zahra Shirazi: Implementing the questionnaires and data gatherings.

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