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Roles of Self Compassion, Emotion Regulation and Maladaptive Beliefs in Relationship Obsessive Compulsive Disorder

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Abstract: Mental health practitioners working with young people should routinely screen for ROCD among youth and conduct systematic, multi-method, and multi-informant assessments whenever symptoms are identified. The importance of research on ROCD can only be understood when costly behaviors such as ROCD become prevalent in a society, it affects the upbringing of a children, deteriorates the anxiety level in people especially the adolescent, and could lead to violence, traumatic expression over an event, psychotic behaviors. In this study, the independent variables are self-compassion, emotion regulation and maladaptive beliefs. The present study seeks to address the following research questions: Will self- compassion predict relationship obsessive compulsive disorder among married people? Will cognitive reappraisal predict relationship obsessive compulsive disorder among married people? Will expressive suppression predict relationship obsessive compulsive disorder among married people? Will maladaptive beliefs predict relationship obsessive compulsive disorder among married people? The purpose of the study is to explore and provide an understanding to the roles of self-compassion, emotion regulation and maladaptive belief in relationship obsessive compulsive disorder. The findings of the study show that self-compassion was a significantly positive predictor of relationship OCD. It also shows that the dimensions of

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emotion regulation (cognitive reappraisal and expressive suppression) did not significantly predict relationship OCD. If further proves that maladaptive beliefs positively predicted relationship OCD, showing that increased maladaptive beliefs was associated with increase in relationship OCD. Recommendations are discussed.

Keywords: Self Compassion, Emotion Regulation, Maladaptive Beliefs , Obsessive Compulsive Disorder

Introduction

People who have been in a relationship for over two- ten years have complained of not having a fruitful relationship which may lead to marriage or something substantial, yet, they keep getting attached to their partner who keeps giving them fruitless promises and treating them less than they deserve. Been present in people's relationship especially marital or intimate relationships, there is Lisa, 34 years old lady who has been in relationship for five years with partner who constantly promises her marriage, yet, emotionally abuses her and compels her to commit series of abortions irrespective of the detriment that might cost damage in her reproductive system. Lisa finally summoned courage to exit the relationship after a year and six months, Lisa was still faced with the doubt of letting go of her partner, she kept torturing her conscience "despite the pains and emotional abuses, should I have left him? I love him! We have spent five years together, why is it now that I should left? 'hope I didn't make the worst mistake of my life by letting him go. All of these doubts cost Lisa sleepless night. In this case, Lisa is suffering from what is commonly known as Relationship obsessive-compulsive disorder (ROCD).

Obsessive–compulsive disorder (OCD) is a disabling disorder comprising various symptom dimensions including contamination fears, repugnant aggressive, sexual or blasphemous thoughts, and compulsive behaviors such as washing, checking, and ordering. (Bloch, Angeli Landeros-Weisenberge r,RosarioPittenger,Leckman, 2008). It is characterized by the occurrence of unwanted and disturbing intrusive thoughts, images, or impulses (obsessions), and by compulsive rituals that aim to reduce distress or to prevent feared events (i.e., intrusions) from occurring (Rachman, 1997). The specific theme of OCD symptoms may vary widely from patient to patient, making it a highly heterogeneous and complex disorder (Abramowitz, McKay & Taylor, 2008; McKay *et al*., 2004).

One understudied OCD symptom dimension receiving increasing research and clinical attention involves obsessive–compulsive (OC) symptoms focused

on close interpersonal relationships (Doron, Derby, Szepsenwol,2014; Doron &, Szepsenwol, 2015). Commonly referred to as relationship obsessive–compulsive disorder (ROCD), this OCD presentation has been associated with significant personal and relational consequences. (Doron,Derby&Szepsenwol,2014). To date, however, no study has systematically examined ROCD in a Nigerian sample. Hence, the present study seeks to fulfil this gap of knowledge.

Many researcheshave revealed that relationship Obsessive and Compulsive Disorder (OCD) has a negative effect on relationship performance (Angst,2004) and these effects, by themselves, result in intensified OCD symptoms. For example, the pressure individuals with OCD apply to their spouses resulting from their obsessions is one of the communication tension and conflict factors which affects the quality of relationship.

Doron, Talmor and Szepsenwol (2012) argued that when the focus of the obsessive and compulsive symptoms is on intimate relationship, it has a devastating effect on the relationships between couples. In this regard, they have proposed a new theme for the OCD called Relationship Obsessive Compulsive Disorder (ROCD). This disorder often involves a person's mental engagement and doubt about the emotion he/she has towards his/her spouse, the doubt about the feeling his/her spouse has towards him/her, as well as the degree of "correctness" of this relationship (obsessions focused on relationship). Also, in this disorder, mental engagements may be related to the perceived defect of the spouse (obsessions focused on the spouse). The symptoms of ROCD may be accompanied by distress, anxiety and disability.

Relationship obsessive compulsive disorder often involves doubts and preoccupation centered on the perceived suitability of the relationship itself including the strength of one's feelings toward their partner, the "rightness" of the relationship and the partner's feelings toward oneself. Such symptoms have been referred to as relationship-centered OC symptoms (Doron, Derby, Szepsenwol, & Talmor, 2012). Relationship-centered obsessions have been theoretically and empirically differentiated from worries (Doron, Derby& Szepsenwol, 2014;Doron, Szepsenwol, Karp, & Gal, 2013). Relationship-centered OC symptoms, by definition, involve preoccupation with internal states (e.g., love for a partner or feeling right). Fear of anticipated regret may significantly heighten reactivity to relational intrusions. For instance, clients expressing strong fears of anticipated regret described an "extremely distressing situation": While on Facebook, the thought that his partner is not intelligent enough "popped" into his head. Client reported the following thought sequence: "There are so many women out there, if I stay with one that

may not be smart enough, I will regret it forever, but if I leave, I may realize that I missed the love of my life". Indeed, one core feature of ROCD is extreme fear of making the wrong relationship-related decision. Clients alternate between being terrorized by thoughts of separation (e.g., "I will always think that I may have missed THE ONE") and being trapped in the wrong relationship (e.g., "I will always feel that I have compromised") (Overduin, 2017)

Relationship-centered symptoms are less self-congruent, more likely to be associated with compulsive behaviors, and are perceived as less rational than worries. Furthermore, whereas worries commonly appear in verbal format and pertain to a variety of life domains, relationship- centered obsessions come in a variety of forms, including images, thoughts, and urges and focus on the relationship domain. Indeed, recently relationship-centered symptoms were found to correlate only moderately with worries as assessed by the Penn State Worry Questionnaire [r = 0.21 (Meyer, Miller, Metzger, & Borkovec 2019.). Another common ROCD presentation involves disabling pre-occupation with perceived deficits of the relationship partner in a variety of domains such as appearance, intelligence, sociability, and morality. This ROCD presentation has been coined *partner- focused* OC symptoms (Doron, Derby, Szepsenwol& Talmor, 2012, Doron& Szepsenwol, 2015). Previous research has indicated that compared with the general population, OCD patients often report disturbances in relationship functioning, including lower likelihood of marrying and increased marital distress (Emmelkamp, de Haan & Hoogduin, 1990; Rasmussen & Eisen, 1992). Frustration with partners' ritualistic behaviors (e.g., repeated checking, washing) and anger associated with pressures to participate in OCD rituals may result in heightened relationship conflict (Koran, 2000). Doron *et al*. (2012) proposed that OC phenomena affect intimate relationships more directly when the main focus of the symptoms is the relationship itself.

Although similar in some ways to what has been referred to in the literature as Body Dysmorphic Disorder by Proxy i.e., obsessional focus on perceived physical flaws; see (Greenberg *et al*., 2013), partner-focused OC symptoms refer to obsessional preoccupation with a wider variety of the partner's flaws (Doron, Derby& Szepsenwol, 2014). Relationship obsessive–compulsive disorder symptoms often come in the form of thoughts (e.g., "Is he the right one?") and images (e.g., face of the relationship partner), but can also occur in the form of urges (e.g., to leave one's current partner). Such intrusions are generally ego-dystonic, as they contradict the individual's personal values (e.g., "appearance should not be important in selecting a relationship partner") and/or subjective experience of the relationship (e.g., "I love her, but I can't stop questioning my

feelings"). The age of onset of ROCD is unknown. In clinic, clients presenting with ROCD often report the onset of symptoms in early adulthood. In such cases, ROCD symptoms seem to persist throughout the individual's history of romantic relationships. Some individuals, however, trace back the onset of their ROCD symptoms to the first time they faced commitment-related romantic decisions (e.g., getting married, having children). Although ROCD symptoms can occur outside of an ongoing romantic relationship (e.g., obsessing about past or future relationships), such symptoms seem to be most distressing and debilitating when experienced in the course of an ongoing romantic relationship. In community samples, ROCD symptoms were not found to significantly relate to relationship length or gender (Doron *et al*., 2012; Doron, Szepsenwol, Karp, & Gal., 2013).

Hence, those thoughts are perceived as unacceptable and unwanted by the individual, and often bring about feelings of guilt and shame regarding the occurrence and/or content of the intrusions. Compulsive behaviors in ROCD may include repeated monitoring of one's own feelings, comparisons of partner's characteristics with those of other potential partners, neutralizing (e.g., visualizing being happy together), and reassurance seeking. These compulsive behaviors are aimed at alleviating the significant distress caused by the unwanted intrusions (Doron, Derby&Szepsenwol, 2014). Recent studies in community cohorts have shown ROCD symptoms are associated with severe personal and dyadic distress. ROCD symptoms were linked with other OCD symptoms, negative affect, low self-esteem, low relationship satisfaction, attachment insecurities, and impaired sexual functioning (Doron, Mizrahi, Szepsenwol&Derby, 2014;Doron, Derby, Szepsenwol&Talmor, 2012;Doron, Derby, Szepsenwol&Talmor, 2011). Moreover, ROCD symptoms significantly predicted relationship dissatisfaction and depression over-and-above common OCD symptoms and other mental health and relationship insecurity measures (Doron, Szepsenwol, Karp& Gal, 2013; Derby, Szepsenwol&Talmor, 2012; Doron, Derby, Szepsenwol&Talmor, 2011).

In order to assess or reduce uncertainty regarding their own feelings, ROCD clients often invest time and effort in monitoring their feelings and emotions. We often hear clients describe continuous monitoring of their feelings towards their partner (e.g., "Do I feel love right now?"; "Does this feel right?"). In such instances, monitoring of internal states is used as a deliberate attempt to reassure oneself about the strength and quality of one's own feelings. ROCD clients also describe using what they perceive as "objective" signs in order to judge their feelings. For instance, one client quantified her partner s love

for her by compulsively comparing the time he spent with her to the time he spent with others (e.g., his mother). Another client reported 'time spent crying following a relationship breakup as a retrospective indicator of his feelings. More often, however, clients gage relationship quality or rightness by referring to the cognitive (e.g., doubts and preoccupations) and behavioral (e.g., looking at other women) features of ROCD symptoms. For instance, clients may identify experiencing doubts as a negative indicator of relationship "rightness" or of their feelings towards their partner. Accordingly, clients may treat thoughts about partners deficiencies as negative indicators of their own feelings (e.g., "if I see so many flaws, I do not love him") (Liberman &Dar 2019).

The normative and constraining dimensions of relational commitment may be heavily influenced by one's culture and religion (e.g., Adams & Jones, 1997; Allgood, Harris, Skogrand, & Lee, 2008). These two dimensions reflect the presence of catastrophic negative beliefs regarding the moral (e.g., "If I leave her, I will be an immoral person") and practical (e.g., "I will have to move out of my home", "I will be excommunicated by my church") consequences of relationship termination that may exacerbate ROCD symptoms. Indeed, it is not uncommon for clients with ROCD to express strong commitment-related moral beliefs (e.g., "you should only marry once"). Such beliefs seem to amplify the need for certainty about the relationship or the partner, thereby increasing ROCD client's tendency to use neutralizing behaviors (e.g., monitoring of internal states, monitoring of partners behaviors). Similarly, focusing on the social, emotional and financial negative consequences of relationship dissolution may magnify fears of making the "wrong decision", leading to catastrophic interpretations of relational doubts and even encouraging avoidance of relationships all together (Subramaniam, Soh, Vaingankar & Picco. 2017). An additional relationship-related factor that may be involved in the maintenance of ROCD symptoms is anticipated regret. Regret is experienced when we realize that our current situation could have been more satisfying had we made a different choice. Anticipated regret refers to regret that we anticipate experiencing in the future (Zeelenberg, 1999). The present study investigates the roles of self-compassion, emotion regulation and maladaptive beliefs in ROCD.

Recent study of individuals with OCD found a significant strong positive correlation (r=72) between self-compassion and psychological flexibility, indicating that individuals with high levels of self-compassion are less avoidant and more psychologically flexible (Wetterneck, Steinberg, Little, Phillips, & Hart, 2012).

Three aspects of this conception of emotion regulation deserve comment. First, although individuals often try to decrease negative emotion, there is more to emotion regulation than this. Individuals increase, maintain, and decrease negative and positive emotions (Parrott, 1993). Second, many examples of emotion regulation are conscious, such as deciding to change an upsetting topic, or biting one's lip when angry. However, emotion regulation may also occur without conscious awareness, such as when one exaggerates one's joy upon receiving an unattractive present, or when one quickly shifts attention away from something upsetting. Third, emotion regulation is neither inherently good nor bad. The same strategies that permit medical professionals to operate successfully may also neutralize empathic distress in torturers (Bandura, 1977). Although good emotion regulation skills are important to adapt to various situations and to accomplish one's goals, deficits in emotion regulation have been found to be associated with psychopathological symptoms (Aldao, Nolen-Hoeksema, & Schweizer, 2010) and appear to be relevant across a wide range of disorders (Berking &Wupperman, 2012; Gross & Jazaieri, 2014).

Statement of the Problem

When costly behaviors such as RCOD becomes abundant in a society, it will stir up violence, weak family, poor relationship, and lack of benefit of doubt. If efforts to develop such positive aspect of human beings are to be successful, studies that investigate and provide understanding of the development of such traits to parents and educators must be made. With conclusions to be made from this study, interventions that will decrease the likelihood of ROCD in the society can be identified.

Mental health practitioners working with young people should routinely screen for ROCD among youth and conduct systematic, multimethod, and multi-informant assessments whenever symptoms are identified. The importance of research on ROCD can only be understood when costly behaviors such as ROCD become prevalent in a society, it affects the upbringing of a children, deteriorates the anxiety level in people especially the adolescent, and could lead to violence, traumatic expression over an event, psychotic behaviors.

In this study, the independent variables are self-compassion, emotion regulation and maladaptive beliefs. The present study seeks to address the following research questions:

1. Will self- compassion predict relationship obsessive compulsive disorder among married people?
2. Will cognitive reappraisal predict relationship obsessive compulsive disorder among married people?

3. Will expressive suppression predict relationship obsessive compulsive disorder among married people?
4. Will maladaptive beliefs predict relationship obsessive compulsive disorder among married people?

Method

Participants

Three hundred and ninety-three (393) people in a romantic relationship (144 males and 249 females) students and staffs in university of Nigeria, Nsukka campus, Enugu state participated in this study. Convenient sampling technique were employed in administering the questionnaires to the participants. These participants willingly gave their consent to participate in the research. For their religion, 322 (81.9%) were Christians, 63 (16%) were Muslims, while 7 (1.8%) were religionists. For their ethnicity, 295 (75.1%) were Igbo, 75 (19.1%) were Hausa, 21 (5.3%) were Yoruba, 2(.5%) were other tribes. For their Educational status, 159 (40.5%) had their FSLC, 45 (11.5%) had their SSCE, 168 (42.7%) had their OND/NCE, 20 (5.1%) had their HND/Bachelor's degree.

Instruments

Three measures were used in this present study, namely, Self-Compassion Scale (SCS), Emotion Regulation Scale (ERS), Relationship Catastrophization Scale (RECATS) and Relationship Obsessive compulsive inventory (ROCI).

Emotion regulation scale (ERS)

The ERQ is a 10-item self-report questionnaire based on Gross's (1998) process model of emotion regulation. This model categorizes emotion regulation strategies based on how early they are activated in the emotion generation process, and hypothesizes that 4 different regulation strategies might have different consequences. The ERQ is designed to measure people's usage of two regulation strategies: an antecedent-focused strategy called cognitive reappraisal (6 items, e.g., "When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm") where a person attempts to change how he or she thinks about a situation in order to change its emotional impact, and a response-focused strategy called expressive suppression (4 items, e.g., "I keep my emotions to myself") where a person attempts to inhibit the behavioral expression of his or her emotions (Gross & John, 2003). Separate scale scores are derived for these two regulation

strategies. All items are answered on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating higher usage of that strategy.

The item analysis revealed that the distinction and discrimination of the items were acceptable, which is consistent with previous studies that used the CFA to compare alternative structures of emotion regulation among Chinese rural-to-urban migrant youth (Wang *et al*., 2020). The Cronbach's α of ERQ total scores and subscales was acceptable .78-.83, suggesting that the ERQ is a reliable measure of emotion regulation. The CFA results supported the two-factor structure of the ERQ, which demonstrated a clear replication with the results of most previous studies (Wang *et al*., 2007; Matsumoto *et al*., 2008). The total internal consistency α coefficient of the ERQ was .83, and each dimension was .83 (cognitive reappraisal) and .78 (expressive suppression), which is acceptable

The present researcher conducted a pilot study to validate the Emotion Regulation Questionnaire (ERQ) for the present study on a sample of 100 persons (27 males, 63 females) drawn from students and staffs in university of Nigeria, Enugu campus. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was .80, and the Bartlett's test of Sphericity was 421.61 (p<.001), indicating that the sample was sufficient to test for factorial validity of the scale. The two dimensions of the scale were extracted and they accounted for 46.39% (cognitive reappraisal) and 12.19% (expressive suppression) of the variance. The items yielded acceptable internal consistency reliability, Cronbach's alpha of .73 (cognitive reappraisal) and .71 (expressive suppression).

Self-compassion scale (SCS)

The Self-compassion Scale-Short Form (SCS-SF;) (Neff, 2003) is a 12-item on five-point Likert scale. Questions are rated on a Likert scale from 1 (almost never) to 5 (almost always) with the total score derived by adding the means of each subscale together. The 6 subscales measure an individual's level of self-kindness, self-judgement, common humanity, isolation, mindfulness and over-identification.The global SCS-SF score had high internal consistency (α = .86;)

The present researcher conducted a pilot study to validate the Self-Compassion Scale (SCS) for the present study on a sample of 100 persons (27 males, 63 females) drawn fromstudents and staffs in university of Nigeria, Enugu campus. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was .74, and the Bartlett's test of Sphericity was 512.93 (p<.001), indicating that the sample was sufficient to test for factorial validity of the scale. A one component

factor structure of the scale was extracted and it accounted for 42.52% of the variance. Loadings of the items ranged from .39 to .76. The items yielded a good internal consistency reliability, Cronbach's alpha of .86.

Relationship catastrophization scale (RECATS)

Relationship Catastrophization Scale (RECATS), (Doron *et al*., 2014) an 18-item self-report measure designed to tap into three relational belief domains represented by six items each, including: (1) overestimation of the negative con-sequences of being alone, (2) overestimation of the negative con-sequences of separating with one's partner, and (3) overestimation of the negative consequences of being in the wrong relationship. The RECATS was subjected to confirmatory factor analysis with an independent sample of 218 community participants (50.5% male, 76.6% in a relationship, Mean age = 39.48, Mean relationship length = 12.29 years), which supported the hypothesized three-factor structure (CPI = 0.943, RMSEA = 0.065, SRMR = 0.056).

The present researcher conducted a pilot study to validate the Relationship Catastrophising Scale (RCS) for the present study on a sample of 100 persons (27 males, 63 females) drawn fromstudents and staffs in university of Nigeria, Enugu campus. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was .61, and the Bartlett's test of Sphericity was 751.17 (p<.001), indicating that the sample was sufficient to test for factorial validity of the scale. A one component factor structure of the scale was extracted and it accounted for 26.29% of the variance. Loadings of the items ranged from .31 to .78. The items yielded an acceptable internal consistency reliability, Cronbach's alpha of .75.

Relationship obsessive compulsive inventory

The Relationship Obsessive-Compulsive Inventory (ROCI) (Doron *et al*., 2012) is a 12-item self-reported scale that measures the severity of obsessive-compulsive symptoms focused on relationship with the spouse in three dimensions of the individual's feelings to his/her spouse (e.g. "I constantly say to myself whether I really love my wife or not?), the spouse's feelings toward the individual (such as "I constantly suspect whether my spouse likes me or not?) and the degree of " correctness "of the relationship (such as" I check over and over again whether our relationship is correct or not? "). In a study by Doron *et al*., (2004), the ROCI showed a suitable internal consistency. The correlation coefficients of ROCI were in the range of 0.66 to 0.92, which were significant at the level of p<0.001. Also, the subscales of ROCI showed suitable correlation with OCI-R subscales that was significant in the range of

0.21 to 0.47 (p <0.001). Furthermore, the correlation of its subscales with OBQ subscales, DASS (anxiety, depression and stress), the anxiety and avoidance subscales of Experiences in Close Relationships scale (ECR) and Relationship Assessment Scale (RAS) was in the ranges of 0.16 to 0.34, 0.34 to .56, 0.24 to 0.36 and -0.39 to -0.61, respectively, that were significant (p <0.001). Also, the results of the confirmatory factor analysis indicated that the three factors of this tool have good fitness. In this regard, good fitness indicators such as CFI (0.96) and RMSEA (0.089) were obtained at an appropriate level. Also, the subscales and total scores of ROCI showed good internal consistency and had good test-retest reliability.

The present researcher conducted a pilot study to validate the Relationship obsessive compulsive inventory (ROCI) for the present study on a sample of 100 persons (27 males, 63 females) drawn From Nsukka local government area, Enugu state. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was .72, and the Bartlett's test of Sphericity was 359.99 (p<.001), indicating that the sample was sufficient to test for factorial validity of the scale. A one component factor structure of the scale was extracted and it accounted for 35.01% of the variance. Loadings of the items ranged from .39 to .76. The items yielded a good internal consistency reliability, Cronbach's alpha of .81.

Design and statistics

This is a survey research that adopted a cross-sectional design which is a type of observational study that analyzes data from a population, or a representative subset, at a specific point in time. It was adopted to measure the role of self-compassion, emotion regulation and maladaptive belief on relationship obsessive-compulsive disorder. Hierarchical multiple regression analysis which is a way to show if variables of interest explain a statistically significant amount of variance of dependent variable after accounting for all other variables.

Results

Table 1 showed the correlations between the demographic variables and the main study variables. Table 2 is the regression results for the test of hypotheses.

In Table 1, there was a significant negative relationship between gender and age (r = -.72, p<.001). Gender was positively associated with being in higher years in marriage (r = .11, p<.05). Age was also positively associated with being in higher years in marriage (r = .75, p<.001). Educational status had positive significant association with age (r = .14, p<.01). Age was also positively related

Table 1: Pearson's correlations of demographic variables, self-compassion, cognitive reappraisal, expressive suppression, maladaptive beliefs and relationship OCD

Variables		*Mean*	*SD*	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
1	Gender	-	-	-								
2	Age	33.74	7.21	-.72***	-							
3	Years in Marriage	5.76	5.07	.11*	.75***	-						
4	Educational Status	-	-	-.01	.14**	.07	-					
5	Number of Children	2.36	1.73	.020	.76***	.82***	.03	-				
6	Self-Compassion	39.94	8.96	.03	-.04	-.02	-.07	-.04	-			
7	Cognitive Reappraisal	28.06	10.87	.01	-.07	-.07	-.04	-.05	.55***	-		
8	Expressive Suppression	17.03	5.79	.08	-.12*	-.08	-.02	-.08	.54***	.60***	-	
9	Maladaptive Beliefs	63.10	19.30	-.03	-.01	-.01	.03	-.03	.26***	.10	.12*	-
10	Relationship OCD	19.45	11.02	.01	-.02	.02	-.03	-.03	.16**	.12*	.03	.20***

Note: ***p<.001; **p<.01; *p<.05.

to number of children (r = .76, p<.001), while number of children and years in marriage correlated positively (r = .82, p<.001). There was a positive relationship between cognitive reappraisal and self-compassion (r = .55, p<.001), expressive suppression and self-compassion (r = .54, p<.001), as well as maladaptive beliefs and self-compassion (r = .26, p<.001). Self-compassion was positively and significantly associated with increased relationship OCD (r = .16, p<.01). Expressive suppression was positively related to cognitive reappraisal (r = .60, p<.001). Cognitive reappraisal was associated with increased relationship OCD (r = .12, p<.05). Maladaptive beliefs was positively associated with expressive suppression (r = .26, p<.001). Maladaptive beliefs was positively associated with increased relationship OCD (r = .20, p<.001).

Table 2: Relationship OCD by self-compassion, cognitive reappraisal, expressive suppression and maladaptive beliefs

Predictors	Step 1			Step 2			Step 3		
	B	β	***t***	***B***	β	***t***	***B***	β	***t***
Self-Compassion	.19	.16	3.16**	.21	.17	2.74**	.15	.12	1.90
Cognitive Reappraisal				.10	.10	1.46	.11	.11	1.66
Expressive Suppression				-.24	-.13	-1.92	-.24	-.13	-1.95
Maladaptive Beliefs							.10	.17	3.31**
R^2	.03			.04			.06		
ΔR^2	.03			.01			.03		
F	10.00 (1, 391)**			4.75 (3, 389)**			6.40 (4, 388)***		
ΔF	10.00 (1, 391)**			2.09 (2, 389)			10.98 (1, 388)**		

Note: ***p<.001; **p<.01; *p<.05

Results of the hierarchical multiple regression for the test of the hypotheses is shown in Table 2. Step 1 indicated that self-compassion was a significantly positive predictor of relationship OCD, $\beta = .16$, $p<.01$. The *B* showed that every one unit rise in self-compassion was associated with .19 percent increase in relationship OCD. The model was significant, F (1, 391) = 10.00, The R^2 indicated that 3% of the variance in relationship OCD was explained by self-compassion.03.

In stetp 2, the dimensions of emotion regulation (cognitive reappraisal and expressive suppression) were added to the model. Cognitive reappraisal did not significantly predict relationship OCD, $\beta = .10$. Step 2 also indicated that expressive suppression was not a significant predictor of relationship OCD, $\beta = -.13$. The model was not significant, $F\Delta(2, 389) = 2.09$, $R^2\Delta = .01$.

Step 3 indicated that maladaptive beliefs positively predicted relationship OCD, $\beta = .17$, $p<.01$. The model was significant, $F\Delta(1, 388) = 10.98$. The *B* showed that every one unit rise in maladaptive beliefs was associated with .10 percent increase in relationship OCD. The $R^2\Delta$ showed that 3% variance in relationship OCD was contributed by maladaptive beliefs. All the variables in the regression model explained 6% of the variance in relationship OCD.

Discussion

This study investigated the predictive roles self-compassion, emotion regulation and maladaptive belief in relationship obsessive compulsive disorder. The results showed that self-compassion was a significantly positive predictor of relationship OCD. Hence, the first hypothesis that self-compassion will not significantly predict relationship OCD was supported. The finding was in support of previous findings (e.g., Tamara, Kate and Clara, 2020) which showed that there were medium-large associations between mindfulness and self-compassion and obsessive-compulsive disorder symptoms, obsessive beliefs and distress tolerance. Mindfulness and self-compassion were unique predictors of obsessive-compulsive disorder symptoms, controlling for depression severity. Once effects of obsessive beliefs and distress tolerance were controlled, a small effect remained for mindfulness (facets) on obsessing symptoms and for self-compassion. Also, the previous finding of (Chad, 2017) yielded significant relationships between OCD severity and self-compassion, courage

These finding demonstrate how not having compassion over oneself, tolerating some unkind service and treatment, lacking the passionate feeling inward with care, kindness and desire to help oneself to ascertain the love for

oneself affect the intimacy and marriage of couple. For instance, someone that lacks self-compassion in a relationship will always have this doubt that he/she isn't good enough, or that the all the effort he/she is providing is being taking for granted, therefore leading to the doubt and obsession to question the quality and the love for oneself.

The study also revealed that emotion regulation (cognitive reappraisal and expressive suppression) did not significantly predict relationship OCD, thus, the second hypothesis which states that emotion regulation will significantly predict relationship OCD was refuted.

This finding reveals emotion regulation to be an overcomer in relationship OCD. One being able to understand it emotions, how to make use of it, how and when to act on it, when to angry and how to respond to stressful and emotional event. Being able to have all these qualities will then enable you to have control over some distress relationship, thereby letting it not to get to you through the mechanism and regulation of your emotion

Finally, the study revealed that maladaptive belief positively predicted relationship OCD. Subsequently, the third hypothesis which states that maladaptive belief will not significantly predict relationship OCD was refuted. The result was consistent with (Mashinchi, 2019) whose result showed that catastrophic beliefs regarding being in the wrong relationship and of being alone were found to be unique predictors of relationship-centered ROCD symptoms over and above mood symptoms. Only catastrophic fears of being in the wrong relationships predicted partner-focused ROCD symptoms.

This result revealed that once a person in an intimate relationship begins to have consistent and irrational thought of trusting, loving, questioning, query of assumed infidelity comes in play, which is a serious maladaptive belief, it goes a long way to alter the progress of a relation, at the same time, leaving a partner the doubt whether his/her partner truly loves him/her.

Implications of the Findings of Study

The findings from the present study revealed that self-compassion was a significantly positive predictor of relationship OCD, emotion regulation (cognitive reappraisal and expressive suppression) did not significantly predict relationship OCD, and finally maladaptive belief positively predicted relationship OCD.

For the sake of psychological well-being children, parent should learn to show love, kindness of oneself and compassionate towards their children, telling the kids how beautiful he/she looks, complimenting oneself when due.

By doing so, the parents is yielding a quality self-compassion in the children, whereby in the future, it will help him/her build a loving home.

The finding showed that emotion regulation (cognitive reappraisal and expressive suppression) did not significantly predict relationship OCD, and finally maladaptive belief positively predicted relationship OCD. The strength in being in charge of your emotions and how you operate it around people and environment, in your work life and family will help grow a beautiful life. Therefore, psychoeducation and cognitive behavioural therapy by Aaron Beck will go a long way to reconstructure the cognition of people having maladaptive belief, trust issue and self-doubt issues in their marriage. Professional attention will be needed when such abnormality is understood.

Conclusion

The present study examined the role of self-compassion, emotion regulation and maladaptive belief in relationship OCD. The study aims to add existing literature, the following theories were reviewed in this work to explain the variable: Social mentality theory, Process model, Rational emotive behavior therapy and Cognitive behavioral model. Three empirical review were revealed in this study: self-compassion and relationship OCD, emotion regulation and relationship OCD and maladaptive belief and relationship OCD. Also, three hypotheses were reviewed; (i) self-compassion will not significantly predict relationship OCD (ii) emotion regulation will not significantly predict relationship OCD (iii) maladaptive belief will not significantly predict relationship OCD. Participants were 393 married couples, (144 males and 249 females) drawn from Nsukka, Enugu state. Result revealed that self-compassion was a significantly positive predictor of relationship OCD, emotion regulation (cognitive reappraisal and expressive suppression) did not significantly predict relationship OCD, and finally maladaptive belief positively predicted relationship OCD.

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APPENDIX 111

Frequencies

Statistics

		Gender	*Religion*	*Ethnic*	*Edu.Status*
N	Valid	393	393	393	393
	Missing	0	0	0	0

Frequency Table

Gender

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	male	144	36.6	36.6	36.6
	female	249	63.4	63.4	100.0
	Total	393	100.0	100.0	

Religion

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Christian	322	81.9	81.9	81.9
	Islam	63	16.0	16.0	98.0
	Traditional	7	1.8	1.8	99.7
	6.00	1	.3	.3	100.0
	Total	393	100.0	100.0	

Ethnic

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Igbo	295	75.1	75.1	75.1
	hausa	75	19.1	19.1	94.1
	Yoruba	21	5.3	5.3	99.5
	Others	2	.5	.5	100.0
	Total	393	100.0	100.0	

Edu.Status

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	.00	1	.3	.3	.3
	FSLC	159	40.5	40.5	40.7
	SSCE	45	11.5	11.5	52.2
	OND/NCE	168	42.7	42.7	94.9
	HND/Bachelor's degree	20	5.1	5.1	100.0
	Total	393	100.0	100.0	

Descriptives

Descriptive Statistics					
	N	*Minimum*	*Maximum*	*Mean*	*Std. Deviation*
age	393	19.00	55.00	33.7354	7.21083
YearsinMarriage	393	.00	30.00	5.7634	5.06866
Num.of.chdrn	393	.00	12.00	2.3588	1.73235
SelfCompassion	393	15.00	61.00	39.9415	8.96274
CogReappraisal	393	6.00	100.00	28.0560	10.86639
ExpreSuppression	393	4.00	28.00	17.0305	5.79400
MaladaptiveBeliefs	393	21.00	125.00	63.1043	19.30097
RelObssesComp	393	.00	52.00	19.4504	11.02031
Valid N (listwise)	393				

Correlations

Correlations											
		Gender	*age*	*Yrsin-Mar-riage*	*Edu. Status*	*Num. of.ch-drn*	*SelfCom-passion*	*CogRe-appraisal*	*Expre-Suppres-sion*	*Maladap-tiveBeliefs*	*Re-lObsses-Comp*
Gender	Correlation	1	-.272**	.106*	-.014	.020	.030	.013	.082	-.032	.005
	Sig. (2-tailed)		.000	.035	.775	.688	.555	.795	.102	.523	.926
	N	393	393	393	393	393	393	393	393	393	393
age	Correlation	-.272**	1	.752**	.136**	.761**	-.036	-.065	-.118*	-.013	-.021
	Sig. (2-tailed)	.000		.000	.007	.000	.476	.201	.019	.801	.680
	N	393	393	393	393	393	393	393	393	393	393
YearsinMar-riage	Correlation	.106*	.752**	1	.074	.821**	-.024	-.068	-.080	-.006	.016
	Sig. (2-tailed)	.035	.000		.144	.000	.634	.180	.113	.909	.754
	N	393	393	393	393	393	393	393	393	393	393
Edu.Status	Correlation	-.014	.136**	.074	1	.034	-.065	-.038	-.017	.029	-.025
	Sig. (2-tailed)	.775	.007	.144		.508	.200	.452	.736	.568	.623
	N	393	393	393	393	393	393	393	393	393	393
Num. of.chdrn	Correlation	.020	.761**	.821**	.034	1	-.037	-.052	-.076	-.027	-.029
	Sig. (2-tailed)	.688	.000	.000	.508		.459	.300	.132	.593	.560
	N	393	393	393	393	393	393	393	393	393	393
SelfCompas-sion	Correlation	.030	-.036	-.024	-.065	-.037	1	.552**	.540**	.262**	.158**
	Sig. (2-tailed)	.555	.476	.634	.200	.459		.000	.000	.000	.002
	N	393	393	393	393	393	393	393	393	393	393
CogReap-praisal	Correlation	.013	-.065	-.068	-.038	-.052	.552**	1	.598**	.095	.117*
	Sig. (2-tailed)	.795	.201	.180	.452	.300	.000		.000	.061	.021
	N	393	393	393	393	393	393	393	393	393	393
ExpreSup-pression	Correlation	.082	-.118*	-.080	-.017	-.076	.540**	.598**	1	.120*	.025
	Sig. (2-tailed)	.102	.019	.113	.736	.132	.000	.000		.017	.617
	N	393	393	393	393	393	393	393	393	393	393
Maladap-tiveBeliefs	Correlation	-.032	-.013	-.006	.029	-.027	.262**	.095	.120*	1	.196**
	Sig. (2-tailed)	.523	.801	.909	.568	.593	.000	.061	.017		.000
	N	393	393	393	393	393	393	393	393	393	393
RelObsses-Comp	Correlation	.005	-.021	.016	-.025	-.029	.158**	.117*	.025	.196**	1
	Sig. (2-tailed)	.926	.680	.754	.623	.560	.002	.021	.617	.000	
	N	393	393	393	393	393	393	393	393	393	393

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

Regression

Variables Entered/Removed[a]			
Model	Variables Entered	Variables Removed	Method
1	SelfCompassion[b]	.	Enter
2	Expre Suppression, CogReappraisal[b]	.	Enter
3	Maladaptive Beliefs[b]	.	Enter
a. Dependent Variable: RelObssesComp			
b. All requested variables entered.			

Model Summary									
Model	*R*	*R Square*	*Adjusted R Square*	*Std. Error of the Estimate*	*Change Statistics*				
					R Square Change	*F Change*	*df1*	*df2*	*Sig. F Change*
1	.158[a]	.025	.022	10.89589	.025	10.003	1	391	.002
2	.188[b]	.035	.028	10.86564	.010	2.090	2	389	.125
3	.249[c]	.062	.052	10.72887	.027	10.981	1	388	.001
a. Predictors: (Constant), Self Compassion b. Predictors: (Constant), Self Compassion, Expre Suppression, Cog Reappraisal c. Predictors: (Constant), Self Compassion, Expre Suppression, Cog Reappraisal, Maladaptive Beliefs									

ANOVA[a]						
Model		*Sum of Squares*	*df*	*Mean Square*	*F*	*Sig.*
1	Regression	1187.616	1	1187.616	10.003	.002[b]
	Residual	46419.667	391	118.720		
	Total	47607.282	392			
2	Regression	1681.072	3	560.357	4.746	.003[c]
	Residual	45926.210	389	118.062		
	Total	47607.282	392			
3	Regression	2945.128	4	736.282	6.396	.000[d]
	Residual	44662.155	388	115.109		
	Total	47607.282	392			
a. Dependent Variable: Rel Obsses Comp b. Predictors: (Constant), Self Compassion c. Predictors: (Constant), Self Compassion, Expre Suppression, Cog Reappraisal d. Predictors: (Constant), Self Compassion, Expre Suppression, Cog Reappraisal, Maladaptive Beliefs						

Coefficients[a]								
Model		*Unstandardized Coefficients*		*Standardized Coefficients*	*t*	*Sig.*	*95.0% Confidence Interval for B*	
		B	*Std. Error*	*Beta*			*Lower Bound*	*Upper Bound*
1	(Constant)	11.694	2.513		4.653	.000	6.752	16.635
	SelfCompassion	.194	.061	.158	3.163	.002	.073	.315
2	(Constant)	12.301	2.531		4.859	.000	7.324	17.278
	SelfCompassion	.212	.077	.172	2.742	.006	.060	.364
	CogReappraisal	.098	.067	.096	1.460	.145	-.034	.229
	ExpreSuppression	-.239	.124	-.125	-1.918	.056	-.483	.006
3	(Constant)	8.365	2.767		3.023	.003	2.924	13.806
	SelfCompassion	.149	.079	.122	1.900	.058	-.005	.304
	CogReappraisal	.110	.066	.109	1.663	.097	-.020	.240
	ExpreSuppression	-.239	.123	-.126	-1.945	.053	-.481	.003
	MaladaptiveBeliefs	.097	.029	.169	3.314	.001	.039	.154

a. Dependent Variable: RelObssesComp

Excluded Variables[a]						
Model		*Beta In*	*t*	*Sig.*	*Partial Correlation*	*Collinearity Statistics*
						Tolerance
1	CogReappraisal	.042[b]	.706	.481	.036	.695
	ExpreSuppression	-.085[b]	-1.429	.154	-.072	.709
	MaladaptiveBeliefs	.166[b]	3.251	.001	.162	.931
2	MaladaptiveBeliefs	.169[c]	3.314	.001	.166	.928

a. Dependent Variable: RelObssesComp
b. Predictors in the Model: (Constant), SelfCompassion
c. Predictors in the Model: (Constant), Self-Compassion, Expressive Suppression, Cognitive Reappraisal