

Commitment in Romantic Relationships: The Role of Relationship Obsessive Compulsive Disorder (ROCD) Symptoms and Evaluating Romantic Alternatives

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Abstract

Introduction: Commitment is considered one of the most important predictors of the continuity of romantic relationships and is vital for the growth and stability of such relationships. The present study was conducted to investigate the role of Relationship Obsessive-Compulsive Disorder (ROCD) symptoms and evaluating romantic alternatives in marital commitment.

Method: The research method was a descriptive-correlative one. The statistical population included all married individuals in Tehran in 2023-2024, of whom 267 participants were selected as a sample using the convenience sampling method. The ROCI (2012) along with the Rusbult's Investment Model Scale (IMC, 1998) were used to collect the data. The data were analyzed using the simultaneous regression method by SPSS version 22 and Amos version 24.

Results: According to the results, there was a negative and significant relationship between ROCD symptoms (-0.37) and evaluating romantic alternatives (-0.40) with marital commitment ($P < 0.01$). In total, these two variables were able to explain 40% of the variances of marital commitment.

Conclusion: Overall, the present study indicated that symptoms of ROCD and the evaluation of romantic alternatives significantly impact marital commitment among married individuals. These findings underscore the importance of considering both psychological factors, such as ROCD symptoms, and relational factors, such as the evaluation of alternatives, in understanding and predicting marital commitment.

Keywords: Marriage, Obsessive-Compulsive Disorder, Romantic Dissolution, Interpersonal Relations

Introduction

Commitment is considered as one of the most important predictors of the continuity of romantic relationships and is vital for the growth and stability of such relationships [1]. In fact, commitment follows the willingness of both parties to stay in the relationship [2, 3] and keeps a relationship resilient through all its ups and downs [4]. Adams and Jones have proposed a three-dimensional conceptualization of commitment in relationships, including (a) personal, (b) moral, and (c) a structural dimensions [5]. Studies in this regard have shown that high levels of commitment in these dimensions help individuals in romantic relationships appreciate the positive qualities of their romantic partner and also protect them from the temptation of attractive alternatives [6]. Conversely, persistent doubt and preoccupation with romantic alternatives may undermine commitment and consequently, lead to the increased risk for both infidelity and relationship dissolution [7].

Although experiencing such doubts and ambivalent attitudes towards a romantic partner is a common phenomenon in intimate relationships, recent findings suggest that these concerns may take on an obsessive form and lead to relationship disturbance [8]. In such

cases, individuals become plagued by doubts and concerns about their relationships and engage in repeated scrutiny of their feelings, behaviors, and thoughts and seek reassurance from others. Such behaviors in relationships are recognized as obsessive symptoms [9]. This type of obsession, which has garnered increasing empirical and theoretical attention in recent years, is referred to as Relationship Obsessive-Compulsive Disorder (ROCD) [8, 9]. ROCD is defined as obsessive thoughts and preoccupations regarding romantic relationships, as well as compulsive behaviors aimed at reducing distress associated with the presence or content of obsessions [10].

Research on ROCD has focused on two related but conceptually distinct types. The first type, relationship-focused symptoms, involves obsessive doubts and concerns focused on the relationship itself. These symptoms often revolve around three relational dimensions: feelings towards one's partner, one's perception of partner's feelings, and one's appraisal of the "rightness" of the relationship. The second type, partner-focused symptoms, consists of obsessive doubts and concerns centered on perceived flaws of the romantic partner. These flaws often include physical, social, and personality traits [11].

Different studies have shown the impact of relationship centered obsessions on interpersonal relationships. For instance, Kasalova et al. found that individuals with relationship focused OCD often suffer from interpersonal problems, which are related to obsessive symptoms and an excessive need for control over the relationship [12]. Kabiri et al. found that the three dimensions of ROCD play a mediating role in the relationship between attachment styles and marital quality [13]. Additionally, Muhlbauer et al. showed that there is a relationship between marital status and different phenotypes of OCD [14]. In a study by Doron et al. [15], relationship satisfaction was found to fully mediate the relationship between ROCD symptoms and sexual satisfaction. Also, Kilic and Altinok found a relationship between relationship centered OCD and relationship satisfaction [16].

Alongside ROCD, another factor that can influence marital commitment is the concept known as romantic alternatives. Consistent with this, Campbell and Foster found that lack of commitment in some cases may be due to individuals' belief that there are attractive romantic alternatives available to them [17]. Likewise, Rusbult et al. suggested that individuals who have negative evaluations of their current relationship compared to real or imaginary alternative relationships may be more likely to engage in extramarital relationships. These individuals also have reduced relationship satisfaction, investment, and commitment in their current relationship [18]. In this regard, research findings suggest that marital commitment can be negatively influenced by the evaluation of romantic alternatives. For instance, Sharabi and Hopkins found a relationship between attention to romantic alternatives on Instagram and the quality of romantic relationships [19]. Abbasi found a negative correlation between relationship commitment and individuals' interest in romantic alternatives [20]. He also

revealed that individuals with lower commitment to their romantic relationships are more likely to use social media as a means to search for romantic alternatives, which can weaken relationship commitment [21]. Ritchie showed in a study that monitoring romantic alternatives is associated with increased risk of infidelity and relationship break-up [7]. Furthermore, Park and Park conducted a two-stage study and showed that the tendency to consider romantic alternatives and infidelity was significantly higher among individuals who evaluated their partner's commitment to be low [22].

Overall, evidence suggests that ROCD and evaluation of romantic alternatives may affect romantic relationships and lead to a decrease in relationship commitment. Considering the significance of the issue and existing research gap, there is a broad need for studies to identify such factors that affect commitment and stability in romantic relationships. Accordingly, the present study aimed to investigate the role of ROCD symptoms and evaluation of romantic alternatives in marital commitment.

Method

The present research was undertaken using a descriptive-correlational methodology. The statistical population of the study consisted of all married individuals in Tehran in the years 2023-2024, among whom 267 participants were selected using convenience sampling method. It is suggested that the sample size for regression analysis should be determined based on the number of predictors. A minimum of 20 Subjects Per Variable (SPV) is recommended to ensure the stability and reliability of the regression coefficients [23, 24]. Furthermore, it is advised that larger sample size is generally better for regression analysis as they increase the power of the analysis and reduce the risk of errors. In accordance with the recommendation and anticipating potential data attrition, we initially recruited a larger number of subjects, which ultimately resulted in the final sample size of 267 subjects. The inclusion criteria for the study encompassed legally and formally marriage, access to social network sites, age range of 18 years and above, residency in Tehran, spending at least one year since the initiation of the marriage, and no reported use of alcohol or drugs (according to participants' self-reports). The exclusion criteria included withdrawal from research, incomplete questionnaires, and outlier data. Data collection was conducted after obtaining ethical approval (IR.KHU.REC.1402.055) and the link of questionnaires were shared via social network sites such as Telegram and WhatsApp. The answers sent by the participants were recorded in Google Docs. Informed consent was obtained from participants and they were assured of the confidentiality of their information and ethical considerations were explained to them. Simultaneous regression analysis was employed for data analysis using SPSS version 22 and Amos version 24.

The tools used in this study were as follows:

Relationship Obsessive-Compulsive Inventory (ROCI): The ROCI, designed by Doron et al. in 2012 [8], comprises 12 items measuring the intensity of obsessive

thoughts and compulsive behaviors in three dimensions: the individual's feelings toward their partner, the partner's feelings toward the individual, and the rightness of the relationship. Each item is scored on a 5-point Likert scale ranging from Never (0) to Very much (4). Possible score range for the entire scale is between 12 and 60; and between 4 and 20 for each subscale. The reliability of the ROCI is reported to be between 0.84 and 0.89 for the subscales and 0.95 for the total score using Cronbach's alpha [8]. The retest reliability is reported to be 0.77. Moreover, convergent validity of this inventory with the Obsessive Beliefs Inventory was 0.46 [25]. In Iran, Kabiri et al. [13] have reported Cronbach's alpha coefficient for the subscales feeling towards partner, rightness of relationship and understanding of partner's feelings, 0.81, 0.93 and 0.76 respectively. Also, Cronbach's alpha for the scale was 0.83. In addition, the divergent validity was reported to be -0.45 using marital adjustment scale and its convergent validity with anxiety, depression, and stress scales were reported as 0.49, 0.50, and 0.52 respectively. Additionally, the correlation between ROCI and the Padua Inventory has been reported as 0.33, indicating desirable validity of this inventory in its Iranian version [26]. In the present study, the Cronbach's alpha for this inventory was 0.93.

Investment Model Scale (IMS): In the present study, the IMS developed by Rusbult et al. in 1998 [27] was used to measure marital commitment (7 items) and evaluating romantic alternatives (5 items). This scale, comprising three preparatory questions and 22 main questions, assesses four subscales: satisfaction level, quality of alternatives, investment level, and commitment. Scoring is done using an 8-point Likert scale (completely disagree=0 to completely agree=8). The Cronbach's alpha for commitment, satisfaction, quality of alternatives, and

investment level subscales were reported to be 0.91, 0.92, 0.82, and 0.84 respectively. Rusbult et al. reported the correlation coefficient of this scale with marital adjustment and the subscales of commitment, satisfaction level with the relationship, quality of alternatives, and investment level as 0.56, 0.68, -0.31, and -0.24 respectively. In Iran, Ghezelsefloo et al. [28] reported the Cronbach's alpha for the Persian version of this scale for the subscales of commitment, satisfaction level, quality of alternatives, and investment level as 0.68, 0.97, 0.87, and 0.85 respectively, with a two-week retest reliability coefficient of 0.67, 0.94, 0.68, and 0.82 respectively. Furthermore, convergent validity of the subscales of commitment, satisfaction level, quality of alternatives, and investment level with the marital adjustment scale were reported as 0.77, 0.84, -0.29, and 0.55 respectively. In the present study, the Cronbach's alpha for marital commitment and evaluating romantic alternatives were 0.89, and 0.85 respectively.

Results

A total of 267 individuals participated in the present study, among whom 187 (70%) were female and 80 (30%) were male. The mean and standard deviation of the participants' age were 36.35 and 8.80 respectively, and the mean and standard deviation of their duration of marriage were ten years and six months, and nine years and one month respectively. Sample characteristics with more details have been presented in Table 1.

Descriptive statistics and correlation matrix of the research variables have been presented in Table 2. As it can be seen, there is a significant correlation between the research variables at the 0.01 level. Therefore, the variables of ROCD and romantic alternatives can predict marital commitment.

Table 1. Demographic Characteristics of Sample

Variable	Mean	SD
Age	36.35	8.80
Marriage duration	10.6	9.1
	N	%
Gender		
Male	80	30%
Female	187	70%
Education		
Undereducated	9	3.4%
Diploma	58	21.7%
Bachelor	120	44.9%
Masters	70	26.2%
PhD	10	3.7%
Total	267	100%

Table 2. Descriptive Indices and Correlation Matrix of Research Variables

Variable	1	2	3
1 Marital commitment	1		
2 ROCD	-0.52**	1	
3 Romantic alternatives	-0.54**	0.39**	1
Mean	47.19	10.32	10.93
SD	12.13	10.39	9.92
Skewness	-1.61	1.04	0.76
Kurtosis	1.80	0.23	-0.33

**P<0.01

Before analyzing the data and using simultaneous regression, it is necessary to examine the parametric assumptions of this test. Based on the fact that the skewness and kurtosis of the data distribution are within the range of ± 2 , it can be concluded that the collected data follows a normal distribution. On the other hand, since the variance inflation factor of the research variables is under 10, (1.17), and the tolerance index is close to 1 (0.84), it can be inferred that the assumption of multicollinearity is also valid. Additionally, considering that the Durbin-Watson index of the research variables is 1.68, falling within the range of 1.5 to 2.5, the assumption of independence of residuals is also established. It is worth mentioning that the assumption of linearity of the correlation between variables was also examined and confirmed through scatter plots. Therefore, the use of simultaneous regression analysis to examine the research variables is permissible.

In the following, Table 3 presents a summary of the regression model of ROCD and romantic alternatives in

predicting marital commitment.

As shown in Table 3, the variables of ROCD and romantic alternatives have the ability to predict marital commitment, and they can explain 0.40 of the variances in marital commitment. This suggests that these variables play a significant role in marital commitment. In Table 4, the regression coefficients of each variable in predicting marital commitment are provided.

Based on the results in Table 4, the critical level of the variables romantic alternatives and ROCD at the 0.01 level is significant, with a standardized regression coefficient of -0.40 for romantic alternatives and -0.37 for ROCD, meaning these variables are capable of predicting marital commitment. In other words, an increase of 0.40 scores in the romantic alternative variable is expected to result in a one-standard-deviation decrease in marital commitment. Similarly, with a 0.37 increase in the ROCD scores, a one-standard-deviation decrease in marital commitment is anticipated.

Table 3. The Summary of Regression Model

R	R-squared	Adjusted R-squared	F	P
0.65	0.41	0.40	92.97	0.0001

Table 4. Regression Coefficients

Variable	Unstandardized coefficient	Standard error	Standard coefficient	t	p
Fixed variable	57.01	0.91	-	62.01	0.001
Romantic alternatives	-0.48	0.06	-0.40	-7.82	0.001
ROCD	-0.43	0.06	-0.37	-7.23	0.001

Discussion

The present study aimed to investigate the role of ROCD symptoms and evaluating romantic alternatives in marital commitment. The results indicated a significant negative relationship between ROCD symptoms and marital commitment. This finding is consistent with previous studies by Kasalova et al. [12], Kabiri et al. [13], Muhlbauer et al. [14], Doron et al. [15] and Kilic et al. [16]. In explaining these findings, it can be said that individuals with ROCD symptoms often have strong moral beliefs regarding commitment (e.g., "One should only marry once"). Such beliefs seem to reinforce the need for reassurance about the relationship or romantic partner, leading individuals with ROCD to engage in neutralizing behaviors (e.g., monitoring internal states, monitoring partner behaviors) more frequently. Similarly, focusing on the negative consequences of relationship dissolution may exacerbate fear of making a "wrong decision," leading to catastrophic interpretations of relationship doubts and even tendency to avoid romantic relationships or insufficient investment in the relationship, which in turn can negatively affect commitment. In this regard, Doron et al., following Rachman's model, proposed several biases involving catastrophic consequences for thoughts, mental images, and relationship-related desires. Some of these biases focus on the remaining negative consequences of staying in a less-than-perfect relationship (e.g., "If I stay in a relationship that I'm not sure about, I will forever be unhappy"), which can also play a detrimental role in relationship commitment [9].

Another factor related to ROCD that may impact relationship commitment is anticipated regret. Regret occurs when an individual realizes that their current situation could have been more satisfying if they had made a different choice. Anticipated regret refers to regret that a person expects to experience in the future [29]. Fear of anticipated regret may significantly increase responsiveness to intrusive thoughts about the relationship. In fact, one of the main features of ROCD is a severe fear of making the wrong decision about the relationship. Individuals with symptoms of this disorder are constantly oscillating between the fear and terror of thoughts of separation (e.g., "I always think I might lose my partner") and feeling trapped in a wrong relationship (e.g., "I always feel like I've invested too much in this relationship") and these oscillations may also play a detrimental role in relationship commitment.

Another aspect experienced by individuals with ROCD symptoms is sensitivity to intrusive thoughts that challenge the individual's self-concept in the realm of relationships (e.g., "I don't feel good with my partner right now"), which may lead to catastrophic evaluation of the relationship. Similarly, when a person's self-worth is contingent on the perceived value of the relationship and romantic partner (conditional self-worth on the partner), any thought or event related to the partner's shortcomings can exacerbate partner-focused OC symptoms. Therefore, individuals who perceive problems and flaws of their partner as reflections of their own worth are expected to be more sensitive to thoughts or events

related to these issues [11]. Consequently, such intrusive thoughts may lead to catastrophic evaluation of the relationship, compensatory behaviors, and ultimately reduce commitment and dedication to the relationship.

In the second part of the findings, the results showed that the evaluation of romantic alternatives has a negative and significant relationship with commitment. This finding is consistent with previous studies, including those of Ritchie [7], Sharabi and Hopkins [19], Abbasi [20, 21], and Park and Park [22]. Relying on the interdependence theory, Rusbult's investment model assumes that individuals evaluate the quality of alternatives in romantic relationships [18]. Through these evaluations, individuals actively use information about others to judge their own status in the current relationship [30]. Additionally, the interdependence theory explains that individuals assess their satisfaction with their current relationship by comparing rewards and costs or satisfaction with their ideal relationship and that the level of comparison and expectations about how the ideal relationship should be determines their satisfaction with the current relationship. Such comparisons are based on individuals' experiences from previous relationships or observations of others' relationships. Therefore, individuals determine their relationship satisfaction and assess the pros and cons of continuing the relationship by comparing the outcomes of the current relationship with their expectations, which affects commitment. In fact, excessive awareness of potential alternatives may reduce individual's ability to always feel satisfied with their romantic relationship or deeply invested in it. Therefore, this process can ultimately undermine commitment in the relationship. The investment model, based on this idea, elucidates how alternatives affect relationship commitment [31], and as expected, as satisfaction decreases, commitment may also decrease. In other words, increased attention to alternatives exacerbates doubt and uncertainty about the current relationship and partner and consequently, reduces relationship commitment [18]. It is noteworthy to say that in light of recent advancements in technology, widespread access to media, and the prevalence of online dating platforms, individuals may be inclined to perceive an increased abundance of romantic alternatives [32] and this may also overshadow relational commitment. On the other hand, individuals who pay more attention to romantic alternatives may perceive more desirable choices based on the alternatives available to them and their ease of communication with those alternatives. Moreover, since individuals usually become less committed to their relationship when they perceive more available alternatives, paying more attention to these options may increase the likelihood of individual agency, leading individuals to actively spend more time engaging emotionally with these alternatives in both virtual and real-life settings, thereby reducing commitment [19]. Furthermore, continuous pursuit of romantic alternatives is likely to have other costs as well, such as chronic dissatisfaction with current partner, as there is always the possibility of a better partner elsewhere [33].

Conclusion

The results of this study indicated that the symptoms of ROCD and evaluation of romantic alternatives can predict commitment in romantic relationships. Despite the strengths of the study, there were some limitations, including its correlational design, which prevents causal inferences from the findings. Additionally, available sampling method may limit the generalizability of the findings. Moreover, the sample of this study included individuals with access to social networks; therefore, caution should be exercised in generalizing the findings to other populations. Finally, it should be noted that the results of this study were based on self-reported data. Regarding these limitations, future research may investigate the causal structure of the relationship between ROCD symptoms and evaluation of romantic alternatives with relational commitment. Additionally, qualitative research can lead to a deeper understanding of these issues. Overall, this study has suggestions for mental health professionals and family and couple therapists regarding the role of the variables examined in this research in formulating and providing therapeutic and educational interventions to improve the stability and quality of romantic relationships.

Conflict of Interest

The authors declare no conflicts of interest.

Ethical Approval

All the subjects participated voluntarily and were informed about the goals, methods, potential benefits, and potential risks of this research before participating. The declaration of Helsinki (1964) was adequately addressed. All data were collected anonymously and the study was approved by the Research Ethics Committee of Kharazmi University (code: IR.KHU.REC.1402.055).

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