

The Mediating Role of Sexual Satisfaction and Anger in the Relationship Between Partner-Related Obsessive Compulsive Symptoms and Sexual Self-Schema

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Abstract

Aim: The study was conducted to examine the relationship between partner-related obsessive-compulsive symptoms and sexual self-schemas and to determine the indirect effect of sexual satisfaction and anger on this relationship.

Method: The research was conducted with 510 volunteer participants aged 18-50. The participants participated on a voluntary basis and the sample was reached randomly. Personal Information Form, Sexual Self-Schema Scale, The Trait Anger Expression Scale, New Sexual Satisfaction Scale and Partner-Related Obsessive-Compulsive Symptom Scale were used to collect the data. Statistical analyses were performed using SPSS 27 software.

Results: The findings of the study revealed that there was a significant negative relationship between obsessive-compulsive symptoms related to the partner and sexual satisfaction and sexual self-schemas, and a significant positive relationship with anger. A positive relationship was found between sexual self-schemas and sexual satisfaction. A significant negative relationship was found between anger and sexual satisfaction and sexual self-schemas.

Conclusion: As a result of the study, it was found that there was a significant negative relationship between individuals' having obsessive-compulsive symptoms and their sexual self-schemas, and that anger and sexual satisfaction had a significant indirect effect on this relationship.

Keywords: Obsession, compulsion, partner, relationship, sexual, satisfaction, anger.

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Partnerle İlişkili Obsesif Kompulsif Belirtiler ile Cinsel Benlik Şeması Arasındaki İlişkide Cinsel Doyum ve Öfkenin Aracı Rolü

Öz

Amaç: Araştırma bireylerin partner odaklı obsesif kompulsif belirtileri ile cinsel benlik şemaları arasındaki ilişkiyi inceleyerek cinsel doyum ve öfkenin bu ilişkideki dolaylı etkisini saptamak amacıyla gerçekleştirilmiştir.

Yöntem: Araştırma 18-50 yaş arası 510 gönüllü katılımcı ile gerçekleşmiştir. Katılımcılar gönüllülük temelinde katılım sağlamış olup örnekleme seçkisiz olarak ulaşılmıştır. Verilerin toplanmasında Kişisel Bilgi Formu, Cinsel Benlik Şeması Ölçeği, Sürekli Öfke ve Öfke İfade Tarzı Ölçeği, Yeni Cinsel Doyum Ölçeği ve Partnere İlişkin Obsesif Kompulsif Belirti Ölçeği kullanılmıştır. İstatistiksel analizler SPSS 27 yazılımı kullanılarak gerçekleştirilmiştir.

Bulgular: Araştırmadan elde edilen bulgular bireyin partnere ilişkin obsesif kompulsif belirtileri göstermesi ile cinsellikten aldığı doyum ve cinsel benlik şemaları arasında negatif, öfke ile ise pozitif yönde anlamlı bir ilişki bulunmuştur. Bireylerin cinsel benlik şemaları ile cinsel doyumları arasında pozitif yönlü bir ilişki bulunmuştur. Öfke ile cinsel doyum ve cinsel benlik şemaları arasında negatif yönde anlamlı bir ilişki saptanmıştır.

Sonuç: Araştırma sonucunda obsesif kompulsif belirtilere sahip bireylerin cinsel benlik şemaları arasında negatif yönde anlamlı bir ilişki olduğu, öfke ve cinsel doyumlarının bu ilişki üzerinde anlamlı dolaylı etkiye sahip olduğu bulunmuştur.

Anahtar Sözcükler: Obsesyon, kompulsiyon, partner, ilişki, cinsellik, doyum, öfke.

Introduction

Obsessive-compulsive disorder (OCD) is a chronic condition characterized by repetitive and uncontrollable thoughts (obsessions) and behaviors (compulsions). Individuals with OCD experience symptoms that are time-consuming and significantly disruptive to daily life¹. Relationship-related obsessive-compulsive symptoms are associated with difficulties within the couple context, such as dissatisfaction with the relationship, sexual dissatisfaction, and exposure to violence². Additionally, this symptom group interacts with individual factors, including internal factors like emotional depression and anxiety^{3,4}. Clinical observations suggest that obsessive-compulsive symptoms related to romantic relationships typically begin in early adulthood⁵ and do not exhibit gender differences or vary with the duration of the relationship⁶.

OCD is a heterogeneous disorder with various symptom presentations, leading to diverse clinical profiles related to different types of obsessive thoughts and compulsive behaviors. While symptoms can vary widely among individuals, they generally fall into

categories such as "checking, contamination, ordering, harm, religious, and sexual" content⁷⁻⁹. The variability of OCD symptoms and their content over time can lead to the emergence of new symptom types.

In recent years, Doron and colleagues have proposed relationship-related obsessive-compulsive symptoms (ROCD), which include relationship-related (ROCD-I) and partner-related (ROCD-II) obsessive-compulsive symptoms¹⁰. Individuals with relationship-related obsessions often struggle with doubts and concerns about their feelings towards their partner, their partner's feelings towards them, and the "rightness" of the relationship. Those with partner-related obsessions may focus on their partner's physical, social, and personality traits, and may have obsessive thoughts about their partner's past relationships, questioning the quality of these previous relationships. They may fear that their partner's past relationships indicate a flaw in their partner's character.

Furthermore, an important predictor unique to ROCD-II, not applicable to ROCD-I, is body dysmorphic concern. This reflects a general tendency to excessively focus on perceived flaws in one's appearance, catastrophically misinterpret these flaws, and overemphasize perceived deficiencies in both themselves and their relationship partner¹¹.

Individuals with ROCD-II experience obsessive thoughts and compulsive behaviors related to their partner's loyalty, love, and commitment, leading to distress, anxiety, and ultimately relationship dissatisfaction¹⁰. In this complex landscape, sexual self-schemas, which are internalized narratives and beliefs about one's sexual self, play a significant role in the manifestation of ROCD-II and its interaction with relationship dynamics.

ROCD-II typically manifests as obsessive thoughts and compulsive behaviors related to perceived flaws, infidelity, or changing emotions of the partner¹². These obsessions may trigger behaviors such as excessive reassurance-seeking, monitoring the partner, or engaging in mental rituals related to analyzing the relationship. This intense preoccupation with the partner can distort the perception of the relationship and hinder intimacy, negatively impacting sexual satisfaction¹³.

Sexual self-schemas encompass various beliefs about one's sexual competence, attractiveness, and ability to establish emotional/physical intimacy¹⁴. Negative sexual self-schemas, characterized by self-doubt and concerns about performance or desirability, can exacerbate ROCD-II symptoms. Individuals with negative sexual self-

schemas are more likely to have distressing thoughts about their partner's interest in others or their own adequacy in the relationship, perpetuating the obsessive-compulsive cycle¹⁵. Conversely, positive sexual self-schemas, marked by self-confidence and acceptance as a sexual being, can provide some resilience against relationship-related distressing thoughts and compulsions.

Sexual satisfaction, a multifaceted construct encompassing physical pleasure, emotional intimacy, and relational fulfillment¹⁶, plays a critical role in the dynamic between ROCD-II and sexual self-schemas. Low sexual satisfaction can contribute to negative sexual self-schemas, as individuals may internalize feelings of inadequacy or blame themselves for the lack of fulfilling intimacy¹⁶. This negative spiral can lead to increased relationship-related obsessions and decreased desire, further feeding ROCD-II symptoms. Conversely, high sexual satisfaction can positively influence sexual self-schemas by enhancing confidence and acceptance, providing some protection against the involuntary and uncontrollable nature of ROCD-II. Additionally, the shared pleasure and emotional connection during sexual activity can strengthen the bond between partners, potentially alleviating anxieties associated with ROCD-II and fostering a more secure relationship¹⁷.

Anger, a strong emotional response to perceived threats or betrayals, is central to the structure of ROCD-II. Distressing thoughts about the partner's perceived flaws or infidelities can trigger waves of anger and resentment, fueling relationship conflict and further diminishing intimacy¹⁸. This increased anger can exacerbate ROCD-II as individuals may engage in compulsive behaviors to manage or neutralize their emotional turmoil, sustaining the obsessive-compulsive cycle¹⁹. Furthermore, anger can negatively impact sexual self-schemas by fostering self-blame and feelings of unworthiness of intimacy¹⁴. This self-devaluation can hinder individuals' ability to experience and enjoy sexual activities, creating a vicious cycle where anger fuels both ROCD-II and negative self-perceptions, ultimately affecting relationship satisfaction and sexual well-being.

Understanding the relationship between partner-related obsessive-compulsive disorder and sexual self-schemas is crucial for developing effective interventions for individuals struggling with this challenging condition. The strong connection between these two concepts can lead to a cyclical relationship, making the condition harder to break. However, merely identifying this correlation may not be sufficient. A deeper exploration of the mediating roles of anger and sexual satisfaction can provide valuable insights into these recently proposed and yet to be fully explained complex mechanisms. In this

endeavor, this article examines the mediating roles of sexual satisfaction and anger in the relationship between partner-related obsessive-compulsive symptoms and sexual self-schemas.

Material and Methods

Study Sample: The study sample consisted of 510 volunteers aged 18-50. Participants were recruited on a voluntary basis and were randomly selected. They were informed about the research. Of the participants, 57.5% were female and 42.5% were male. 12.9% were high school graduates, 63.1% held a bachelor's degree, and 23.9% had a master's degree or higher. 56.9% were single and 43.1% were married. None of the participants had any psychiatric disorders. Additionally, the average age of the participants was 27.37 ± 5.71 , with the youngest being 18 and the oldest 50.

Data Collection Instruments

Personal Information Form: Participants were given a Personal Information Form that included questions about age, gender, marital status, and educational level. They were also asked if they had any psychiatric disorders.

Sexual Self-Schema Scale: The Sexual Self-Schema Scale²⁰, originally developed by Hill²⁰ for women²¹ and adapted for men²², was used. The Turkish adaptation was conducted by Koçak and Fıfıloğlu²³.

The Trait Anger Expression Scale (TTAES): Originally developed by Spielberger et al. in 1983²⁴, the Turkish validity and reliability study was conducted and adapted by Özer²⁵. This 34-item scale is divided into two sections measuring anger and anger expression styles.

New Sexual Satisfaction Scale (NSSS): Developed by Stulhofer et al.²⁶ to measure sexual satisfaction, this five-point Likert-type scale was adapted to Turkish by Tuğut²⁷. It has two subdimensions: self-centered and partner/sexual activity-centered²⁶.

Partner-Related Obsessive-Compulsive Symptoms Scale (PROCSS): Developed by Doron et al. to measure the severity of partner-related obsessive-compulsive symptoms⁴, this 28-item, five-point Likert-type scale was validated and adapted to Turkish by Trak and İnözü²⁸.

Data Analysis: Statistical analyses were performed using SPSS 27 software. First, the reliability of the scales was assessed using Cronbach's Alpha coefficients, which were found to be above 0.60²⁹. Then, the normal distribution characteristics of the scales were

examined in detail by evaluating skewness and kurtosis coefficients. The scales met the reference values of -2 to +2 proposed by Hahs-Vaughn and Lomax³⁰. The levels and directions of relationships between the scales were analyzed using Pearson correlation method. Process Macro 4.2 was used for mediation analysis. All statistical analyses were conducted with a 95% confidence interval, and a p-value of 0.05 was considered significant.

Results

Table 1. Relationship Between Partner-Related Obsessive-Compulsive Symptoms, New Sexual Satisfaction Scale, Sexual Self-Schema Scale, and The Trait Anger Expression Scale

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1.Partner Related Obsessive-Compulsive Symptoms Scale	1																
2.Morality	.77**	1															
3.Sociability	.82**	.54**	1														
4.Emotional Stability	.83**	.63**	.69**	1													
5.Competence	.78**	.55**	.54**	.54**	1												
6.Physical Appearance	.52**	.28**	.27**	.29**	.25**	1											
7.Intelligence	.81**	.52**	.62**	.58**	.65**	.33**	1										
8.New Sexual Satisfaction Scale	-.45**	.38**	-.38**	-.35**	.38**	.22**	-.35**	1									
9.Self-Centered	-.42**	-.36**	-.37**	-.32**	-.35**	-.18**	-.33**	-.95**	1								
10.Partner/ Sexual Activity-Centered	-.44**	-.35**	-.35**	-.34**	-.37**	-.23**	-.35**	-.94**	.79**	1							
11.Loving/ Compassionate	-.26**	-.16**	-.22**	-.25**	-.19**	-.16**	-.19**	-.27**	.24**	.26**	1						
12.Sensual/ Stimulating	-.42**	-.30**	-.33**	-.34**	-.34**	-.29**	-.32**	-.36**	-.32**	-.36**	.66**	1					
13.Direct / Outspoken	-.26**	-.19**	-.20**	-.19**	-.21**	-.21**	-.18**	-.30**	.26**	-.30**	.56**	.74**	1				
14.Trait Anger	.24**	.18**	.18**	.21**	.19**	.13**	.21**	-.22**	-.19**	-.23**	-.15**	-.16**	-.14**	1			
15.Anger/ In	.28**	.18**	.24**	.19**	.22**	.19**	.25**	-.32**	-.27**	-.33**	-.25**	-.29**	-.26**	.60**	1		
16.Anger/ Out	.29**	.21**	.23**	.20**	.21**	.20**	.27**	-.25**	-.21**	-.27**	-.17**	-.15**	-.14**	.80**	.66**	1	
17.Anger/ Control	-.06	-.01	-.06	-.07	-.05	-.05	-.04	.07	.05	.07	.01	-.01	-.01	-.40**	-.31**	-.37**	1

Examining the results of the given findings, low to moderate negative correlations were found between the new sexual satisfaction scale and the partner-related obsessive-compulsive symptoms scale ($r=-.45$, $p<0.01$), morality ($r=-.38$, $p<0.01$), sociability ($r=-.38$, $p<0.01$), emotional stability ($r=-.35$, $p<0.01$), competence ($r=-.38$, $p<0.01$), physical appearance ($r=-.22$, $p<0.01$), and intelligence ($r=-.35$, $p<0.01$).

Low to moderate negative correlations were found between self-centered sexual satisfaction and the partner-related obsessive-compulsive symptoms scale ($r=-.42$, $p<0.01$), morality ($r=-.36$, $p<0.01$), sociability ($r=-.37$, $p<0.01$), emotional stability ($r=-.32$, $p<0.01$), competence ($r=-.35$, $p<0.01$), physical appearance ($r=-.18$, $p<0.01$), and intelligence ($r=-.33$, $p<0.01$).

Low to moderate negative correlations were found between partner/ sexual activity-centered and the partner-related obsessive-compulsive symptoms scale ($r=-.44$, $p<0.01$), morality ($r=-.35$, $p<0.01$), sociability ($r=-.35$, $p<0.01$), emotional stability ($r=-.34$, $p<0.01$), competence ($r=-.37$, $p<0.01$), physical appearance ($r=-.23$, $p<0.01$), and intelligence ($r=-.35$, $p<0.01$).

Low negative correlations were found between loving/compassionate and the partner-related obsessive-compulsive symptoms scale ($r=-.26$, $p<0.01$), morality ($r=-.16$, $p<0.01$), sociability ($r=-.22$, $p<0.01$), emotional stability ($r=-.25$, $p<0.01$), competence ($r=-.19$, $p<0.01$), physical appearance ($r=-.16$, $p<0.01$), and intelligence ($r=-.19$, $p<0.01$), while low positive correlations were found with the new sexual satisfaction scale ($r=.27$, $p<0.01$), self-centered ($r=.24$, $p<0.01$), and partner/ sexual activity-centered ($r=.26$, $p<0.01$).

Low to moderate negative correlations were found between sensual/stimulating and the partner-related obsessive-compulsive symptoms scale ($r=-.42$, $p<0.01$), morality ($r=-.30$, $p<0.01$), sociability ($r=-.33$, $p<0.01$), emotional stability ($r=-.34$, $p<0.01$), competence ($r=-.34$, $p<0.01$), physical appearance ($r=-.29$, $p<0.01$), and intelligence ($r=-.32$, $p<0.01$), while moderate positive correlations were found with the new sexual satisfaction scale ($r=.36$, $p<0.01$), self-centered ($r=.32$, $p<0.01$), and partner/ sexual activity-centered ($r=.36$, $p<0.01$).

Low negative correlations were found between direct/ outspoken and the partner-related obsessive-compulsive symptoms scale ($r=-.26$, $p<0.01$), morality ($r=-.19$, $p<0.01$), sociability ($r=-.20$, $p<0.01$), emotional stability ($r=-.19$, $p<0.01$), competence ($r=-.21$, $p<0.01$), physical appearance ($r=-.21$, $p<0.01$), and intelligence ($r=-.18$, $p<0.01$), while

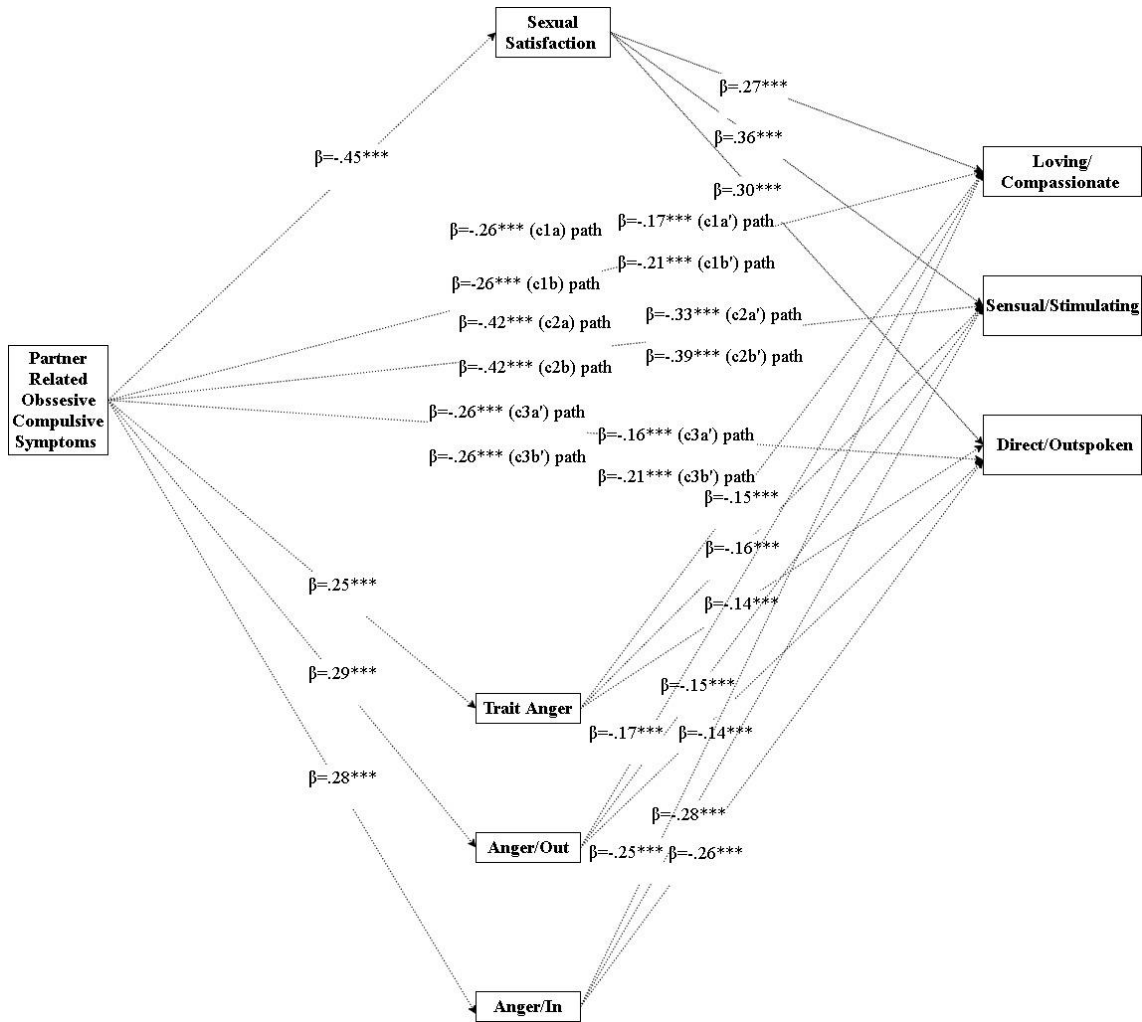
low to moderate positive correlations were found with the new sexual satisfaction scale ($r=.30$, $p<0.01$), self-centered ($r=.26$, $p<0.01$), and partner/sexual activity-centered ($r=.30$, $p<0.01$).

Low positive correlations were found between trait anger and the partner-related obsessive-compulsive symptoms scale ($r=.24$, $p<0.01$), morality ($r=.18$, $p<0.01$), sociability ($r=.18$, $p<0.01$), emotional stability ($r=.21$, $p<0.01$), competence ($r=.19$, $p<0.01$), physical appearance ($r=.13$, $p<0.01$), and intelligence ($r=.21$, $p<0.01$), while low negative correlations were found with the new sexual satisfaction scale ($r=-.22$, $p<0.01$), self-centered ($r=-.19$, $p<0.01$), partner/sexual activity-centered ($r=-.23$, $p<0.01$), loving/compassionate ($r=-.15$, $p<0.01$), sensual/stimulating ($r=-.16$, $p<0.01$), and direct/outspoken ($r=-.14$, $p<0.01$).

Low positive correlations were found between anger-in and the partner-related obsessive-compulsive symptoms scale ($r=.28$, $p<0.01$), morality ($r=.18$, $p<0.01$), sociability ($r=.24$, $p<0.01$), emotional stability ($r=.19$, $p<0.01$), competence ($r=.22$, $p<0.01$), physical appearance ($r=.19$, $p<0.01$), and intelligence ($r=.25$, $p<0.01$), while low to moderate negative correlations were found with the new sexual satisfaction scale ($r=-.32$, $p<0.01$), self-centered ($r=-.27$, $p<0.01$), partner/sexual activity-centered ($r=-.33$, $p<0.01$), loving/compassionate ($r=-.25$, $p<0.01$), sensual/stimulating ($r=-.29$, $p<0.01$), and direct/outspoken ($r=-.26$, $p<0.01$).

Low positive correlations were found between anger-out and the partner-related obsessive-compulsive symptoms scale ($r=.29$, $p<0.01$), morality ($r=.21$, $p<0.01$), sociability ($r=.23$, $p<0.01$), emotional stability ($r=.20$, $p<0.01$), competence ($r=.21$, $p<0.01$), physical appearance ($r=.20$, $p<0.01$), and intelligence ($r=.27$, $p<0.01$), while low negative correlations were found with the new sexual satisfaction scale ($r=-.25$, $p<0.01$), self-centered ($r=-.21$, $p<0.01$), partner/sexual activity-centered ($r=-.27$, $p<0.01$), loving/compassionate ($r=-.17$, $p<0.01$), sensual/stimulating ($r=-.15$, $p<0.01$), and direct/outspoken ($r=-.14$, $p<0.01$).”

Figure 1. The mediating role of sexual satisfaction and anger in the relationship between partner-related obsessive-compulsive symptoms and sexual self-schema



*** $p < .001$, ** $p < .01$, * $p < .05$ Test Used: Process Macro 4.2

As seen in Figure 1, partner-related obsessive-compulsive symptoms significantly predict the dependent variable of Loving/Compassionate ($\beta = -.26$, $p < .001$). When sexual satisfaction is included as a mediating variable, a decrease in the beta value of the independent variable, partner-related obsessive-compulsive symptoms, is observed ($\beta = -.17$, $p < .001$). Additionally, when anger is included as a second mediating variable, a decrease in the beta value of partner-related obsessive-compulsive symptoms is observed ($\beta = -.21$, $p < .001$). According to this, partial mediation and significant indirect effects were found for the mediating variables of sexual satisfaction ($\beta = .09$, 95% CI [-.11, -.04]) and anger ($\beta = .05$, 95% CI [-.08, -.02]).

Partner-related obsessive-compulsive symptoms significantly predict the dependent variable of Sensual/Stimulating ($\beta=-.42$, $p<.001$). When sexual satisfaction is included as a mediating variable, a decrease in the beta value of the independent variable, partner-related obsessive-compulsive symptoms, is observed ($\beta=-.33$, $p<.001$). Additionally, when anger is included as a second mediating variable, a decrease in the beta value of partner-related obsessive-compulsive symptoms is observed ($\beta=-.39$, $p<.001$). According to this, partial mediation and significant indirect effects were found for the mediating variables of sexual satisfaction ($\beta=.09$, 95% CI [-.13, -.04]) and anger ($\beta=.03$, 95% CI [-.06, -.00]).

Partner-related obsessive-compulsive symptoms were found to significantly predict the direct/outspoken dependent variable ($\beta=-.26$, $p<.001$). When sexual satisfaction was included as a mediator, a decrease in the beta value for the independent variable of partner-related obsessive-compulsive symptoms was observed ($\beta=-.16$, $p<.001$). Similarly, when the second mediator, anger, was included, a decrease in the beta value for partner-related obsessive-compulsive symptoms was observed ($\beta=-.21$, $p<.001$). These results indicate that there is partial mediation for sexual satisfaction ($\beta=.10$, 95% CI [-.11, -.04]) and anger ($\beta=.05$, 95% CI [-.06, -.01]), and the indirect effect is significant.

Discussion

The findings of the study indicate a negative relationship between displaying partner-related obsessive-compulsive symptoms and sexual satisfaction. In line with the findings, a negative correlation was found between self-centered sexual satisfaction, partner/sexual activity-centered sexual satisfaction, and the subdimensions of morality, sociability, emotional stability, competence, physical appearance, and intelligence of the partner-related obsessive-compulsive symptom scale. The literature states that individuals with obsessive-compulsive symptoms have lower sexual satisfaction⁴. Doron et al. found that sexual satisfaction is related to both partner-related and romantic relationship-related dimensions of obsessive-compulsive symptoms and that obsessive-compulsive symptoms can reduce sexual satisfaction⁵. Findings related to individuals with obsessive-compulsive symptoms focused on physical appearance support the results of the study, showing that their sexual satisfaction is negatively affected³¹. Sylvia and Vidya found that individuals with obsessive-compulsive symptoms focus on the underlying emotions rather than expressions in their partners, see long-term emotions as more accurate than short-term or sudden emotions, and achieve satisfaction from them³¹. These findings are consistent with the study's results that sexual satisfaction

decreases when individuals with partner-related obsessive-compulsive symptoms possess the emotional stability subdimension. Individuals with partner-related obsessive-compulsive symptoms want to perceive their partners as more beautiful and moral compared to others, and if they do not, their self-esteem decreases¹⁵.

The study's findings indicate that individuals with partner-related obsessive-compulsive symptoms who are sensitive to their partner's traits such as morality, sociability, emotional stability, competence, physical appearance, and intelligence have lower sexual self-schemas. In other words, individuals with loving/compassionate, passionate/arousing, and direct/outspoken sexual self-schemas show fewer partner-related obsessive-compulsive symptoms than others. Barlow explained the relationship between sexual self-schemas and partner-related obsessive-compulsive symptoms through the concept of expectations³². According to this explanation, unrealistic or perfectionistic expectations lead to negative cognitions and spread throughout the individual's life, leading to the formation of sexual self-schemas.

A positive correlation was found between sexual self-schemas and sexual satisfaction. The findings show that individuals' loving/compassionate, passionate/arousing, and direct/outspoken sexual self-schemas are positively related to self-centered and partner/sexual activity-centered sexual satisfaction. Rellini and Meston also stated that sexual satisfaction is closely related to sexual self-schemas and that sexual self-schemas predict sexual satisfaction³³.

Another finding of the study is the positive correlation between anger and obsessive-compulsive symptoms. Brandes et al. also indicated a positive relationship between obsessive-compulsive symptoms and anger and violence². There is a positive correlation between morality, sociability, emotional stability, competence, physical appearance, and intelligence subdimensions of the partner-related obsessive-compulsive symptoms scale and anger-in, anger-out, and trait anger. It is suggested that obsessive-compulsive symptoms may lead to negative evaluations and consequently negative attitudes, and thus, the expression of anger related to partner-related obsessive-compulsive symptoms³⁴. The examination of the relationship between anger and sexuality revealed a negative relationship between anger types and expression styles and individuals' sexual satisfaction and sexual self-schemas. Accordingly, it was found that having the subdimensions of trait anger, anger-in, and anger-out within the trait anger scale might lead to lower sexual satisfaction, less self-centered or partner/sexual activity-centered

satisfaction, and lower loving/compassionate, passionate/arousing, and direct/outspoken sexual self-schemas.

The predictive role of anger and sexual satisfaction in the relationship between partner-related obsessive-compulsive symptoms and sexual self-schemas has been expressed in the literature as jealousy, judgment, and the emergence of anger or decreased sexual satisfaction, and thus the disruption of sexual self-schemas when individuals cannot achieve trust towards their partner due to partner-related obsessive-compulsive thoughts². The perfectionism of individuals with partner-related obsessive-compulsive symptoms resulting in evaluating their sexual satisfaction below their expectations affects their pervasive sexual self-schemas in their lives³². These findings support the study.

Conclusion

According to the study's findings, when evaluating the extent to which partner-related obsessive-compulsive symptoms predict individuals' sexual self-schemas and the role of mediator variables, it was found that having partner-related obsessive-compulsive symptoms negatively affects loving/compassionate, passionate/arousing, and direct/outspoken sexual self-schemas. Within this relationship, it was found that trait anger, anger-in, and anger-out expression styles and self-centered or partner/sexual activity-centered sexual satisfaction mediate the effects of partner-related obsessive-compulsive symptoms.

Limitations

The study is limited to 510 participants,. The findings obtained in the study are limited to what is measured by the scales used. The study can be repeated with a larger sample. Other study canbe conducted may be Partner-Related Obsessive Compulsive Symptoms and Sexual Self-Schema.

Author Contribution: KG 100%

Ethical Approval: Ethical approval for the study was obtained from the Ethics Committee of Doğuş University with a letter dated 31.01.2024 and numbered E-42435178-050.04-57628.

Conflict of Interest: There is no conflict of interest in this study.

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