



Effects of Relationship-Centered Obsessive Compulsive Symptoms and Difficulty in Emotion Regulation on Psychological Well-Being in Young Adults

Genç Yetişkinlerde İlişki Merkezli Obsesif Kompulsif Semptomlar ve Duygu Düzenleme Güçlüğü'nün Psikolojik İyi Oluş Üzerindeki Etkileri

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ABSTRACT

This study aims to examine the relationships between emotion regulation difficulties, relationship-centered obsessive-compulsive symptoms, and psychological well-being. The study's second objective is to investigate the mediating role of emotion regulation difficulties in the relationship between relationship-centered obsessive-compulsive symptoms and psychological well-being. The participants comprised 191 individuals (152 females and 39 males) aged 18 to 25 ($M=21.96$, $SD=1.78$) who lived in Turkey and had been in a romantic relationship for at least one month between 2021 and 2022. In the study, participants were administered a Personal Information Form, the Short Form of the Emotion Regulation Difficulties Scale, the Relationship Obsessive Compulsive Inventory, and the Multidimensional Psychological Well-Being Scale. The results indicate a significant positive relationship between relationship-centered obsessive-compulsive symptoms and emotion regulation difficulties. Moreover, a significant negative relationship was found between emotion regulation difficulties and relationship-centered obsessive-compulsive symptoms and psychological well-being. Additionally, the variables were found to significantly predict psychological well-being in a negative direction, explaining 22% of the variance. According to the mediation analysis, emotion regulation difficulties play a partial mediating role in the relationship between relationship-centered obsessive-compulsive symptoms and psychological well-being. This study is expected to contribute to understanding the etiology and treatment of romantic relationship-centered obsessive-compulsive disorder.

Keywords: Difficulty in emotion regulation, relationship centered obsession, obsessive compulsive disorder, psychological well-being, relationship

ÖZ

Bu çalışmanın amacı duygu düzenleme güçlüğü, ilişki merkezli obsesif kompulsif semptomlar ve psikolojik iyi oluş arasındaki ilişkilerin incelenmesidir. Çalışmanın ikinci amacı ise ilişki merkezli obsesif kompulsif semptomlar ile psikolojik iyi oluş arasındaki ilişkide, duygu düzenleme güçlüğü'nün aracı rolünün incelenmesidir. Katılımcılar 2021-2022 yılları arasında Türkiye'de yaşayan, en az bir aydır romantik ilişkisi olan 18-25 yaş aralığındaki ($X=21.96$; $SS=1.78$) 191 kişiden (152 kadın ve 39 erkek) oluşmaktadır. Çalışma kapsamında katılımcılara Kişisel Bilgi Formu, Duygu Düzenleme Güçlüğü Ölçeği Kısa Form, Romantik İlişki Obsesyon ve Kompulsiyonları Ölçeği ve Çok Boyutlu Psikolojik İyi Oluş Ölçeği uygulanmıştır. Sonuçlara göre, ilişki merkezli obsesif kompulsif semptomların duygu düzenleme güçlüğüyle arasındaki pozitif yönlü ilişki anlamlı bulunmuştur. Bununla birlikte duygu düzenleme güçlüğü ve ilişki merkezli obsesif kompulsif semptomlar ile psikolojik iyi oluş arasında negatif yönde anlamlı ilişki bulunmuştur. Ayrıca değişkenlerin psikolojik iyi oluşu negatif yönde anlamlı düzeyde yordadığı ve varyansın %22'sini açıkladığı bulunmuştur. Aracılık analizine göre, ilişki merkezli obsesif kompulsif semptomlar ile psikolojik iyi oluş arasında duygu düzenleme güçlüğü'nün kısmi aracı rolü olduğu görülmüştür. Bu çalışmanın romantik ilişki içerikli obsesif kompulsif bozukluğun etiyolojisinin anlaşılması ve tedavisine yönelik çalışmalara katkı sağlayacağı düşünülmektedir.

Anahtar sözcükler: Duygu düzenleme güçlüğü, ilişki merkezli obsesyon, obsesif kompulsif bozukluk, psikolojik iyi oluş, romantik ilişki

Introduction

Psychological well-being, defined as a multidimensional structure in the context of psychological functionality, is characterized by maintaining individual development, autonomy, self-acceptance, establishing positive interpersonal relationships, managing life and the environment effectively, and having a life purpose (Ryff and Keyes 1995). However, psychological well-being is reported to negatively correlate with emotion regulation difficulties and psychopathologies (e.g., depression, anxiety) (Ryff and Singer 2008, Ayan 2019).

Emotion dysregulation (McLaughlin et al. 2011), which is considered essential for psychological health, functionality, and psychological well-being, is defined as the individual's difficulty in internal and external processes that involve observing, appraising, and directing emotional reactions in line with a goal (Thompson 1994, Gratz and Roemer 2004). However, emotion regulation can be considered a transdiagnostic factor for developing, maintaining, and treating certain psychopathologies (e.g., depression, anxiety) (Berking and Wupperman 2012).

Obsessive-compulsive disorder (OCD), characterized by obsessions and compulsions, is one of the psychopathologies in which difficulties in emotion regulation and dysfunctional emotion regulation strategies seem to be a significant factor in its etiology and maintenance (Kring and Sloan 2010, APA 2013). Khosravani et al. (2020), in a study comparing OCD patients and a control group, revealed that emotion dysregulation scores differed significantly between OCD patients and the control group, and a positive correlation was established between OCD and emotion dysregulation.

In recent years, studies on OCD have focused on close relationships, and romantic relationships have been explored as a symptom context (Doron et al. 2012a). Clinical observations suggest that OCD with romantic relationship content, which emerges in young adulthood, has two symptom types: partner-focused and relationship-focused (Doron et al. 2012a, 2012b, 2014). Partner-focused obsessive-compulsive symptoms include obsessions and compulsive behaviors (e.g., reassurance-seeking, comparison) related to perceived deficits in specific characteristics (e.g., intelligence, physical characteristics, moral characteristics) of their partners (Doron et al. 2012b, 2012c). Relationship-centered obsessive-compulsive symptoms are characterized by obsessions and compulsive behaviors related to affection for the partner, the partner's love for the individual, and the integrity of the relationship (Doron et al. 2012a). Both symptom types have a significant positive correlation with OCD, suggesting that these symptoms may be a subtype of OCD (Doron et al. 2012a, 2012b, 2016).

One of the common emotions in developing and maintaining OCD is anxiety (Nutt and Malizia 2006, Smith et al. 2012); another is guilt (Mancini and Gangemi 2004). As per the study by Salkovskis and Forrester (2002), a positive relationship was found between guilt and OCD symptom severity. Similar to the relationship between OCD and emotions, in OCD involving romantic relationships, individuals' intrusive thoughts about the relationship contradict the individual's subjective relationship experience (e.g., I love them, but I cannot stop questioning my feelings) and personal values (e.g., Appearance is not essential in partner selection). Hence, these intrusions lead to feelings of guilt and shame (Doron et al. 2014). These feelings of shame and guilt are predicted to reduce psychological well-being by causing self-criticism in individuals (Doron et al. 2014). Relationship-centered obsessive-compulsive symptoms are positively associated with emotion dysregulation (Naji Meydani et al. 2022) and depression and negatively associated with relationship satisfaction in non-clinical studies (Doron et al. 2012a, 2012b).

Although there are studies in the literature revealing the positive relationship between OCD and emotion dysregulation (Khosravani et al. 2020, See et al. 2022), we reached only one study examining the relationship between relationship-centered obsessive-compulsive symptoms and emotion dysregulation (Naji Meydani et al. 2022). Previous studies indicate a positive relationship between general OCD and relationship-centered obsessive-compulsive symptoms and emotion dysregulation. However, in the literature review, no study was found addressing the relationship between these variables and psychological well-being. However, due to the existing findings and the fact that relationship-centered obsessive-compulsive symptoms have significant correlations with variables similar to psychological well-being (e.g., depression), it is expected that the association between relationship-centered obsessive-compulsive symptoms and the variables addressed in this study will also be significant. Therefore, this study examines the relationships between emotion dysregulation, relationship-centered obsessive-compulsive symptoms, and psychological well-being. Another aim of the study is to explore the mediating role of emotion dysregulation in the relationship between relationship-centered obsessive-compulsive symptoms and psychological well-being. The study is expected to provide insights for future studies on obsessive-compulsive symptoms in romantic relationships.

Method

Sample

The determination of the appropriate sample size for this study was conducted using the G-Power 3.1.9.7 software, as outlined by Faul et al. (2009). A power analysis was executed based on a medium effect size, leading to a calculated study power of 0.95, with a minimum requisite sample size of 172 individuals. Among the initial 298 participants, a total of 107 individuals who met exclusion criteria due to a psychiatric diagnosis/treatment, age outside the 18-25 range, or presence of missing data were excluded from the analysis. Consequently, the final sample for this study consisted of 191 young adults, aged 18 to 25 years (mean age, $X = 21.96$; standard deviation, $SD = 1.78$), comprising 152 females (80%) and 39 males (20%).

All participants resided in Turkey between the years 2021 and 2022, and were engaged in romantic relationships lasting at least one month. Among the participants, 96% were single, while 4% were married. Educational distribution included 1% middle school graduates, 0.5% high school students, 3.1% high school graduates, 72.8% university students, 16.2% university graduates, and 6.3% graduate students. Relationship duration varied from one to 120 months (mean duration, $X = 26.51$; $SD = 25.96$). A summary of the sample characteristics is provided in Table 1.

Variable		<i>n=191</i>	%
Gender	Woman	152	79.6
	Male	39	20.4
Marital status	Single	183	95.8
	Married	8	4.2
Education level	Secondary school graduate	2	1
	High school student	1	0.5
	High school graduate	6	3.1
	College student	139	72.8
	College graduate	31	16.2
	Graduate student	12	6.3
Income level	Very low	23	12
	Low	47	24.6
	Middle	109	57.1
	High	12	6.3
		Mean	SD
Age		21.96	1.78
Duration of relationship (months)		26.51	25.96

Procedure

Ethical clearance for this study was secured from the Aydın Adnan Menderes University Social Sciences and Humanities Research Ethics Committee (Approval Date: 31.01.2022, Reference No: 31906847/050.04.04-08.24). Data collection was executed through two distinct modalities: online and face-to-face, spanning the period from March 2022 to May 2022. Participants were selected utilizing a convenience sampling approach. For those opting to participate online, the study was advertised through WhatsApp and email groups. These participants were directed to an online survey form created on "Google Forms," comprising a total of 53 self-report items spread across five screens, with each scale presented on a separate screen, including the consent form. The online survey underwent thorough preliminary examination by the authors to ensure grammatical accuracy and technical reliability before being made available to the participants. This online survey system was designed to restrict participants to a single submission, requiring login with their email addresses. Participants could navigate between screens but were unable to proceed to the next page without responding to all the questions.

In the face-to-face data collection, volunteer undergraduate students promoted the research by distributing a poster within their student groups, outlining the eligibility criteria: participants aged 18-25, engaged in a romantic relationship for at least one month. Following this announcement, the scales were administered to volunteer participants at the Aydın Adnan Menderes University Psychology Laboratory. During both the face-to-face and online data collection phases, participants were informed of their right to terminate their involvement at any point, and no personal identification information was solicited. The scales were presented

to all participants in a consistent order, and no incentives (such as gifts or monetary rewards) were provided, as participation was voluntary. The application duration for participants was approximately 15 minutes in both scenarios. Additionally, after completing the scales, participants received information about the study, and the authors' contact details were shared with those interested in learning about the results.

Data Collection Tools

Personal Information Form

Researchers designed a Personal Information Form to gather essential details from participants, such as age, gender, education level, marital status, and duration of their current relationship.

Difficulty in Emotion Regulation Scale - Short Form (DERS-SF)

The Turkish adaptation of the DERS-SF, a 16-item, 5-point Likert-type self-report scale developed by Bjureberg et al. (2016) to measure emotional regulation challenges, was conducted by Yiğit and Yiğit (2017). The scale encompasses five sub-dimensions: openness, goals, motives, strategies, and non-acceptance. Higher scores on the scale reflect increased difficulty in emotion regulation. Internal consistency coefficients for the original and adapted scales were 0.92, and in this study, the coefficient was calculated as 0.93.

The Relationship Obsessive Compulsive Inventory [ROCI]

The ROCI, a 14-item, five-point Likert-type self-report instrument developed by Doron et al. (2012a) to evaluate obsessive-compulsive symptoms related to romantic relationships, was adapted into Turkish by Trak and İnözü (2017). The scale consists of three sub-dimensions: truthfulness of the relationship, being loved by the partner, and love for the partner. Higher scores indicate greater levels of relationship-centered obsessive-compulsive symptoms. The internal consistency coefficient for the adapted scale was reported as 0.89 (Trak and İnözü 2017), and in this study, the coefficient was calculated as 0.89.

Multidimensional Psychological Well-Being Scale (PWS)

The original 84-item multidimensional PWS, developed by Ryff (1989) with six sub-dimensions (self-acceptance, environmental mastery, life purpose, autonomy, developing positive relationships with people, and personal development), assesses the general psychological well-being of individuals. An 18-item short form PWS was derived from this scale (Ryff and Keyes 1995) for efficiency. Higher scores on the scale indicate higher levels of psychological well-being. The Turkish adaptation of the short form of PWS was conducted by Imamoglu (2004), who reported an overall internal consistency coefficient of 0.79. In this study, the coefficient was calculated as 0.76.

Statistical Analysis

The suitability of the data for analysis was assessed by evaluating the normality of scores obtained from the scales. Skewness and kurtosis values, in accordance with the assumption of normal distribution, were examined to ensure they fell within the range of ± 1.5 , as recommended by Tabachnick and Fidell (2013). Parametric tests were employed, assuming that the study's variables exhibited normal distribution. Pearson Correlation analysis was carried out to ascertain the relationships between difficulties in emotion regulation, romantic relationship-centered obsessive-compulsive symptoms, and psychological well-being. Hierarchical Regression analysis was employed to test the predictive influence of DERS-SF and ROCI on the level of psychological well-being. Mediation analysis was performed using the SPSS plug-in PROCESS Macro v4.1 (Hayes and Rockwood 2017). Emotion dysregulation difficulties were considered as the mediating variable between the independent variable (relationship-centered obsessive-compulsive symptoms) and the dependent variable (psychological well-being). Model 4, utilizing the 5000 resampling (bootstrapping) method, as recommended by Hayes (2013) from modern approaches, was employed for the mediation analysis. For a mediation effect to be statistically significant, the 95% confidence interval (LLCI-ULCI) values should exclude zero (Hayes 2013). Furthermore, effect size was computed to comprehend the significance of the effect in the mediation analysis. Effect size was interpreted as low (close to 0.01), medium (close to 0.09), or high (close to 0.25), following the recommendations of Preacher and Kelly (2011).

Results

The correlation analysis results concerning DERS-SF, ROCI, and PWS within the scope of the study are presented

in Table 2. The correlation analysis observed a moderate, positive significant relationship between the ROCI score and the DERS-SF score ($r = 0.54, p < 0.01$). Furthermore, a negative and moderately significant relationship was found between the DERS-SF score ($r = -0.41, p < 0.01$) as well as the ROCI score ($r = -0.42, p < 0.01$) with the PWS score.

The predictive power of ROCI and DERS-SF on psychological well-being was examined using hierarchical regression analysis, and the results of this analysis are presented in Table 3.

Table 2. Results of the correlation analysis for DERS-SF, ROCI and PWS

Variables	Mean	SD	1	2	3
1. DERS-SF	23.50	14.34	-		
2. ROCI	8.89	8.87	0.54**	-	
3. PWS	67.86	7.77	-0.41**	-0.42**	-

* $p < 0.05$. ** $p < 0.01$; DERS-SF: Difficulties in Emotion Regulation Scale-Short Form, ROCI: Romantic Relationship Obsessive and Compulsive Inventory, PWS: Multidimensional Psychological Well-Being Scale

Table 3. Hierarchical regression analysis results for the variables of DERS-SF, ROCI and PWS

	Variable	B	S.E.	Beta	t	p
Model 1	Constant	71.11	0.73		97.85	0.00
	ROCI	-0.37	0.06	-0.42	-6.30	0.00
R = 0.41 R ² = 0.17 F(1-189) = 39.75 p < 0.001						
Model 2	Constant	73.34	0.96		76.24	0.00
	ROCI	-0.24	0.07	-0.28	-3.62	0.00
	DERS-SF	-0.14	0.04	-0.26	-3.41	0.00
R = 0.47 R ² = 0.22 F(1-188) = 11.64 p < 0.01						

DERS-SF: Difficulties in Emotion Regulation Scale-Short Form, ROCI: Romantic Relationship Obsessive and Compulsive Inventory, PWS: Multidimensional Psychological Well-Being Scale

The results of the hierarchical regression analysis indicated that the model evaluated in the first step was statistically significant (R = 0.41, R² = 0.17, F(1-189) = 39.75, p < 0.001). It was observed that, in the first step, the influence of relationship-centered obsessive-compulsive symptoms (t = -6.30, $\beta = -0.37, p < 0.001$) was significant, negatively predicting psychological well-being. The model in the first step explained 17% of the variance. In the second step, emotion regulation difficulties were added to the analysis. Accordingly, the second model was found to be statistically significant (R = 0.47, R² = 0.22, F(1-188) = 11.64, p < 0.001), explaining 22% of the variance. It was found that emotion regulation difficulties negatively predicted psychological well-being (t = -3.41, $\beta = -0.14, p < 0.001$). With the analysis's inclusion of the emotion regulation difficulties dimension, the predictive effect of relationship-centered obsessive-compulsive symptoms on psychological well-being decreased from $\beta = -0.42$ to $\beta = -0.28$. This analysis demonstrated that the effect of relationship-centered obsessive-compulsive symptoms on psychological well-being can be explained through the mediating role of emotion regulation difficulties.

The mediation analysis results, examining the mediating role of emotion regulation difficulties in the significant relationship between relationship-centered obsessive-compulsive symptoms and psychological well-being, are provided in Table 4.

Table 4. Results of mediation analysis

Prediction Variables	Outcome Variables					
	M (Difficulty in emotion regulation)			M (Difficulty in emotion regulation)		
		b	SH		b	SH
X (Relationship-centered obsessive-compulsive symptoms)	a	0.87***	0.10	c'	-0.24**	0.07
M (Difficulty in emotion regulation)	-	-	-	b	-0.14**	0.04
Constant	İM	15.76	1.24	İY	73.34	0.96
	R ² = 0.29 F(1. 189) = 77.18. p < 0.001			R ² = 0.22 F(2. 188) = 26.81. p < 0.001		
Note 1: $ab/ab+c' = 0.33$ Note 2: * p < 0.05; ** p < 0.01; *** p < 0.001; SE: Standard Error.						

Figure 1 presents the findings concerning the mediating role of emotion regulation difficulties in the relationship between relationship-centered obsessive-compulsive symptoms and psychological well-being.

According to the analysis, the direct effect (a) of relationship-centered obsessive-compulsive symptoms on emotion regulation difficulties was significant ($B = 0.87$, $SE = 0.10$, $t = 8.79$, $p < 0.001$, and 95% CI [0.675, 1.067]). When examining the effect (b) of emotion regulation difficulties on psychological well-being ($B = -0.14$, $SE = 0.04$, $t = -3.41$, $p < 0.01$, and 95% CI [-0.223, -0.060]), a negative predictive relationship was found. The total effect (c) of relationship-centered obsessive-compulsive symptoms on psychological well-being ($B = -0.37$, $SE = 0.06$, $t = -6.30$, $p < 0.001$, and 95% CI [-0.480, -0.251]) was significant. When relationship-centered obsessive-compulsive symptoms and emotion regulation difficulties were simultaneously included in the equation, the direct relationship (c') between them remained significant ($B = -0.24$, $SE = 0.06$, $t = -3.62$, $p < 0.001$, and 95% CI [-0.375, -0.110]). The indirect effect of relationship-centered obsessive-compulsive symptoms on psychological well-being through emotion regulation difficulties was examined, and it was observed that the 95% confidence interval (LLCI and ULCI) did not contain zero. Based on these findings, it can be stated that emotion regulation difficulties partially mediate this relationship (CI [-0.214, -0.044]); the entire model was significant ($F(2, 188) = 26.81$, $p < 0.001$, $R^2 = 0.22$), explaining 22% of the total variance. Additionally, the total effect (direct effect + indirect effect) of relationship-centered obsessive-compulsive symptoms through emotion regulation difficulties on psychological well-being was found to be negatively significant ($\beta: -0.37$, $p < 0.001$) (Table 3). Furthermore, the effect size for this mediated effect ($ab/ab+c'$) was calculated as 0.33, indicating a high effect size.

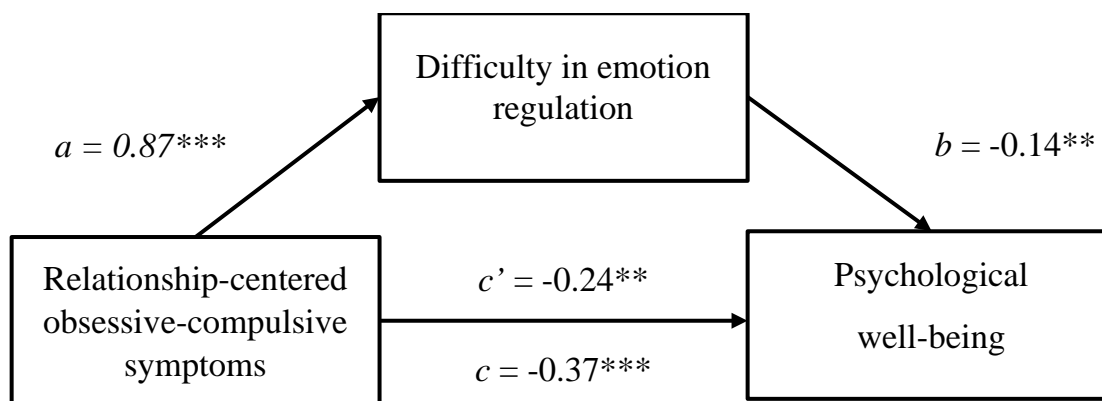


Figure 1. Mediating role of difficulty in emotion regulation in the relationship between relationship-centered obsessive-compulsive symptoms and psychological well-being

Discussion

This study examines the relationships between the variables, the predictive levels of these variables on psychological well-being, and the mediating role of emotion regulation difficulties between relationship-centered obsessive-compulsive symptoms and psychological well-being. The results indicate that as the intensity of relationship-centered obsessive-compulsive symptoms increases, there is an associated increase in emotion regulation difficulties. Moreover, it was found that as the severity of relationship-centered obsessive-compulsive symptoms and emotion regulation difficulties increase, psychological well-being decreases. According to the mediation analysis, there is evidence of partial mediation by emotion regulation difficulties between relationship-centered obsessive-compulsive symptoms and psychological well-being.

While there is no known empirical research directly addressing the relationship between relationship-centered obsessive-compulsive symptoms and psychological well-being, Doron and colleagues (2014) suggest that these symptoms lead to doubts and preoccupations about one's relationships, resulting in incongruent emotions (excessive distress, anxiety, and shame) and self-criticism, ultimately reducing well-being. In this study, a negative predictive relationship between relationship-centered obsessive-compulsive symptoms to psychological well-being was identified. Although these findings support Doron et al.'s (2014) findings, they may not fully explain the causal links. Furthermore, considering that psychological well-being is negatively associated with depression, anxiety, and stress (Ryff and Keyes 1995, Şanal Karahan 2016), it is hypothesized that individuals with relationship-centered obsessions and compulsions experience lower levels of well-being, necessitating future experimental studies in this context.

Additionally, it is worth noting that this study evaluated psychological well-being based on total scores, while it is known that relationship-centered obsessive-compulsive symptoms negatively impact relationship satisfaction (Doron et al. 2012a). Therefore, examining the dimension of forming positive interpersonal relationships in future intervention studies on psychological well-being is deemed beneficial.

When exploring the relationship between emotion regulation difficulties and the variables, a study by Ayan (2019) found a negative association between emotion regulation difficulties and psychological well-being, which is in line with the findings of this study. The positive and significant relationship between relationship-centered obsessive-compulsive symptoms and emotion regulation difficulties in this study aligns with Naji Meydani et al.'s (2022) research, where emotion regulation difficulties and experiential avoidance mediate the relationship between attachment styles and relationship-centered obsessive-compulsive symptoms. However, it should be noted that while the positive relationship between these variables is consistent in both studies, the inclusion of different variables as antecedents and the similarity in effect sizes suggest a complex bidirectional relationship, making causal explanations challenging.

Notably, no prior research in the literature explicitly addresses the mediating effect of emotion regulation difficulties in the relationship between psychological well-being and relationship-centered obsessive-compulsive symptoms. This study introduces an original aspect by identifying the mediating role of emotion regulation difficulties in this context. High levels of relationship-centered obsessive-compulsive symptomatology in individuals explain the increase in emotion regulation difficulties, leading to a subsequent decrease in psychological well-being. The importance of emotions and the challenges faced in emotion regulation in the etiology and maintenance of OCD are well recognized (Nutt and Malizia 2006, Kring and Sloan 2010, Smith et al. 2012). The link between OCD and negative affect reveals limited access to emotion regulation strategies, resulting in prolonged negative emotional states, the perpetuation of maladaptive emotion regulation strategies due to feelings of helplessness, and using these strategies when confronted with negative affect (Kumar et al. 2018).

Furthermore, due to the high stress associated with OCD, individuals face difficulty utilizing cognitive resources (Ferreira et al. 2021) and experience challenges in emotion regulation, such as accepting emotions, engaging in goal-directed behaviors, and controlling impulses (Yap et al. 2018). Similarly, this study found that individuals displaying relationship-centered obsessive-compulsive symptoms also experience difficulties in emotion regulation strategies. Future studies should explore the specific dimensions of emotion regulation difficulties, as focusing on which aspects individuals struggle with will be essential for intervention strategies.

A study by Allen and Barlow (2009) involving individuals with OCD and focused on emotion regulation revealed that interventions involving psychoeducation and exposure to emotion regulation, including accepting the consequences of avoided emotions, increased emotional awareness, and emotional exposure, reduced OCD symptoms. In the context of relationship-centered obsessive-compulsive symptoms, it is suggested that extending Doron et al.'s (2014) recommended treatment model within the framework of Cognitive Behavioral Therapy for OCD to include psychoeducation and interventions aimed at enhancing emotion regulation skills is essential. There is currently no empirical research on the treatment efficacy of relationship-centered obsessive-compulsive symptoms; however, understanding the relationship between these symptoms and emotion regulation difficulties is expected to contribute to future treatment studies.

In summary, this study's contribution lies in examining the mediating effect of emotion regulation difficulties between relationship-centered obsessive-compulsive symptoms and psychological well-being. High levels of relationship-centered obsessive-compulsive symptomatology lead to increased emotion regulation difficulties, which, in turn, contribute to reduced psychological well-being. While the etiological and maintenance factors of OCD concerning emotions and emotion regulation difficulties are recognized, the causal relationship between the variables in this study remains complex. It may warrant further exploration in future studies. Furthermore, the unique aspect of examining the mediating effect of emotion regulation difficulties adds to the existing literature, and future interventions should consider incorporating strategies targeting emotion regulation skills, especially in the context of relationship-centered obsessive-compulsive symptoms.

Conclusion

This study has provided significant insights into the relationships among psychological well-being, emotion regulation difficulties, and relationship-centered obsessive-compulsive symptoms. Despite its contributions to the literature, this study has limitations that merit discussion. An uneven gender distribution resulting from the limited number of male participants constitutes one limitation. While it is acknowledged that females are often

predominant in such studies, there is a need to achieve gender balance, especially in future research on romantic relationships. Another limitation pertains to self-report measurement tools and the predominantly online data collection method. Given that relationship-centered concept, including obsessive-compulsive symptoms, emotion dysregulation, and psychological well-being, are influenced by individuals' subjective perceptions and emotional processes, diverse methodologies, such as experimental approaches, would enhance the interpretation of findings and bolster the objectivity of these constructs. Furthermore, the study collected data through face-to-face and online methods, but the potential differences associated with these approaches still needed to be addressed. This oversight poses a limitation, as the mode of data collection might influence individuals' reporting. Research in the clinical context has demonstrated positive associations between relationship-centered obsessive-compulsive symptoms and OCD (Doron et al. 2012a, 2012b, 2016); however, this study exclusively examined a non-clinical sample, and the effects within the clinical population were not explored. Examining the impact within the clinical population and comparing these groups would substantially enrich the literature. Considering the studied variables, it is prudent to acknowledge that the results may be influenced by clinical contextual factors, such as depression and stress, as well as individual characteristics, including attachment styles, personality traits, and relationship-related variables, such as duration and status. Controlling for and investigating the interactions among these variable categories in future research is paramount. To enhance the generalizability of the findings and to gain a deeper understanding of the nature of relationship-centered symptoms, it is crucial to conduct cross-cultural studies with a well-balanced gender distribution, addressing gender disparities, and involving clinical samples. Furthermore, exploring links with various variables is essential. Additionally, future studies should manage the emotion regulation processes of individuals with both ongoing and terminated relationships, comparing the severity of relationship-centered obsessive-compulsive symptoms. These endeavors hold promise for advancing the treatment of relationship-centered obsessive-compulsive symptoms.

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