

**BODY DISSATISFACTION AND SELF-ESTEEM AS DETERMINANTS OF
BEHAVIORAL TENDENCIES IN ROMANTIC RELATIONSHIPS**

A Thesis
Submitted In Fulfilment of the Requirements
for the Degree of
Doctor of Philosophy

Submitted by:

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Under the guidance of
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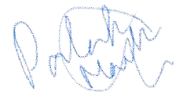
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Declaration

I, Palak Malik, hereby declare that the thesis titled "**Body Dissatisfaction and Self-Esteem as Determinants of Behavioral Tendencies in Romantic Relationships**" submitted to Thapar Institute of Engineering & Technology (Deemed to be University), Patiala, in partial fulfillment of the requirements for the award of the degree of Doctor of Philosophy in Psychology, is an original record of the research work conducted by me under the supervision of Dr. Santha Kumari, Professor, School of Liberal Arts and Sciences, Thapar Institute of Engineering & Technology. I further affirm that the content of this thesis has not been submitted, either in part or in full, to any other institution for the award of any degree.



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Certificate

This is to certify that the thesis titled "**Body Dissatisfaction and Self-Esteem as Determinants of Behavioral Tendencies in Romantic Relationships,**" submitted by Ms. Palak Malik in fulfillment of the requirements for the award of the degree of Doctor of Philosophy in Psychology, is an original record of the candidate's research work conducted under our supervision and guidance. Furthermore, the content of this thesis has not been submitted, either in part or in full, to any other institution for the award of any degree.



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Abstract

According to a 2019 report by the Mental Health Foundation, 31% of adolescents and 35% of adults report dissatisfaction with their body image which highlights a pervasive concern regarding self-perception. This issue is less about physical appearance and more about the disparity between how individuals perceive themselves and how they aspire to appear. Carl Rogers (1995) posited that the incongruence between one's real and ideal selves can result in psychological distress and adverse outcomes. Negative self-perceptions not only impact individual well-being but also have detrimental effects on interpersonal interactions and relationships. Research by Murray et al. (1999) further underscores that self-doubt can exacerbate insecurities within romantic relationships, which may contribute to the manifestation of symptoms associated with relationship-centered obsessive-compulsive disorder (ROCD).

A primary developmental task of early adulthood is the establishment of intimacy with a romantic partner. Erikson (1968) emphasized that a well-defined sense of self is critical for forming successful and meaningful intimate relationships. Failure to pursue a positive self-concept during adolescence may lead to challenges such as loneliness and emotional isolation, which, in turn, can manifest as apprehension and difficulty in establishing romantic relationships and close friendships (Erikson, 1968).

While the roles of self-esteem and body dissatisfaction in relationship dynamics have been extensively studied over the years, their association with relationship-centered obsessive-compulsive disorder (ROCD) remains underexplored.

Prior research underscores that individuals experiencing heightened body dissatisfaction and diminished self-esteem are more likely to encounter adverse relational outcomes, including increased romantic jealousy, relational conflicts, and diminished satisfaction within partnerships. These dynamics are further compounded by compensatory behaviors, such as over-investment in romantic relationships and strategic gift-giving, aimed at securing relational stability and addressing self-perceived inadequacies.

This study is among the first to investigate how specific relationship behaviors may contribute to the development of symptoms associated with relationship-centered obsessive-compulsive disorder (ROCD). While much of the existing literature emphasizes the treatment of ROCD (Doron et al., 2017) and its symptomatology (Doron, 2016), limited attention has been given to its developmental origins and the personality factors

that may predispose individuals to the condition. Given the substantial associations between certain relational behaviors and relationship quality, it becomes important to explore the factors that are linked with the presence of ROCD symptoms, including potential antecedents and mediating variables. Such insights are essential for reducing both the likelihood and severity of its negative effects on relationships.

The research gathered data from a substantial non-clinical sample of 400 individuals between the age of 18-30 (Mean = 23.97, *SD* = 3.73) who were or had been involved in a heterosexual romantic relationship.

The outcomes validated the hypotheses derived from the conceptual framework. The central discoveries of the research were as follows: (1) Body dissatisfaction has a direct impact on relationship obsessive compulsive disorder (ROCD) symptoms (2) Self-esteem plays a mediating function between body-dissatisfaction and relationship obsessive compulsive disorder (ROCD) symptoms.

The study's findings indicated that the practical motive behind gift-giving served as a mediator in the relationship between self-esteem and ROCD symptoms. In contrast, the obligatory motive for gift-giving did not show a significant link to ROCD symptoms but was notably associated with self-esteem. Additionally, the research demonstrated that romantic jealousy played a mediating role in the connection between self-esteem and ROCD symptoms.

These nuanced findings of the impact of body dissatisfaction and self-esteem on relationship dissatisfaction may shed light on the exploration of self-esteem and worth. This understanding may help individuals comprehend the connection between distress and perceived shortcomings in their romantic relationships.

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List of Abbreviations

Abbreviation	Full form
AGFI	Adjusted goodness of fit index
AGGS	Altruistic Gift giving style
AMOS	Analysis of Moment Structures
ANOVA	Analysis of variance
BD	Body dissatisfaction
BMI	Body mass index
BRJ	Behavioral romantic jealousy
CFA	Confirmatory factor analysis
CFI	Comparative fit index
CMB	Common method bias
CMIN	Chi-square minimum
CR	Composite reliability
CR	Critical Ratio
CRJ	Cognitive romantic jealousy
DF	Degrees of freedom
DSM	Diagnostic Statistical Manual
EFA	Exploratory factor analysis
ERJ	Emotional romantic jealousy
FRS	Figure rating scale
GFI	Goodness of fit index
GGS	Gift giving styles
GUI	Graphical user interface
IBM	International business machines corporation

IRB	Institution review board
KMO	Kaiser-Meyer-Olking
M	Mean
MJS	Multidimensional Jealousy Scale
OCD	Obsessive Compulsive Disorder
PGGS	Practical Gift giving style
RMSEA	Root mean square error of approximation
ROCD	Relationship Obsessive Compulsive Disorder
ROCI	Relationship obsessive compulsive inventory
RW	Regression weight
SD	Standard deviation
SE	Self-esteem
SEM	Structural equation modeling
SEM	Structural equation modeling
SMC	Standardized multiple correlations
SPSS	Statistical package for the social sciences
SRMR	Standardised root mean residual
SRW	Standardised regression weight
TLI	Tucker-lewis index
VIF	Variance inflation factor

Chapter 1

Introduction

Overview

We knock ourselves off our pedestals, only to hoist someone else up there. Obsession with others often magnifies when we don't bloom into loving ourselves.

The term "body image" was first introduced by a neurologist and psychoanalyst Paul Schilder in his 1935 book, *The Image and Appearance of the Human Body* (Schilder, 1935). Body dissatisfaction is defined as a perceived gap between an individual's actual body image and desired body image, characterizing a negative perception of one's physical appearance (Niclas Heider, Adriaan Spruyt, and Jan De Houwer, 2018).

An individual's body image plays a significant role in their psychological well-being (Tiwari & Kumar, 2015). One of the most frequently examined effects of a negative body image is low self-esteem (Tiwari, 2014). "Be at peace ~ Beautify your inner attributes rather than focusing on outer looks" is a quote, taken from a correlational study conducted by Anamika Rai, Aarti Bhardwaj, and Tamanna Nohwal in 2020 that emphasizes the importance of self-esteem in shaping how we view ourselves. Existing literature has extensively documented the negative association between body dissatisfaction and self-esteem. Body dissatisfaction is often conceptualized as a predictor of diminished self-worth, particularly among young women, as it fosters a sense of inadequacy rooted in perceived physical imperfections (Vartanian, 2009; Stice & Whitenton, 2002). However, this relationship is not unidirectional. An emerging body of research suggests that low self-esteem can also contribute to increased body dissatisfaction through mechanisms such as the internalization of societal appearance standards and heightened body surveillance (Fingeret & Gleaves, 2004; Tylka & Sabik, 2010). Individuals with low self-esteem are more likely to engage in maladaptive appearance-based comparisons and exhibit greater body shame (Mercurio & Landry, 2008; Paxton et al., 2006; van den Berg et al., 2007). In contrast, those with higher self-esteem typically demonstrate greater acceptance of their physical appearance and are less influenced by external standards (Fitch, 1970). These findings underscore the possibility of a bidirectional relationship between self-esteem and body dissatisfaction, suggesting that both variables may interact and reinforce one another over time. According to Rosenberg (1965a), self-esteem is defined as an individual's positive or negative outlook on oneself, including the

assessment of one's own thoughts and emotions in the context of self-evaluation. As per Baumeister and Leary (1995), self-esteem is an individual's comprehensive subjective emotional evaluation of their own worth. It's judgment of oneself as well as an attitude towards the self. It encompasses feelings of self-acceptance, self-confidence, and respect.

While previous studies have reported associations between body dissatisfaction, low self-esteem, and negative relationship outcomes such as jealousy, distrust, and conflict (Tylka & Sabik, 2000; Tiggemann & Slater, 2014), less attention has been given to the pathways through which these constructs interact. Specifically, self-esteem may function as a key mediator, transmitting the psychological impact of body dissatisfaction into patterns of romantic obsession and distress, such as Relationship Obsessive-Compulsive Disorder (ROCD).

Emerging literature suggests that self-esteem not only affects individual well-being but also serves as a cognitive filter in romantic contexts, shaping how individuals interpret their partner's actions and perceive threats within the relationship. For example, those with low self-esteem may misperceive neutral cues as signs of rejection or dissatisfaction (Sedikides & Strube, 1997), intensifying insecurities and triggering obsessive reassurance-seeking (Bartholomew & Horowitz, 1991; Knee et al., 2008).

These patterns align with impression management theory (Baumeister, 1982), which posits that individuals with fragile self-worth may overcompensate by engaging in relationship-preserving strategies such as excessive gift-giving, especially when they perceive their relational value as low (Nguyen & Munch, 2011; Jonason, Tost, & Koeing, 2012). Thus, gift-giving motives may reflect deeper psychological efforts to maintain relational security.

Romantic jealousy has been extensively studied for its connections to various psychological constructs. Jealousy has been linked well with low self-esteem, depression, loneliness neuroticism, generalized hostility, low confidence, low generalized trust, and the need for approval (Stieger et al., 2012; Bringle, 1981; Buunk, 1997; Buunk & Dijkstra, 2000; Radecki-Bush et al., 1993; Thomas et al., 1988; Rotenberg et al., 2001; Salovey & Rodin, 1985, 1989; Tarrier et al., 1989).

Romantic jealousy is defined as a multidimensional experience, involving a combination of thoughts, emotions, and actions that may threaten the stability and overall quality of an individual's relationship (White, 1981). Pathological jealousy, classified under delusional obsessional disorder in the DSM-5 (American Psychiatric Association, 2013), is closely

associated with self-esteem (Kingham & Gordon, 2004). Research by Mathes (1992) indicates that individuals with low self-esteem tend to experience heightened levels of jealousy. Individuals with low self-esteem may feel more prone to jealousy as they may doubt their own worthiness or fear of being replaced by someone else. Jealousy, can further, exacerbate low self-esteem, creating a cycle where an individual perceives themselves as being less worthy or valued by their partner.

A supportive evidence rightly links jealousy to the broadcasting of internal beliefs to others. Hypothetically, if a man suspects partner of being unfaithful (cognitive jealousy) could be the result of him seeing himself in lower esteem. Romantic jealousy has generally been cited as the “green-eyed monster,” a metaphor that describes its destructive and consuming nature. Research studies have consistently found associations between romantic jealousy and low relationship quality (Barleds & Barleds-Dijkstra, 2006).

Romantic jealousy is believed to have close relationship with obsessive compulsive and related disorders. Obsessive compulsive disorder is a crippling mental disorder characterized by the occurrence of intrusive distorted thoughts, images, or urges known as obsessions. These obsessions are followed by repetitive behaviors or mental acts, known as compulsions. The primary purpose of these compulsions is to lessen the distress caused by obsessions or prevent feared events from happening (American Psychiatric Association, 2013).

The above dynamics culminate in conditions such as relationship-centered obsessive compulsive disorder (ROCD). In recent years, notable focus has been given to a specific thread of OCD known as the relationship-centered obsessive compulsive disorder (ROCD) phenomenon within academic research. This area of study has received substantial interest in the scholarly and clinical fields (Doron et al., 2012b, 2014a, 2014b). Doron et al. (2012a) define ROCD as a condition characterized by intrusive, distressing thoughts, doubts, and worries about one's romantic relationship. These obsessions are frequently accompanied by repetitive behaviors or mental rituals intended to reduce anxiety or seek reassurance about the relationship. Common obsessions include doubts about compatibility, fears of making the wrong decisions, or concerns about the partner's traits or potential infidelity. In a study by Doron et al (2012) it was outlined that symptoms centered around obsessive thoughts about relationships were linked to dissatisfaction in relationships. Both partner-focused and relationship-centered symptoms

of obsessive-compulsive disorder have made notable contributions to relationship dissatisfaction (Doron et al, 2012). Therefore, we employed it as a relevant measure to evaluate relationship dissatisfaction in our research.

ROCD symptoms often include low self-esteem, negative emotions, anxiety, and stress (Doron et al., 2012a, 2012b, 2013, 2014). A study by Moradi et al. (2017) found a positive association between body image dissatisfaction and ROCD symptoms in individuals with OCD, although the role of self-esteem as a mediator in this relationship is unknown. Research by Doron and Szepeswol (2014) further established that individuals with ROCD symptoms report significantly lower levels of global self-esteem and heightened relationship-contingent self-esteem, emphasizing the need for belonging as a driving factor in ROCD symptoms. However, the precise role of self-esteem in mediating the relationship between body dissatisfaction and ROCD symptoms remains empirically under-investigated, despite strong theoretical grounds.

Given this context, the current study seeks to address this gap by investigating self-esteem as a core mediating variable linking body dissatisfaction to ROCD symptoms. The present study also examines Obsessive Relationship Behaviours, including romantic jealousy and gift-giving motives, as potential mediators between self-esteem and ROCD symptoms. These behaviors often reflect efforts to maintain closeness, reduce anxiety, or secure attachment in romantic relationships, particularly when self-worth is low. By integrating these variables, this research aims to offer a more nuanced understanding of how internal insecurities manifest in relational dysfunction, thereby contributing to both theoretical clarity and clinical applicability.

1.1 Body image

Body image is regarded as a multidimensional construct, which encompasses the role of the self- perception regarding size and shape of the body, and the subjective experience surrounding personal satisfaction with the body size (Wykes, 2005). In the other words, body image underlines aspect of self-regarding the way individuals feel, think and behave in context to their physical appearance and constitution. Self-perception about physical appearance places great importance in the development of self-esteem and worth. Many people place their concerns over body image and how they present themselves. Body image misperception is quite prevalent in today's scenario. Distortions related to body constitution can be extremely throbbing and can exert great influence on psychological wealth and well-being.

Early in the 1900s, substantial efforts have been put to understand body image perception in the field of psychology. The pioneering work in the field was carried out by Paul Schilder in the 1920s, entailed body experience within a sociological and psychological framework. Prior to Schilder's work, concepts of body image were narrowed down to the research of neuropathology and brain damage. Body image was defined as the unity of past experiences developed in the cerebral sensory cortex (Head,1920). Schilder, in 1950, elucidated body image as the image of our own body which we construct in our mind, i.e. the way our body appears to ourselves. He presented a bio-psychological approach to body image, encircling body image to the psychological and sociological components, in addition to the cognitive construct (The image and the appearance of the human body, 1950).

Often related but different terms have been used interchangeably to define body image perception in terms of body attractiveness, body image distortion, body size misperception, negative body image and accuracy of bodily sensation perceptions (Fisher,1964).

Krueger (1988) defined body image as the representation of identity taken from internal and external body experiences. Schilder (1950) designated body image as a person's perception, feelings, thoughts about his or her body. Body image, therefore encompasses all the related components identified. These include the healthy and unhealthy perceptions of one's body relating to:

- a) **Cognitive:** - including the evaluation of body attractiveness, thoughts related to one's body.
- b) **Affective:** - emotions and feelings associated with body size and shape.
- c) **Perceptual:** - Includes the body size estimation i.e. how people tend to perceive the shape and size of their whole body or its parts.
- d) **Behavioral:** - relating to the actions people engage in to make themselves look good (in a socially desirable way). The actions might include excessive checking, altering the appearance via facial aesthetics or to simply cancel the whole or parts of the body.

Body dissatisfaction or body image disturbance, therefore, manifests as the distortion in perception of one's body, relating to the perceptual components including the failure and misinterpretation of one's body. M Bucchianeri and his colleagues (2013) defined negative body image as, "a brain condition in which the individual is unable to see herself

or himself accurately in the mirror, but perceives his features and body size as distorted”. Negative body image can be assessed by body dissatisfaction. Body dissatisfaction is interpreted as the discrepancy between how the individual perceives one’s body size and how ideally they would like their body size to be. Bryan Turner (1992) coined the term “somatic society” to delineate the recently discovered prominence of body image in today’s sociological field. Body image is seen as a psychological phenomenon significantly impacted by a number of factors. To study body image dissatisfaction, it is important to take into consideration not only the experiences of people in relation to their body, but also at the psychological milieu in which they function. Complex interactions occur between multitude of factors namely cognitive, biological, sociocultural and psychological factors contributing to body image perception. Researches suggesting quite a number of factors including BMI, Peer groups, media, gender, culture psychopathology, physical activity, lifestyle in developing and maintaining issues of body image. Cash (2002) calls body image as a learned construct. Parent-child relationship places a significant impact on child’s development of body image issues. Damiano (2015) illustrates the role of parenting in the development and validation of body concerns and the associated eating patterns. Mellor & Ricciardelli (2010) talks about media related influences on body image perception. Social comparison processes play a dominant role in creating a metric of gender based body ideals and thereby creating a variety of psychological problems such as eating disorders, body image misperception and dissatisfaction. One of the key factors in impacting body image Perception is BMI [weight (kgs)/height (m)²].

A Study by Jang, Ahn, Galea et al (2018), featuring the factors affecting body dissatisfaction among guest Korean adults of ages 19-39 years, embarks overweight individuals being likely to have higher fear related to negative evaluation as compared to their normal weight counterparts, hence, signifying, BMI associated with fear of unfavorable evaluation due to one’s physical appearance. Other factors like social pressures, self-esteem, drug abuse, depression, obesity and other comorbid conditions have been linked to body disturbances and perception.

1.2 Self Esteem

The concept of self-esteem has its roots in the year 1740, when David Hume, the Scottish enlightenment thinker first expressed the word in his writing of “Treatise of human Nature” In psychology. Self-esteem is defined as a person’s subjective analysis of herself

or himself as intrinsically positive or negative (Sedikides & Gregg, 2003). Self-esteem in general terms refers to the opinions we hold of ourselves, our evaluation of our worth & the value judgment about ourselves. This includes the idea & thoughts we create about ourselves and our abilities & what expectations we have from the outside world.

Self-esteem comprises the valued beliefs, ideologies and the associated emotions. It can be expressed in the forms of behavior too. It is sometime as a predictor variable (how people having high self-esteem think, feel and behave differently from the one's having low self-esteem), mediating variable (self-esteem can intervene and work as motivator for a variety of psychological constructs) and an outcome variable (how other variables might affect the way people view themselves). Self-esteem is therefore seen as a mutable construct having the potential to change its form which can risk its value to be undermined.

In addition, self-esteem can be rendered as a personality trait that is persistent and enduring as a transient state condition. This former is constructed as a personality variable that reflects the way people generally feel about themselves. It is also known as Global self-esteem or trait and self-esteem, because of its enduring nature across both time and situations. The latter is assumed to carry Momentary Emotional States stemming out of positive or negative experience. A negative experience can be determined in bolstering the self-esteem of a person. A person might experience an inflated sense of self-esteem when a crush asked him out for a date or a person might say his self-esteem was low after the boss expressed criticism on his report. Self-esteem as a definite psychological construct started commencing with the work of William James in 1890. According to the James (1890), the temporary feelings or emotions are regarded as feelings of self-worth. The difference in the terms lies in the temporal expression, where Global self-esteem is persistent and feelings of self-worth are considered temporary.

Debate underlines the question whether self-esteem can best be perceived as Global personality construct or in terms of how they feel about themselves in specific spheres. Self-esteem can be seen as specific to a particular domain ("I believe I am attractive", or "I am really good at reasoning") or Global to the extent that I believe I am a nice person and feel proud of myself in general". Contemporary theorists (Bandura 1986, Marsh 1990, Swann 1996) have asserted specific self-evaluations to be better predictors of behavior than Global self-esteem. Gergen (1971) finds the phenomenon of global self-esteem to be fictional in character.

Literary researches, however, show mixed results, for example Global self-esteem is found to be a better predictor of psychological wellbeing than are domain specific surface evaluations (Rosenberg, Schooler, Schoenbach & Rosenberg, 1995) but Specific evaluation was regarded as better predictor in case of academic abilities (Marsh, 1990).

Self-esteem is one of the earliest concepts in psychology and the third most routinely appearing theme in psychological literature (Rodewalt & Tragakis, 2003). With extended and diverse history, it is not staggering to notice a multitude of theoretical perspectives having their own definition of self-esteem. Three major models exist each with separate findings and implications.

a) Affective model:- This model assumes, self-esteem as characterized by two types of feelings developed during the formative years of life. One component consists of feelings of belonging which is social in nature and other component underlines the feeling of mastery which is rooted in personal experiences.

Sense of belonging that encompasses the feeling of being loved unconditionally for simply who one is i.e. without considering any particular quality. This can give a person a feeling of being respected and valued, which results in a sense of relationship and attachment later in life.

A sense of mastery is a second component of self-esteem overlooking the idea of having an impact on the outside world in day to day life. One may experience a feeling of mastery while learning to ride a bicycle, the first experience to move legs and paddle, and the accompanied joy that that comes from the experience, creates the feelings of mastery. When one is engaged in an activity or is striving to defeat obstacles the feeling of mastery is achieved. The affective model, however, states that feelings of belonging solely is responsible for the genesis of self-esteem. The model asserts the role of early childhood experience in the foundation of self-esteem. Later experiences do play a role but are considered less attributional for these are viewed via schemas that guide the way we view ourselves. Epstein (1990) remarks, this guiding process as automatic or preconscious, which is tough to discuss and even harder to rectify. Self-esteem, therefore is persistent.

b) Cognitive Model:- It views self-esteem as a conscious decision people make with respect to your worth as a person. Self-esteem stems from a rational process where people navigate their qualities and integrate these to produce an overall feeling of self-regard. Three models under the cognitive aspect emphasize on how we evaluate

ourselves in various domains. The first model sketches the relative importance of a variety of domains in one's life. James (1890) underlines the fact that consequences in domains of high personal preference have a greater impact on self-esteem than do consequences in domains of low personal value. This can be illustrated by a hypothetical example. Two individuals, persons A&B are assessed via Add -the em-up Model by James (1890) where each person has to signify how physically attractive, brainy, sought after & well-built they think they are on a 7-point scale, ranging from 1=not at all; to 7=very.

Table 1.1 Add-em-up model

	Physical attractive	Brainy	Sought after	Well built	Total self esteem
Person A	5	2	5	7	19
Person B	3	7	4	3	17

The above model presents Global Esteem as the way people assess their specific questions. The summated score of four areas of evaluation determines each person's self-esteem. Here we can easily interpret person A having higher self-esteem than person B.

The second cognitive model discusses the self-defined weights given to a particular area. This model highlights how self-esteem is weighted by the importance of particular domains. It not only focuses on how you assess yourself in specific areas, but also how significant you think it is to be good in those areas.

Each person is asked therefore to reach the four attributes in terms of their personal significance ranging from 1= least important to 4 = most important. The score obtained is the summated values of the products of self-evaluation score and the corresponding importance rating (Importance rating is signified in parenthesis).

Table 1.2 Weight-em by Importance Model

	Physical attractive	Brainy	Sought after	Well built	Total self esteem
Person A	5*(2)	2*(3)	5*(4)	7*(1)	43
Person B	3*(1)	7*(4)	4*(3)	3*(2)	49

Here we can easily interpret person's B having higher self-esteem than person A as the former places more importance on what he thinks he is excellent at than does person A. Research, however does not show the strong basis for the weighted importance model (Marsh 1986,1995, Pelham 1995).

The last model talks about the current self and ideal self trade-off in terms of self-esteem. approach functions to understand self-esteem through the difference between how people perceive their Personal qualities and how ideally they would want themselves to be in a specific domain (Higgins, Klein & Strauman, 1985, Horney 1945, Rogers 1951, 1954). Here James' idea of pretensions resemble the level of aspiration of what kind of a person one would like to be rather than focusing on values, the lesser the discrepancy between the current self-image and idealized image, the higher is the self-esteem.

Table 1.3

	Physical attractive	Brainy	Sought after	Well built	Total self esteem
Person A	5-(7)	2-(6)	5-(7)	7-(6)	-7
Person B	3-(3)	7-(4)	4-(7)	3-(2)	+1

This model interprets self-esteem as the difference between who we are now and who we would like to be. Each person is asked to rate how they would like to be in the particular domain from 1=not at all to 7=very. The total self-esteem score is the difference obtained by subtracting the ideal self-rating (in parentheses) from their corresponding self-evaluation score. This approach interprets Person B as having higher self-esteem than person A.

c) Sociocultural Model: - This model assumes self-esteem as contingent on how one is regarded by society. This model predicts that people who are unprivileged or poor will feel have lower self-esteem as compared to people coming from socially affluent class. However, little research supports the above connotation.

1.3 Gift Giving Motives

Gift giving is regarded as a social, economic and cultural experience. According to Camerer (1988) and Joy (2001) gift giving is an activity that involves social communication moving across societies and helps in reinforcing social connections and

expression of feelings.

Belk (1976) pinpoints four functions of a gifting process which can further help social integration. These are communication, social exchange, economic exchange, and socialization. Sherry (1983) describes two types of motives in gift giving. These are altruistic and agonistic. The altruistic motive is the one where the giver tries to extract pleasure felt by the receiver and in the agonistic one the prime motive is to gain personal satisfaction. Mauss (1954) remarks about the obligations within a gifting process where individuals are required to give, receive and reciprocate.

There are 6 principles identified by Belk (1999). These include the idealistic and perfect gift scenario and what a gift must contain. It should

1. Illustrate a giver's sacrifice in the truest sense
2. The giver's motive should be the receiver's happiness
3. The gift is a luxury
4. The gift is appropriate to the recipient
5. The receiver is astonished by the gift
6. The gift is successful in pleasing the recipient

There are three motivations to gift-giving: -

- **Experiential (Altruistic or Positive) motive**

This Motive focuses on the giver's attention in gift selection where the giver enjoys choosing the gifts and puts in a great deal of thought and effort in selecting a gift.

- **Obligatory Motive**

As Mauss (1954) suggested, people might feel obligated while exchanging gifts as this is motivated by the compliance to carry out a societal norm. Obligatory givers are the ones who reciprocate according to others expectations and must do it in order to maintain social ties and feel guilty if they don't give. They try to conform to social standards of reciprocation.

- **Practical motive**

These are functional gifts which can provide practical assistance to the receiver and the motive is utilitarian (DeVere, Scott and Shulby, 1983). These motives are reflected in giving out the most useful buys. For example, during weddings people

try to give brides and grooms the money in an envelope (practical gift) instead of concrete articles to congratulate the couple.

1.4 Romantic Jealousy

The construct Jealousy has gained importance in psychology, provided the negative consequences it holds for people in romantic relationships ranging from distress to lower relationship quality (Pines & Aronson, 1983). According to Pieffer & Wong (1989), jealousy is the emotional reaction over a threat (real or imagined) to a relationship. Buunk and Bringle (1987) calls jealousy as the most destructive emotions in romantic relationships. Many authors have devised their own definitions and typologies, producing evidence for the positive and negative aspects in the romantic relationships. Jealousy is regarded as the insecure reaction or negative emotion that creeps in from threats to relationships (Clanton and Kosins, 1991; Mathes and Savera, 1981). Buss (2000) gives an evolutionary positive viewpoint with regards to jealousy as an adaptive mechanism that supports in mate retention and guarding. White (1981), on the other hand, describes romantic jealousy as a complex set of thoughts, feelings and actions that create a threat to self-esteem or threaten the existence of the quality of a relationship.

Pfeiffer and Wong (1989) state jealousy as a multidimensional construct having three aspects:

- Emotional: - the feeling aspect; these are the negative emotions directed at threats to a relationship
- Cognitive:- the thought aspect; involves suspicions about the partner's improvement in infidelity
- Behavioural:- the action component; involves monitoring or protective behavior to keep a check on romantic partners.

Buunk (1997) has argued there are three kinds of jealousy, reactive, preventive and anxious. Reactive jealousy refers to the emotional reaction to the perceived closeness of one's partner with another person. Anxious Jealousy is characterized by the cognitive component involving worries and rumination about the perceived threats about the partner's infidelity. While reactive jealousy is positively related to relationships quality, anxious jealousy is found to be negatively related to relationship quality (Barelds and Barelds – Dijkstra, 2007), Possessive jealousy pertains to the behavioral component and involves reaction and monitoring behavior to the indications of potential betrayal. It can

include behavior like preventing the partner to have friends with opposite gender. Possessive jealousy is found to be unrelated to relationship quality. Distinction has also been made between dispositional and state jealousy (Bringle and Evenbech ,1979, Rich 1991). Dispositional jealousy refers to jealousy as a trait, which is relatively stable and does not change with time. State jealousy is situational and occurs as a reaction to a jealousy-evoking situation. Partner's previous relationship also has a tendency to evoke jealous-related behaviors (Ben-Zeev, 2013; Frampton and Fox, 2018). There are two types of jealousy evoked due to past actions: retroactive and retrospective jealousy. The former deals with jealous reactions invoked by the partner's previous romantic or sexual relationships which have never posed a threat to the current relationship. The latter refers to the actual threat to the current relationship that has happened in the past. These both focus on imagined scenarios, rather than real threats or rivals and are found to be related to an anxious type of jealousy. Jealousy is pathological and the American Psychiatric Association (2013), DSM-5 classified jealousy as:

- a) jealous type within delusional disorder.
- b) Obsessive jealousy as a specified related disorder of another obsessive-compulsive disorder.

1.5 Relationship Obsessive Compulsive Disorder

Relationship OCD (ROCD) is a subcategory of obsessive-compulsive disorder (OCD) that has drawn considerable attention in the research & clinical field. The obsessive compulsive symptoms center around close or romantic relationships. The condition involves intrusive, repetitive, often distressing thoughts (obsessions) about partner and/or relationship, which can create emotional turmoil and hence forcing one to behave (compulsion) in a certain way to get rid of the distress and anxiety. It can lead to severe personal and relationship problems, impairing one's functioning in various areas of life.

Doubts and fears underlying romantic relationships are fairly common, especially during the early stages of relationships or during relational conflict. Experiencing ambivalent feelings towards a romantic partner, in fact, is considered a natural part of intimate relationship. As the relationship progresses, partner's real or imagined flaws get magnified. These common relationship doubts can become obsessive, leading to impairment and severe distress. (ROCD, Doron, Derby, Szpsenwol & Talmor, 2012a, 2012b).

ROCD symptoms tend to follow the person in all of their romantic relationships, but it can also occur outside of ongoing relationships. It can take forms of obsessing over their ex-partners, too much paying of attention to the partner's previous relationships.

ROCD presents itself in early adulthood, or during the onset of adolescence. ROCD symptoms aren't related to the length of the relationship and both men & women can suffer from this.

ROCD intrusions can involve thoughts like "Is she the right one?" or "He is not handsome" and images related to visualizations of the awkward moments associated with the partners. These intrusions are usually ego-dystonic as they contradict the individual's personal value for e.g. "physical beauty is not really important in the quest to have a right partner" and/or subjective experience of the relationship (I love her but I can't stop doubting my feelings for her). Hence, these bring up the feelings of shame and guilt regarding the occurrence & content of the intrusive thoughts. Compulsive behavior can include comparison of one's own feelings for the partner's traits with the other person, questioning one's own feelings for the partner, reassurance seeking and avoidance behaviors. These compulsive behaviors aim at reducing the psychological discomfort accompanied with repetitive intrusive thoughts/ideas (Doron, Derby et al, 2014a).

Obsessions in ROCD can include thoughts that are repetitive, distressful and inappropriate. These are focused on doubts and uncertainty about the partner and/or relationships. Some of the common obsessive thoughts are: -

- What if I don't really love my partner
- What if he/she is not that one
- I noticed other attractive girls, that must mean I'm in the wrong relationship

These thoughts compel the sufferer to set unrealistically high standards with great deal of certainty in mind about the feelings for their partner. Compulsions in ROCD can involve repetitive behaviors carried out to avoid getting distressed by the intrusive thoughts. These are divided into 4 categories.

1. Overt compulsions: For example, "frequently breaking up with the partner, or "Testing" your feelings by spending time with/flirting with others or searching dating sites to see if you are attracted to others".

2. Avoidant compulsions: "Avoiding being around attractive or triggering people such as ex-lovers or people you see as attractive".
3. Reassurance Seeking Compulsions: "Asking psychic healers or family members to review the compatibility of the relationship".
4. Mental Compulsions: "Mentally comparing your significant other to attractive or desirable people".

There are 3 kinds of ROCD: -

1. Relationship-centered: Involving fears and doubts about the relationship. Doron et al (2012) suggested that OC phenomenon affects relationships more directly when the focus of the symptoms is the relationship itself. People with this kind of ROCD may worry that they did not ever experience true love with their partners. They may continue doubting whether they are in the right relationship or not.
2. Partner-Centered: This is narrower than the former. The sole focus is on the partner's traits. Attention is paid to one's partner's actual or perceived faults (Hatfield & Sprecher 1986, Sprecher Metts, 1999). They may question their partner's intelligence mannerisms, attractiveness, etc.
3. The hybrid type: This type takes into account both relationship and partner-centered ROCD symptoms. These people tend to worry about their relationship as well as their partner's traits.

1.6 Motivation behind the research

According to the Mental Health Foundation report in 2019, 31% of teenagers and 35% of adults are dissatisfied with their body image. The problem lies not in how we look but in how we wish to look. According to Carl Rogers (1995), the gap between our ideal and real selves can lead to unhappiness and negative consequences. When we view ourselves negatively, it can also injure our interactions and relationships with others. In a study by Murray et al (1999), self-doubts can cause relationship insecurities, which in turn, can contribute to the symptoms of ROCD.

Gift-giving is often examined for its positive effects on relationships, but less attention is given to how the motivation behind gift-giving can negatively affect our relationships. The darker side of gift-giving motives is still yet to be understood. For example, when gift-giving is driven by obligation, it often comes with the expectation of reciprocation,

which can feel manipulative, insincere, and lacking in genuine effort (Smart, 1993). Jealousy has been studied extensively with self-esteem, but its role in the incidence of ROCD symptoms is still unclear. While substantial research is wrapped around how jealousy relates to OCD symptoms, for instance, DSM-5 classifies pathological jealousy under delusional disorder (American Psychiatric Association, 2013), the path between jealousy, and ROCD remains largely untraveled. ROCD is a relatively new area of research that deserves more scrutiny. While these constructs have been studied individually, the associations between them remain largely unexplored.

1.7 Statement of the Problem

According to Hayes & Tantleff-Dunn (2010), almost one in three children between the ages of five and six tend to select an ideal body size that they believe is slimmer than their current size. Children start developing their body image at an early age, parallel to their physical, cognitive, and social growth. In fact, even infants show a basic awareness of their bodies (Slaughter & Brownell, 2013). By about 18 months, toddlers start to develop self-awareness. In their second year, they begin exploring the world around them and form a sense of identity, often expressing thoughts such as, "I'm me! I can do it!" (Poole, Miller, & Church, 2004).

The major developmental task during early adulthood is to establish intimacy with a romantic partner. Erikson (1968) believed that having a solid sense of self is essential for building successful intimate relationships. If individuals don't develop a positive self-concept during adolescence, they may struggle with feelings of loneliness and emotional isolation. Without this foundation, there can be fear and difficulty in forming romantic relationships and close friendships (Erikson, 1968).

Although self-esteem and body dissatisfaction have been explored in the context of relationship issues for decades, their links with ROCD have yet to be fully investigated.

ROCD is gaining wide clinical acceptance and empirical interest globally. However, despite this growing attention ROCD remains absent from the DSM criteria while OCD is officially recognised. The factors relating to ROCD symptoms are still obscure. Current Research hinges upon identifying the core determinants interconnecting ROCD symptoms. Additionally, plenty of research is surrounded around how relationship satisfaction can affect gift giving. The focus of current research, however, is to examine if the reverse causal relationship i.e. whether gift giving motives can influence relationship

well-being is actually true. Similarly, jealousy, another variable in the study has been extensively reviewed in relation to OCD (Fatehmeh Sheikhmoonesi, 2017). Nevertheless, delving into how romantic jealousy relates to OCD symptoms is just as efficacious to consider.

1.8 Objectives of the study

O1: To identify the mediating variables between body dissatisfaction and symptoms of relationship obsessive-compulsive disorder.

O2: To study the relationship between self-esteem, relationship reassurance-seeking behaviors (Gift-giving motives and Romantic Jealousy), and symptoms of relationship obsessive-compulsive disorder.

O3: To develop a conceptual framework for understanding the linkage between body dissatisfaction, relationship reassurance-seeking behaviors (Gift-giving motives and Romantic Jealousy), and symptoms of relationship obsessive-compulsive disorder through the mediating variable, self-esteem.

1.9 Significance and contribution of the research

The study is important for schools and colleges because it will help incorporate workshops or curricula around building healthy self-esteem and body image for improved overall mental health. Establishing intimate relationships is a major life task, particularly during early adulthood. Body satisfaction, and self-esteem, play appreciable roles in shaping interpersonal attachments. Individuals wrestling with maintaining close and secure relationships with their romantic partners are more likely to suffer mental health challenges (Wei-Wen Chen, Gao Xu, Ziyung Wang, Miranda Mak, 2020).

Our research adds significant value to the existing literature by exploring the motivations behind romantic gift-giving, associating with stable long established individual factors like self-esteem or body dissatisfaction along with recently researched factors such as ROCD. This angle has been largely overlooked in previous studies. Gift-giving can serve as a strategic tool to attract partners and select a mate, communicate commitment in a relationship, and reduce the probability of partner infidelity. This creates a groundwork for further theories related to partner retention, relationship escalation, and investment models.

In addition to this, the study provides discernment to marketers considering understanding the psychological triggers that influence consumer behavior. This way marketers could focus on tendering solutions to customers that can help them select gifts, based not only on their financial estimate, but also on factors like self-esteem and body image. This approach can guide gift-givers in selecting more appropriate gifts that can elevate their relationship health.

Furthermore, exploring the dynamics of romantic jealousy within a conceptual model may enhance therapists' understanding of its associated patterns and assist in refining their approaches to assessment and intervention in clinical settings. Keeping track of obsessions and compulsions can be a constructive tool for both clients and therapists to impressively manage compulsive behaviors and avoidance strategies.

1.10 Organization of the thesis

The thesis embodies five chapters: Introduction; Review of Literature and Hypotheses Development; Research Design and Methodology; Data Analysis and Results; and Findings, Implications and Future Research

Chapter 1: Introduction

This chapter presents a succinct introduction to the background of this scholarly work. It outlines the research problem and articulates the need for the study. The chapter throws light on various variables in the study. The chapter briefly highlights the description about body dissatisfaction, self-esteem, Gift-giving motives, Romantic Jealousy, and Relationship Obsessive Compulsive Disorder (ROCD). This chapter also presents the study's objectives, significance, and motivation.

Chapter 2 - Review of literature and hypotheses development

This chapter reviews suitable literature from various sources to comprehend the main determinants of Relationship Obsessive Compulsive Disorder (ROCD). The review of literature aids to dictate the research based on the theoretical framework of various studies covered for comparison and insightful learning. The study presents the research gaps and hypotheses development.

Chapter 3 - Research design and methods

The present chapter explores the research design and methods laid out for achieving the objectives. In this chapter, the research objectives have been devised clearly, along with the formulation of the hypothesis. It majorly focuses on the research design, sampling design, sources of data collection, details of the questionnaire, reliability, and validity test and also defines the research methods used to prove the study's hypothesis. The conceptual model of the research too has been a part of this chapter.

Chapter 4 - Data analysis and results

The present chapter emphasizes the major findings from data analysis. The chapter also covers the interpretation of responses to inquiries collected through questionnaires. The chapter begins with the demographic profile of the respondents. Structural Equation Modeling has been applied to study to analyze the relationship between body dissatisfaction and self-esteem, identify the determinants of Behavioral outcomes, and examine their impact on ROCD.

Chapter 5- Findings, implications and future research

This chapter focuses on major findings and discusses them in view of other researchers' works. The study based on major findings also provides implications for practitioners, academicians and policymakers. The research objectives are revisited and discussed in the light of current research works. The limitations of the study and directions for future research constitute a vital section of this chapter

1.11 Chapter summary

Although self-esteem and body dissatisfaction have long been examined in relation to relationship functioning, their associations with ROCD symptoms remain underexplored. ROCD is a relatively new area of research that deserves more attention. Given the significant associations between certain relational behaviors and relationship quality, it is important to explore the factors that are linked with the presence and expression of ROCD symptoms, including potential antecedents and mediating variables. This chapter paves the way to carry forward the research to help achieve the objectives specified. The next chapter will be based on important reviews related to the domain of ROCD to focus on hypotheses development

Chapter 2

Review of literature and hypotheses development

This section highlights the theoretical literature on various determinants of ROCD symptoms. The present evaluation has been divided into further sub-headings, each of which addresses significant determinants of ROCD symptoms. These are categorized as determinants of ROCD symptoms, a) Body Dissatisfaction b) Self-esteem c) Gift-Giving Motives and d) Romantic Jealousy.

2. Determinants of Relationship Obsessive Compulsive Disorder Symptoms: The determinants of ROCD symptoms covered in the current study are:

2.1 Body Dissatisfaction

2.2 Self-esteem

2.3 Gift-Giving Motives

2.4 Romantic Jealousy

2.1 Body Dissatisfaction

In the field of modern psychological and sociocultural realms, body image and its significant influence on mental well-being have become progressively essential focus of scholarly research (Franchina, 2018). As society navigates the challenges of contemporary life, individual self-perception encircling physical appearance screams heightened relevance. Research has found links between body dissatisfaction with poorer quality of life and psychological distress (Griffiths et al, 2016). Thus the following sub-sections, have studies focusing on self-esteem, and Relationship Obsessive Compulsive Disorder symptoms. The literature review for all this is covered in sections 2.1.1 and 2.1.2.

2.1.1 Body Dissatisfaction and Self-Esteem

Self-perception about one's body and self-esteem have robust connections. Research links low self-esteem with high levels of body dissatisfaction and vice versa (Venkat and Ogden 2002; Davidson and McCabe, 2006). Self-esteem is regarded as a significant predictor of body dissatisfaction (Kostanski and Gullone, 1998). Cash (1997) argued that if a person is not positive about his body, he would not like the person living inside his body. According to Furnham et al (2002), adolescent girls' self-esteem is based on thin &

lean body ideals. Similarly, Tiggerman (2005) reported that individuals presenting body image concerns were having low self-esteem. However, Lawrence and Thelen (1995) suggested an opposite causal relationship, where he found that low self-esteem leading to eating disorders and eventually resulting in body dissatisfaction. Later it was also found that individuals showing high level of body dissatisfaction and dieting behavior had remarkable low levels of self-esteem (Lawrence & Thelen 1995, Tiggerman, 2005). There exists an unrealistic ideal of a thin body contributing strongly to low self-esteem (Martin and Gentry, 1997; Grabe, Ward, and Hyde, 2008), which further has been linked to the development of body image dissatisfaction in girls as young as 5 years old (DeLeel et al., 2009). In the theory, Contingencies of Self-Worth, it was posited that body satisfaction plays a remarkable role in shaping overall self-esteem (Crocker, Luhtanen, Cooper, & Bouvrette, 2003).

Based on the above rationale, following hypothesis is postulated:

H1: Body dissatisfaction will be negatively related to self-esteem.

2.1.2 Body Dissatisfaction and Relationship Obsessive Compulsive Disorder Symptoms

Multiple Complex interactions occur between body image and romantic relationships, but little is known about how and why these constructs are interrelated. Since Thompson and his colleagues have noted “Perhaps one of the least explored, and yet from anecdotal accounts of friends, colleagues, clients, and other professionals, one of the most important interpersonal factors in determining body image, is that of the partner” (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999, p. 186). It was found that Body dissatisfaction is negatively correlated with romantic relationships (Ambwani and Strauss, 2007). According to Friedman, Dixon, Brownwell, Whisman, and Wilfley (1999), it was demonstrated that high body dissatisfaction in one's self was correlated with low marital satisfaction. In a study by Juarez and Pritchard (2012), the impact of three aspects of relationship quality (trust, support, and commitment) on body dissatisfaction was explored in a sample of 256 women and 170 men. The findings revealed that both trust and support were negatively correlated with body dissatisfaction in both genders, while relationship commitment showed no significant correlation to body dissatisfaction. An elucidation for the link between body image and Relationship dissatisfaction can be found in Fredrickson and Roberts’ (1997) objectification theory. Objectification theory originally described women’s experiences, but it would be worthwhile to take into

account males experiences, considering how great attention is paid by the society to physical appearances of men (Strelan & Hargreaves, 2005). The theory elucidates that the treatment of individuals as sexual objects by the society and media can lead to creating a self-image as an object to be seen through the lens of bodily appearance (i.e., self-objectification). Self-objectification can be expressed through persistent scrutinisation of the body and habitual body evaluation. Therefore, it is safe to conclude that constant negative evaluations of one's body can be unsettling, lowering one's self-confidence thereby tampering with relationship stability and quality. Based on the above rationale, the following hypothesis is postulated:

H2: Body dissatisfaction will be positively related to ROCD symptoms

2.2 Self-esteem

Self-esteem can be seen as a thread woven through the fabric, intricately connecting nearly every aspect of human experience. Its influence is profound and far-reaching in the tapestry of human behavior and experience. According to Tudor (1996), self-concept, identity, and self-esteem are known to be the fundamental elements of mental health. Self-esteem plays a crucial role in the occurrence of different mental disorders (Michal Mann, Clemens M. H. Hosman, Herman P. Schaalma, and Nanne K. de Vries, 2004). Poor self-esteem can result in a stream of problems like lower self-worth, depreciating attitudes about self, fragile psychiatric health, social problems or risk behaviors (Michal Mann, Clemens M. H. Hosman, Herman P. Schaalma and Nanne K. de Vries, 2004). Thus the following sub-sections, have studies focusing on Gift-giving motives, romantic jealousy, and Relationship Obsessive Compulsive Disorder symptoms. The literature review for all this is covered through sections 2.2.1 and 2.2.3.

2.2.1 Self-esteem and Altruistic Gift Giving Motive

Nguyen and Munch (2011) found that self-esteem played a mediating role in the relationship between attachment-driven motivations for gift-giving. From a self-broadcasting perspective, Murray et al. (2002) explained that individuals with higher self-esteem, compared to those with lower self-esteem, are more likely to engage in behaviors that strengthen relationships, such as deep and meaningful conversations that foster intimacy. People may do favors for friends to maintain their friendship, anticipate reciprocity, or gain approval. When analyzing acts of kindness, it is often possible to identify underlying or unconscious motives, such as the desire for social approval or an

enhanced sense of self-worth. Mishra & Singh (2015) suggests that altruistic behavior may, in reality, stem from egoistic motivations like seeking social validation. Additionally, research by Jiang et al. (2017) and Zheng and Gu (2012) has demonstrated a positive association between self-esteem and altruistic behavior in online settings, indicating that self-esteem is a strong predictor of internet-based altruism. Therefore, self-esteem is a key predictive factor in altruistic gift giving, particularly in the context of internet-based altruistic behavior, aligning with the idea that online actions mirror offline ones (Wallace, 1999). Thus, we proposed the following hypothesis:

H3: Self-esteem will be positively related to altruistic gift-giving motive

2.2.2 Self-esteem and Practical Gift Giving Motive

A longitudinal study by Zuffianò et al. (2014) explored the link between self-esteem and prosocial behaviors from mid-adolescence to young adulthood, revealing a positive correlation between the two. Since practical gift-giving is closely related to prosocial behavior, Zhang (2013) suggested that individuals with higher self-esteem, compared to those with lower self-esteem, tend to be more attuned to external expectations. As a result, they are more capable of recognizing the needs of others, facilitating the translation of their prosocial tendencies into concrete actions. When individuals engage in practical gift-giving, they select items that are useful or functional, motivated by a desire to assist or support others. Therefore, we formed the following hypothesis:

H4: Self-esteem will be positively related to practical gift-giving motive

2.2.3 Self-esteem and Obligatory Gift Giving Motive

Research has shown that individuals who conform often succumb to societal pressures rather than acting in alignment with their personal beliefs and values (Feldman, 2003). One factor contributing to conformity is low self-confidence, as noted by Tannur and Roswiyani (2021). Greer and Buss (1994) explained that individuals with low self-esteem often experience self-doubt and a lack of confidence, which may lead them to feel unworthy of their romantic partners. To compensate for their diminished self-esteem, such individuals may use gift-giving as a strategic tool. Nguyen and Munch (2011) found a significant negative correlation between self-esteem and obligatory gift-giving motives when controlling for anxious attachment style. Therefore, we formed the following hypothesis:

H5: Self-esteem will be negatively related to obligatory gift-giving motive

2.3 Gift Giving Motives

The activity of gift-giving centers around different occasions, relationships, building maintenance, and escalation (Griskevicius et al 2007, Jonason, Centurlo, Madrid & Morrison, 2009). Gift-giving may act as a function of being a nice person (Goldberg 1995) if the motive is to build social ties and maintain healthy relationships (Hamilton 1964 and Latane 1970). Beatty, Kahle, Homer, and Misra (1985) identified three primary reasons why people give gifts: to give pleasure to others, to gain personal satisfaction, or due to a sense of obligation. The current literature has some limitations in directly assessing the interplay between self-esteem, gift-giving motives, and obsessive-compulsive symptoms within relationships. Earlier research has, however, shown strong links between self-esteem and gift-giving (Nguyen & Munch, 2011), as well as between self-esteem and ROCD symptoms (Cramer & Jowett, 2010; Doron et al., 2012a). Thus the following sub-sections, have studies focusing on Different gift giving motives, Relationship Obsessive Compulsive Disorder symptoms and self-esteem. The literature review for all this is covered through sections 2.3.1 and 2.3.6.

2.3.1 Altruistic Gift Giving Motive and Relationship Obsessive Compulsive Disorder Symptoms

While a strong theoretical framework linking altruistic gift-giving to ROCD symptoms is lacking, existing research offers valuable insights. Wolfinbarger and Yale (1993) emphasized that altruistic giving is driven by genuine selflessness and a sincere desire to bring happiness to the recipient. This form of giving often involves significant personal sacrifices, such as financial costs, time, effort, and careful thought. Belk and Coon (1993) described gift-giving as a means to sustain and strengthen relationships. Drawing from Rusbult's (1980) investment model, commitment in romantic relationships is influenced by an individual's assessment of rewards versus costs. When the perceived rewards outweigh the costs, individuals tend to be more committed, experience fewer doubts, and invest more in the relationship than those who perceive an unfavorable balance. Therefore, following hypothesis is made:

H6: Altruistic gift-giving motive will be negatively related to relationship obsessive-compulsive disorder symptoms

2.3.2 Practical Gift-Giving Motive and Relationship Obsessive Compulsive Disorder Symptoms

Self-verification theory (Swann, 1983; Swann et al., 1989) suggests that individuals actively seek information that aligns with their self-perceptions and beliefs. When gifts resonate with the recipient's self-view, they help strengthen positive social connections. Building on this concept, Swann et al. (1994) found that receiving self-verifying information fosters a sense of affinity. Experiential gifts, such as spending meaningful time together or offering thoughtful, personal, and practical presents, reflect the giver's appreciation of the relationship and contribute to a stronger emotional bond (Chan & Mogilner, 2016). Therefore, we formed the following hypothesis:

H7: Practical gift-giving motive will be negatively related to relationship obsessive-compulsive disorder symptoms.

2.3.3 Obligatory Gift-Giving Motive and Relationship Obsessive Compulsive Disorder Symptoms

Edward Schieffelin (1980) proposed that gift-giving serves as a means of fulfilling social obligations, whereas Smart (1993) argued that when gifts are given with the expectation of reciprocation, they can become a tool for manipulation. Buss et al. (1988) identified gift-giving as a charm tactic commonly used in romantic relationships. From the perspective of self-determination theory (Ryan & Deci, 2012), obligatory gifts can undermine autonomy, ultimately reducing overall satisfaction. When gift-giving feels forced, it may appear insincere and lacking genuine effort or affection, potentially signaling a deficiency in trust or emotional commitment. For individuals with low self-esteem—who may have tendencies toward control—feeling obligated to give gifts could heighten relational insecurities rather than alleviate them. Therefore, we formed the following hypothesis:

H8: Obligatory gift-giving motive will be positively related to relationship obsessive-compulsive disorder symptoms.

2.3.4 Self-Esteem, Altruistic Gift-Giving Motive and Relationship Obsessive Compulsive Disorder Symptoms

Although, there isn't a direct or widely established relationship between self-esteem, altruistic gift-giving, and ROCD (Relationship Obsessive-Compulsive Disorder) symptoms in most existing research, distinct studies have shown connections between

these variables individually. Altruistic behaviors refer to selfless care without considering one's interests, and are driven by empathy and compassion, intending to serve or aid others (Smridhi Gupta & Nikhilraj Kola, 2024). Kindness and caring, as forms of prosocial behavior, are well-established for building positive interpersonal connections and uplifting both the giver and receiver (David A. Fryburg, 2021). Acts of kindness can enhance the giver's self-esteem by reinforcing their sense of purpose and value in relationships. For instance, when someone with low self-esteem focuses on the well-being of their partner by offering thoughtful gifts without expecting reciprocation, it can foster feelings of competence and kindness. Altruistic gifts, especially those given with care and attentiveness, strengthen emotional intimacy. Furthermore, studies have shown that engaging in altruistic activities and witnessing a positive impact on others enhances the individual's sense of self-efficacy (Gupta & Kola, 2024). This increase in self-efficacy may help mitigate the anxieties and doubts characteristic of ROCD, where individuals experience obsessive doubts about the quality of their relationship or partner. Higher self-esteem can encourage individuals to show Altruistic gift-giving behaviors that could serve as a behavioral mechanism indirectly helping individuals feel more secure in their relationships, potentially mitigating the symptoms of ROCD. Therefore, we formed the following hypothesis:

H9: Altruistic gift-giving motive mediates the association between self-esteem and relationship obsessive-compulsive disorder symptoms.

2.3.5 Self-Esteem, Practical Gift-Giving Motive and Relationship Obsessive Compulsive Disorder Symptoms

Practical gift-giving often involves understanding and responding to the recipient's needs, which fosters emotional intimacy by signaling that the giver is invested in their partner's comfort and happiness. Prosociality, closely tied to practical gift-giving, when viewed through the lens of empathy, refers to a person's tendency to engage in behaviors such as sharing, caring, and helping (Batson, 2011; Eisenberg, Fabes, & Spinrad, 2006). These prosocial behaviors enhance the emotional bond between partners by demonstrating attentiveness and care. Empirical findings support the positive association between self-esteem and relationship satisfaction (Orth, Robins, & Widaman, 2012). Additionally, prosocial behaviors, like volunteering, have been shown to create positive interpersonal connections (Keltner, Kogan, Piff, & Saturn, 2014). Therefore, we can safely conclude that higher self-esteem enables individuals to offer meaningful and practical gifts, which

fosters emotional intimacy and trust. This, in turn, may reduce the doubts and anxieties characteristic of ROCD. Thus, the following hypothesis is formulated:

H10: Practical gift-giving motive mediates the association between self-esteem and relationship obsessive-compulsive disorder symptoms.

2.3.6 Self-Esteem, Obligatory Gift-Giving Motive and Relationship Obsessive Compulsive Disorder Symptoms

In the article *Personal Values and Gift-Giving Act: A Proposed Connection* by Sérgio Cruz Passos (2020), the findings contradicted the hypothesis that security, as a personal value, interacts with the sense of obligation in gift-giving. Security was not found to be a determining factor for the obligation to give gifts. Obligatory gift-giving, defined as the act of giving gifts out of duty or social obligation rather than genuine desire (Goodwin, Smith, & Spiggle, 1990), often occurs in relationships where individuals feel insecure. Individuals with low self-esteem may engage in obligatory gift-giving as a compensatory behavior, attempting to alleviate feelings of inadequacy or insecurity in their relationships (Jonason, Tost, & Koenig, 2012). In these cases, gift-giving is less about genuine affection and more about maintaining relationship status or avoiding conflict. This dynamic can create emotional distance, as the recipient may perceive the gesture as hollow or insincere. Furthermore, not every gift is selfless or aimed at fostering emotional bonds. Some individuals, particularly those with lower self-esteem, may view gift-giving as an instrumental act, motivated by external rewards (Hyun, Park, & Park, 2016; Givi et al., 2022). Research has shown that gifts can sometimes be used for manipulation, with some scholars even referring to it as a "polite form of bribery" (Wolfenbarger, 1990). Given these findings, we can reasonably conclude that individuals with low self-esteem can make the use of gift-giving as a tool for relationship maintenance, rather than a sincere act of affection which can further increase emotional dissatisfaction and contribute to the obsessive doubts and anxieties characteristic of ROCD. Thus, the following hypothesis is formulated:

H11: Obligatory gift-giving motive mediates the association between self-esteem and relationship obsessive-compulsive disorder symptoms.

2.4 Self-esteem and Relationship Obsessive Compulsive Disorder

In their risk regulation model, it was elucidated that the decision to be detached from a partner may arise from the individual's self-beliefs on the worthiness of love, which can

influence how they perceive a relationship (Murray et al, 2006) When one's self-worth is low, they have a tendency to distance themselves from their partners to make themselves less susceptible to feeling rejected. Those with impaired self-esteem may anticipate abandonment and think they are unworthy of social recognition (Murray et al., 1996; Srivastava & Beer, 2005). Similarly, individuals with low self-esteem often face challenges in receiving validation (Cramer, 2006). This could result in distancing themselves from their partners to reduce the risk of separation. The result of being in the perplexity of having low levels of self-esteem can be a heightened fear of rejection, potentially leading to abnormal conduct during disputes (Cramer & Jowett, 2010; Murray et al., 2002). The ironic process theory (IPT), outlined by Wegner and Schneider (2003), throws light on the paradox that trying to suppress certain thoughts or emotions can lead to unintended intensification. According to IPT, efforts to avoid doubts about relationships can backfire, resulting in those doubts becoming prominent and leading to intrusive thoughts and compulsive actions (Wegner & Schneider, 2003). This indicates that avoidance strategies may inadvertently intensify relationship obsessive-compulsive disorder symptoms. Another research by Murray (2003) unravels that those with depreciated self-esteem often try to get approval and validation from others. The research orients with the two items specified in the relationship obsessive-compulsive disorder (ROCD) Scale (Doron et al., 2012) "I keep asking my partner whether she/he really loves me", which reflects a pattern of seeking constant reassurance from one's partner about the credibility of their love; "I frequently seek reassurance that my relationship is 'right'" is the item that pertains to the tendency to regularly seek reassurance that one's relationship is appropriate or worthy, therefore, indicating that those with lower self-esteem often seek approval from others, exemplified by behaviors such as constantly questioning their partner's love or seeking validation about the authenticity of their relationship. Aardema et al. (2020) discovered the concept of the "corrupted feared self" as a recurring obsessional self-theme. Research confirms that when individuals are exposed to information that challenges their moral self-image, it can trigger an increase in maladaptive beliefs linked to obsessive-compulsive disorder (OCD) (Abramovitch et al., 2013). The perspective that vulnerabilities in self-worth and self-esteem are connected to OCD and other related disorders, therefore, gets reinforced. Doron et al. (2012b) found that self-vulnerabilities, such as low self-esteem, are linked to partner-focused obsessive-compulsive symptoms. Earlier studies have also shown a relationship between ROCD symptoms, increased general distress, and lower self-esteem (Doron et al., 2012a; Doron

& Szepeswol, 2012). Drawing on the above-mentioned argument, the following hypothesis is articulated:

H12: Self-esteem will be negatively related to relationship obsessive-compulsive disorder symptoms.

2.5 Body Dissatisfaction, Self-esteem, and Relationship Obsessive Compulsive Disorder

How individuals perceive themselves significantly influences their interpersonal relationships (Hally & Pollack, 1993; Murray et al., 2006). The risk regulation model (Murray et al., 2006), for instance, suggests that people with high self-esteem, feel more secure in their partner's acceptance and commitment, tend to be more willing to take emotional risks that help sustain the relationship (see Reis & Shaver, 1988). Those with high self-esteem also tend to have more confidence in their interpersonal skills (e.g., communication, see Baumeister, Campbell, Krueger, & Vohs, 2003) and show greater dependence on and responsiveness to their partners, while those with low self-esteem are less dependent and responsive (Murray, Holmes, MacDonald, & Ellsworth, 1998). Andrea L. Meltzer and James K. McNulty (2010) pointed out that women with a more positive body image tend to feel more secure in their partner's acceptance, making them more willing to take emotional risks necessary for maintaining the relationship. In contrast, women with a poor body image may doubt their partner's acceptance, leading to reluctance in taking those same emotional risks. While their study focused on women, body image concerns have increasingly become an issue for men as well (Amanda Baker Nadler and Céline M. Blanchard, 2018), suggesting that body image is not solely a gender-specific problem. Additionally, Rebecca Kelly Robertson (2009) in a study found a clear connection between body image and self-esteem, as well as between body image and the quality of romantic relationships. The research revealed correlations between body image and key aspects of romantic relationships, including satisfaction, intimacy, and trust. Participants who reported higher levels of satisfaction, intimacy, and trust in their relationships also tended to be more satisfied with their appearance and were more likely to consider themselves physically attractive. Similarly, in a study by Laura Salerno (2017), it was found that self-esteem partially mediated the link between body image and interpersonal problems. Given this, body image is a key element of overall self-esteem (Franzoi & Shields, 1984), it is reasonable to expect that self-esteem mediates the relationship between body dissatisfaction and relationship OCD symptoms. Therefore, the following hypothesis is postulated:

H13: Self-esteem mediates the association between body dissatisfaction and relationship obsessive-compulsive disorder symptoms.

2.6 Jealousy

The existing research appears insufficient when it comes to directly examining the correspondence between ROCD symptoms, romantic jealousy, and overall self-esteem. However, previous studies on obsessive-compulsive disorder (OCD) and jealousy provide relevant insights into these dynamics (Marazziti et al. , 2003). Thus the following sub-sections, have studies focusing on Different types of jealousy, Relationship Obsessive Compulsive Disorder symptoms and self-esteem. The literature review for all this is covered through sections 2.6.1 and 2.6.9.

2.6.1 Self-esteem and Cognitive Jealousy

According to Theiss and Solomon (2006), cognitive jealousy includes an individual's doubts, worries, and suspicious thoughts about their partner's potential infidelity. This form of jealousy revolves around concerns and suspicions regarding the fidelity and faithfulness of one's partner. As outlined by Pfeiffer and Wong (1989), cognitive jealousy encompasses paranoid worries and thoughts specifically directed towards potential rivals to an important romantic relationship. This type of jealousy may show up as obsessive thoughts or concerns about perceived threats to the relationship posed by external beings. In the study by Daniel Freeman and Philippa Garety (2018) it was found that individuals frequently experiencing suspicious and obsessive thoughts tend to portray traits such as low self-esteem and having a hard time trusting others. Patterns in suspicious thinking can manifest as constantly questioning, speculating and being suspicious and doubtful of the intentions and actions of others, especially one's romantic mate. When individuals lack confidence within themselves and also their relationships, they have a tendency to interpret ambiguous situations as signs of potential infidelity or betrayal. This tendency towards suspicion can aggravate cognitive jealousy, leading to persistent doubts and worries about a partner's fidelity. Guerrero (1998) in a study exhibited that negative beliefs about oneself are associated with higher cognitive jealousy. Therefore, following hypothesis is made:

H14: Self-esteem is negatively related to cognitive jealousy.

2.6.2 Self-esteem and Emotional Jealousy

In the context of romantic relationships, emotional jealousy, as described by Pfeiffer and

Wong (1989) and Sahana and Ganth (2016), manifests as negative emotions directed specifically at threats to the relationship. When individuals experience emotional insecurity, expressed as fear, worry, uncertainty, and injustice, they often struggle with low self-esteem and a negative self-concept. This lack of self-confidence can lead individuals to doubt their abilities, compare themselves to others, and feel inadequate, as noted by Matsayi L A (2023). Provided that emotional insecurity often co-occurs with low self-esteem, individuals who experience emotional insecurity may indeed be more vulnerable to emotional jealousy. This is because their sense of self-worth and confidence in the relationship may be undermined, leading to elevated sensitivity to perceived threats and a greater likelihood of reacting with jealousy, as demonstrated by Buss et al. (1992). Hand (2015) in his study, outlined that individuals who had low levels of self-esteem were afraid of their partners leaving them for someone whom they believed was superior. Low self-esteem can compound feelings of inadequacy and comparison with others, making it more taxing for individuals to trust in the stability and fidelity of their relationships. As a result, they may experience heightened jealousy when their partners interact with individuals they perceive as more charming, interesting, or desirable. Based on the previously stated reasoning, the following hypothesis is mentioned:

H15: Self-esteem is negatively related to emotional jealousy.

2.6.3 Self-esteem and Behavioral Jealousy

In the study conducted in 2017, Tamang reported small negative correlations observed between behavioral jealousy and self-esteem. Additionally, the study found no significant relationship between emotional and cognitive jealousy and self-esteem. The study conducted by Dhairya Khurana and Dr. Kanika K. Ahuja in 2020 found a negative link between self-esteem and all dimensions of jealousy. Individuals having lower self-esteem may tend to interpret their partner's actions with a heightened sense of suspicion, often perceiving harmless behaviors as potential indicators of infidelity. Consequently, they are more likely to experience intensified behavioral jealousy because of these perceptions. Drawing on the aforementioned rationale, the following hypothesis is put forth:

H16: Self-esteem is negatively related to behavioral jealousy

2.6.4 Cognitive Jealousy and Relationship Obsessive Compulsive Disorder Symptoms

Bevan (2008) suggests that jealousy has the potential to adversely affect romantic relationship in several ways. Hoaken (1976) revealed links between OCD and obsessional

jealousy with shared characteristics surrounding ruminative thoughts, repetitive, intrusive and unpleasant thoughts. Individuals with OCD symptoms were found to have obsessional jealousy to secure romantic relationships with compulsive behavior (Bishay et al., 1990; Ecker, 2012). In a study Elphinston et al. (2011) detailed that cognitive jealousy and scrutinizing and monitoring behaviors correlated well with relationship displeasure with cognitive jealousy as directly associated with relationship dissatisfaction. Additionally, Otken (2015) outlined that relationship satisfaction is negatively linked with cognitive jealousy and rumination, indicating a detrimental impact of romantic jealousy on interpersonal relationships. Individuals with relationship obsessive compulsive disorder may undergo cognitive jealousy as part of their obsessive doubts and worries about the relationship, leading to heightened relationship discontentment and dissatisfaction. The constant scrutiny and rumination associated with cognitive jealousy can intensify relationship obsessive compulsive disorder symptoms, perpetuating a cycle of relationship-related anxiety and dysfunction. Based on the reasoning, the following hypothesis is mentioned:

H17: Cognitive jealousy is positively related to relationship obsessive compulsive disorder (ROCD) symptoms.

2.6.5 Emotional Jealousy and Relationship Obsessive Compulsive Disorder Symptoms

Research has established links between obsessive-compulsive disorder and jealousy, revealing that individuals with obsessive-compulsive disorder (OCD) experience greater levels of jealousy (Marazziti et al., 2003). Relationship obsessive-compulsive disorder symptoms may involve similar beliefs and biases to those evident in other obsessive-compulsive-related phenomenon, sharing modest correlations (Doron et al., 2012; Foa et al., 2002). According to Elphinston et al. (2013), relationship satisfaction can be measured by romantic jealousy. Jealousy can directly contribute to relationship discontent (Elphinston et al., 2013). This notion is further supported by Andersen et al. (1995) who demonstrated that jealousy is analogous to greater levels of relationship discontentment. In the latest reports, it was formulated that individuals who suffer from obsessive-compulsive disorder (OCD) often display a noticeable need for extreme control within their relationships. Strong attachment to loved ones along with excessive worries can breed interpersonal agony (Menezes Ida Sylvia and N. Vidya, 2023). Emotional jealousy, marked by feelings of insecurity, ongoing worries, doubts, and fear of losing a romantic partner can be amplified in those with OCD because of their disposition towards anxiety

and insecurity. As emotional jealousy escalates, individuals may encounter obsessive doubts and worries regarding the quality and stability of their relationship, resulting in exacerbated ROCD symptoms. Based on the reasoning, the following hypothesis is mentioned:

H18: Emotional jealousy is positively related to relationship obsessive-compulsive disorder (ROCD) symptoms.

2.6.6 Behavioral Jealousy and Relationship Obsessive-Compulsive Disorder Symptoms

Due to their overlapping traits, ROCD and obsessional jealousy have been identified as correlated. In unpublished data from a study of 218 participants, ROCD and jealousy-driven actions involving frequent monitoring showed moderate correlations ($r=.41$). Based on the previously stated reasoning, the following hypothesis is formulated:

H19: Behavioral jealousy is positively related to relationship obsessive-compulsive disorder (ROCD) symptoms.

2.6.7 Self-esteem, Cognitive Jealousy and Relationship Obsessive-Compulsive Disorder Symptoms

The research studies have confirmed the associations between low self-esteem and partner-centered OC symptoms (Doron et al., 2013). Ghomian et al. (2022) found that repetitive, intrusive thoughts about one's spouse play a central role in the development of Relationship Obsessive-Compulsive Disorder (ROCD). Romantic jealousy, if left unaddressed can intensify obsessive thoughts about the relationship. Individuals with ROCD tendencies often fixate on doubts, uncertainties, and fears regarding the stability of the relationship. Those experiencing cognitive jealousy often find themselves ruminating on potential threats to the relationship, questioning their partner's loyalty, and engage in repetitive thoughts about potential rivals. Individuals with low self-esteem may be more susceptible to encounter these thoughts, as their negative self-beliefs make them more vulnerable to interpreting ambiguous situations as threats to the romantic bond. This heightened state of cognitive jealousy can worsen Relationship obsessive compulsive disorder (ROCD) symptoms as individuals become consumed by doubts about the security of their relationship. According to the above argument, the following hypothesis is postulated:

H20: Cognitive jealousy mediates the association between self-esteem and relationship obsessive compulsive disorder (ROCD) symptoms.

2.6.8 Self-esteem, Emotional Jealousy and Relationship Obsessive-Compulsive Disorder Symptoms

A study by Go Paula et al in 2021 found that individuals with higher self-esteem experience lower levels of romantic jealousy. Conversely, low self-esteem is correlated with relationship dissatisfaction and insecurity (Hughes, Champion, Brown, and Pedersen, 2021). In White's (1981) perspective, jealousy is outlined as a complex emotional experience in romantic relationships. Individuals carry their self-esteem into their romantic connection and self-esteem influences both how they experience and express jealousy. Lower self-esteem can trigger feelings of insecurity and inadequacy, making individuals more prone to jealousy (Stieger et al; 2012). Romantic jealousy may serve as a coping strategy for managing perceived threats to self-worth. It may arise as a reaction to fears of rejection, abandonment, or feelings of inadequacy within the romantic connection. According to this argument, it can be postulated that:

H21: Emotional Jealousy mediates the association between self-esteem and relationship obsessive-compulsive disorder (ROCD) symptoms.

2.6.9 Self-esteem, Behavioral Jealousy and Relationship Obsessive-Compulsive Disorder Symptoms

In a study by Arikewuyo et al (2021) it was uncovered that individuals with low self-esteem may question the level of trust, love, and care partners provide which may then jeopardize the relationship's health. Those with varying levels of self-esteem may perceive relationship situations in diverse ways. Low self-esteem can heighten sensitivity to perceived threats or uncertainties within the relationship (Wang, Chen, Dai, 2021). Compulsive behaviors may manifest as the constant reassurance seeking, monitoring the partner's activities, or attempts to control the dynamics of the relationship (Marazziti et al., 2010; Val et al 2009; Sheikmoonesi, 2017). Individuals with low self-esteem may be predisposed to experiencing behavioral jealousy, as their feelings of insecurity and inadequacy may drive them to involve in compulsive behaviors intended to control their partner or seek reassurance about the connection. According to the argument, it can be postulated that:

H22: Behavioral Jealousy mediates the association between self-esteem and relationship obsessive-compulsive disorder (ROCD) symptoms.

2.7 Research gaps

Although Obsessive-Compulsive Disorder (OCD) has been widely studied in clinical settings, literature specifically addressing its manifestations in romantic relationship contexts, particularly Relationship Obsessive-Compulsive Disorder (ROCD) remains limited. Gaining a deeper understanding of ROCD may benefit from examining its associations with person-level variables such as self-esteem and body dissatisfaction, as well as relational processes involving modern communication behaviors, including reassurance-seeking, gift-giving motives, and romantic jealousy. However, existing literature has highlighted associations between high levels of relationship-contingent self-worth and the presence of ROCD symptoms, suggesting a potential pattern of double relationship vulnerability (Doron et al., 2013). Most research on ROCD has been conducted in Western contexts (Doron et al, 2016; Gorelik et al, 2023; Melli et al, 2018). It is, therefore, crucial to understand the manifestation of ROCD symptoms in the context of non-Western societies. This research is the first to examine how specific behaviors are associated with the presence and patterns of ROCD symptoms. Much of the existing research focuses on the treatment of ROCD (Doron et al., 2017) and its symptoms (Doron, 2016), with less emphasis on its development and the personality factors associated with it. Given that certain relationship behaviors are strongly associated with relationship functioning, it is important to explore the antecedent and mediating factors linked to ROCD symptoms. Gaining this insight can help minimize both the likelihood and severity of potential harm.

2.8 Chapter summary

It may be observed from the abovementioned literature review that various researchers have done some pioneering work with Relationship Obsessive Compulsive Disorder. However, there is a need to develop a comprehensive and integrated framework for examining the behavioral patterns associated with the incidence of ROCD. This study proposed to fill this gap by conceptualizing various determinants of ROCD and establishing a link between them. This study proposes to identify key determinants of ROCD in Indian population. The study also aims to propose a model that includes body dissatisfaction, self-esteem, and potential mediating factors such as gift-giving motives and romantic jealousy in relation to ROCD symptomatology. Having laid a theoretical framework and establishing research hypotheses, the next chapter presents a detailed methodology employed to achieve the research objectives.

Chapter 3

Research design and methodology

To achieve the objectives of this study, the research methodology provides a structured and systematic progression through various phases and approaches based on scientifically validated procedures. The methodology ensures consistency and objectivity in the procedures resulting in more reliable and trustworthy results. The present study employed a range of structured and standardized measures to assess the various variables under investigation. For analysis, Data were collected from a sample of 400 individuals across different regions of Punjab.

3.1 Design

In the study, Body Dissatisfaction was considered a predictor variable, Self-esteem as a mediator, following gift-giving motive and romantic jealousy as 2nd stage mediators, and symptoms of relationship obsessive-compulsive disorder (ROCD) were the outcome variables. The participants were assessed using valid psychological instruments tailored to measure each variable independently. The data was analyzed through AMOS 24 to evaluate the goodness of fit for the proposed model and SPSS version 26 to explore correlations and regression analyses.

3.2 Participants

The study utilized a non-clinical sample of 400 individuals from various regions of Punjab, including participants from Hindu (199), Sikh (166), Brahmin (12), Muslim (8), Bengali (5), and Christian (10) communities. This selection was based on previous research indicating that symptoms of Relationship Obsessive-Compulsive Disorder (ROCD), which involve maladaptive beliefs around intrusions and relationship doubts, are present in both clinical and non-clinical populations (Doron et al., 2012; 2014). The sample consisted of 200 males and 200 females, all of whom were either currently or previously engaged in exclusive heterosexual romantic relationships, as this was a key inclusion criterion. Participants meeting this criterion were selected without bias.

The study included individuals between the ages of 18 and 30 ($M = 23.97$, $SD = 3.73$), with both dating and cohabiting individuals. This age range was chosen based on previous research suggesting that relational uncertainty is heightened in cohabiting couples who

are not yet engaged or married (Adams & Jones, 1997; Allgood et al., 2008). Out of 400 participants, 298 participants were currently in a romantic relationship at the time of the study, while the remaining 102 had been in a romantic relationship in the past. In terms of employment, 30 participants earned less than INR 30,000 (USD 3,609) annually, 120 earned between INR 30,001–40,000 (USD 3,609–4,812), 50 were business owners or self-employed earning less than INR 80,000 (USD 9,625) annually, 20 were part-time employees earning around INR 250,000 (USD 3,008) annually, and the remaining 180 participants were unemployed students.

Research by Dhairya Khurana and Kanika K. Ahuja (2020) further supports the idea that marriage introduces a level of commitment, which can enhance security in relationships and reduce the likelihood of jealousy and emotional threats. Participants involved in same-sex relationships were excluded, as the study focused on heterosexual relationships, with the exclusion intended to avoid compromising the representativeness or generalizability of the findings due to biological and psychological differences related to sexual orientation.

3.3 Procedure

Permission was obtained from various colleges in Punjab to collect data for the study, which had a clearly defined purpose. A pilot study involving 50 respondents from the target group was conducted to assess the appropriateness of the proposed measures. The findings from the pilot study indicated that the survey demonstrated strong face validity and that participants understood the questions well. Following this, data collection was carried out with 400 participants. After the pilot study, consent forms, checklists, and demographic details were gathered. Participants were informed that their involvement was entirely voluntary, and they had the right to withdraw at any point without facing any consequences. Ethical considerations were prioritized. The study was being reviewed by the institution's review board and was proceeded after IRB approval. Age criteria were carefully observed, ensuring that all participants were 18 years or older to provide informed consent. Due to the COVID-19 pandemic, the survey was administered through Google Forms, taking approximately 45 minutes for each participant to complete. Demographic data, including gender, age, and employment status, were recorded. Following the survey, the researcher conducted a debriefing session to explain the study in detail and answer any questions. Participants were also given educational materials as a token of appreciation for their time and participation.

3.4 Measures

The participants who volunteered for the study were sent a consent form, and demographic information was collected through a preliminary survey. The following scales were used to measure variables:

1. Figure Rating Scale (FRS) by Stunkard (1983) was used to assess body dissatisfaction. It's a psychometric tool developed in 1983 to assess body image dissatisfaction. The scale shows 9 silhouettes of each for males and females ranging from remarkably thin to significantly overweight. Participants are invited to choose the form that they think best represents their current body size and an ideal silhouette of the body size they desire. The discrepancy score is computed which represents body dissatisfaction, by subtracting the current body size score from the desired body size. A bivariate correlation between the current body size and BMI (Body Mass Index) was found to be $r = 0.68$ ($p < 0.001$) which is moderately positive in the present study. This indicates that higher the body size larger the silhouette chosen. However, Cronbach's alpha value in the current sample was found to be quite low .327.

2. Self-esteem score was rated using the Rosenberg Self-esteem questionnaire (Rosenberg, 1965). This Ten-item scale quantifies how an individual picture themselves as a whole. The scale items are worded like, "*I certainly feel useless at times, I wish I could have more respect for myself*", and so on. The scale utilizes a four-point Likert-type system ranging from "strongly agree" to "strongly disagree" and items 2, 5, 6, 8, and 9 are to be reversely scored. The aggregate self-esteem score is obtained by summing all 10 items, with a higher score indicating greater self-esteem. The test-retest correlation coefficients fall under the range of .82 to .88 (Blascovich and Tomaka, 1993), and Cronbach's alpha value in the current study was .91

3. The Gift-Giving Motives Scale (Wolfenbarger and Yale, 1993) is a 16-item scale comprising three subscales pertaining to positive (experiential) motivation for giving (seven items), obligatory motivation for giving (five items), and practical motivation for giving (four items). Items are rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Sample items include "Carefully selecting a gift is important to me" (positive), "I often give gifts because I am expected to give them" (obligatory), and "It's important to choose gifts that everybody needs, but doesn't yet own" (practical). In this study Cronbach's alpha values were .952 for positive motive, .955 for obligation motive, and .944 for practical motive.

4. The Multidimensional jealousy scale (MJS) is used for evaluating jealousy in its 3 facets- cognitive, behavioral, and emotional. A 7-point scale was supplied for every item, with the behavioral and cognitive subordinate scales ranging from 1 (never) to 7 (all the time) and the emotional subordinate scale progressed from 1 (very pleased) to 7 (very upset) to control the response-acquiescence bias; for the cognitive component, the scoring got reversed. The assessment of cognitions was conducted by quizzing the individual about the frequency of their suspicions about the partner and the romantic rival (*I suspect that X is crazy about members of the opposite sex*). Assessing emotional jealousy involves enquiring subjects about how distressed they would be in different hypothetical scenarios that evoke feelings of jealousy (*X comments to you on how great looking a particular member of the opposite sex is*). In addition, the behavioral jealousy scale examines how often one engages in detective and investigative activities such as snooping or defensive tactics, such as making aggressive statements towards potential romantic rivals (*I join in whenever I see X talking to a member of the opposite sex*). A lower score on any subordinate scale usually suggests normal jealousy, while a high value indicates potential pathological jealousy. Cronbach's alpha used to determine the reliability of MJS showed that the emotional, behavioral and cognitive subscales achieved values of .979 and .986, .936 respectively in the present study.

5. The relationship obsessive compulsive inventory (ROCI) developed by Doron et al. (2012) is used to assess ROCD symptoms. This is a self-reported scale consisting of 14 items. Some of the items included are, "*I check and recheck whether my relationship feels 'right, I am extremely disturbed by thoughts that something is 'not right' in my relationship*" and so on. The ROCI assess the role of person's relationship with their partner within three core categories: the person's sentiments and insecurities, their partner's feelings towards them, and the accuracy of the relationship. The tool was developed based on the DSM-5 framework for evaluating relationship obsessive compulsive disorder (ROCD) symptoms, primarily focusing on obsessive thoughts regarding relationships. Participants were asked to estimate the extent to which a variety of thoughts and actions applied to their close relationships on a 5-point scale ranging from 0 to 4, with 0 indicating, "not at all" and 4 indicating "very much." The items taken together demonstrated a correlation with the signs of obsessive compulsive disorder (OCD) symptomology, depression, anxiety, and relationship quality. Cronbach's alpha was found to be .954. The test-retest reliability coefficient computed ranged from .65 to .84 (Doron et al 2012).

3.5 Statistical approach and mechanism

To achieve the research objectives, this study utilized a mixed-method approach. The cross-sectional data was analyzed using Statistical Package for the Social Sciences (SPSS) version 28.0 and AMOS version 24 developed by International Business Machines Corporation (IBM). Before proceeding with the analysis, the data were assessed to see whether or not there was common method bias (CMB). Multicollinearity and normalcy were also inspected. Since CMB can negatively impact the results, steps were taken to minimize its likelihood. To assess the presence of CMB, Harman's single-factor test was conducted. "Multicollinearity" refers to the occurrence of intercorrelations between two or more independent variables. The variance inflation factor (VIF) values were utilized to estimate multicollinearity. A data set is considered to follow a normal distribution if its values are symmetrically distributed around the mean. Skewness and Kurtosis values were analyzed to determine the extent of deviation from normality. All Kurtosis values fell within the acceptable range of -3.0 to 3.0. Further, exploratory factor analysis has been applied to identify factors associated with Gift-giving motives and Types of jealousy.

We used Analysis of Moments Structures (AMOS) to examine the complex relationships between observed and latent variables. The graphical interface of AMOS makes it easier for researchers to specify and estimate structural equation models (Schumacker & Lomax, 2016). The statistical analysis procedures detailed in our research include hypothesis testing for the Path Model (direct effects) and evaluating the mediation effects of a mediator (both direct and indirect effects). This approach has proven quite effective (Zainudin Awang, 2012). To analyse the model fit, we utilized several fit indices, including χ^2 statistics, GFI (Goodness of Fit Index), CFI (Comparative Fit Index), SRMR (Standardized Root Mean Residual), AGFI (Adjusted Goodness of Fit Index) and RMSEA (Root Mean Square Error of Approximation). The estimated parameters of the measured variables were analyzed using SMC (Squared Multiple Correlations), SRW (Standardized Regression Weight), RW (Regression Weight), CR (Critical Ratio), and SE (Standard Error). Bootstrapping was employed to confirm the statistical significance of the direct, indirect, and total effects.

3.5.1 Structural equation modeling

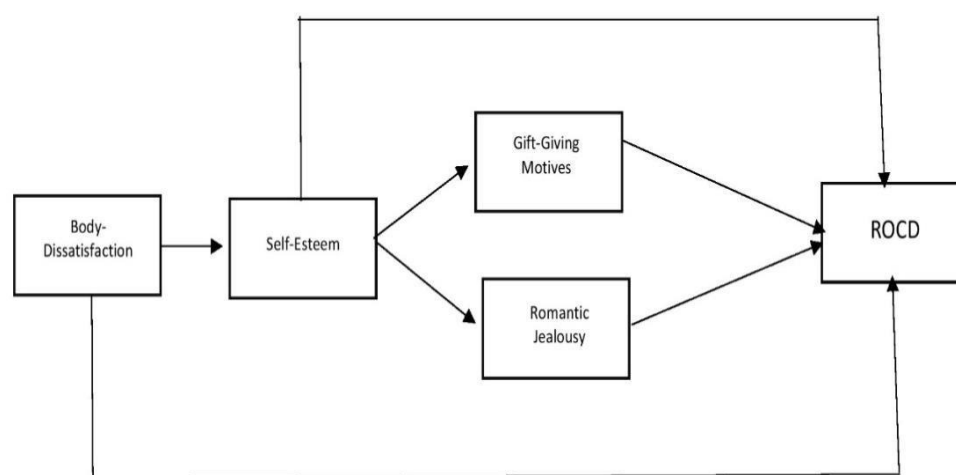
Structural equation modeling (SEM) is highly effective for addressing a variety of research problems, particularly in non-experimental contexts (Byrne et al., 2010). According to Gefen et al. (2000), structural equation modeling (SEM) is a multivariate statistical technique that examines the relationships between independent latent variables and endogenous variables. SEM facilitates the analysis of interactions among multiple variables and yields path coefficients, as well as insights into direct and indirect relationships, mediation and moderation effects, and performance mapping (Gefen et al., 2011; Urbach & Ahlemann, 2010). Structural equation modeling (SEM) allows researchers to evaluate the overall fit of a model and validate the structural model as a complete entity. It assesses not only the hypothesized relationships between constructs but also the connections between each construct and its associated measures (Chin, 1998b; Gefen et al., 2000). SEM offers significant advantages over earlier analytic methods, such as principal component analysis, factor analysis, and multiple regression. It provides researchers with enhanced flexibility, particularly in evaluating the interplay between theory and evidence (Chin, 1998a). Specifically, SEM enables researchers to i) model relationships among various predictor and criterion variables; ii) create unobservable latent variables; iii) account for measurement errors in observed variables; and iv) empirically test a priori theoretical and measurement assumptions against actual data.

3.5.2 Analysis of Moments Structures

AMOS is a widely used software application featuring a unique graphical user interface (GUI) designed for addressing structural equation modeling (SEM) challenges (Thakkar, 2020). Developed by IBM and SPSS Inc., AMOS was originally part of SmallWaters Corporation before 2003 (Thakkar, 2020). AMOS (Analysis of Moment Structures) is a statistical software application used for structural equation modeling (SEM). AMOS Graphics enables the graphical representation of estimates through a path diagram (Byrne et al., 2010). AMOS utilizes various estimation methods, including Maximum Likelihood, to provide estimates for model parameters, helping researchers assess relationships between observed and latent variables (Hair et al., 2010). In the domain of Structural Equation Modeling (SEM), two essential components are the Measurement Model and the Structural Model. Each model serves a unique yet interconnected role in analyzing latent constructs and their relationships (Uday Arun Bhale & Harpreet Singh

Bedi, 2024). The measurement model specifies the relationships between observed variables (indicators) and their corresponding latent constructs (Byrne, 2016). In contrast, the structural model illustrates the relationships between latent constructs themselves, specifying the direct and indirect effects among them. The structural model is central to SEM as it evaluates how well the proposed theoretical framework aligns with the empirical data (Schumacker & Lomax, 2016). MacCallum and Austin (2000) highlighted the role of Structural Equation Modeling (SEM) in psychological research. AMOS simplifies the process of model specification and evaluation which makes it easier for researchers to utilize SEM effectively in their studies (Farhat Shaheen, 2017). To evaluate the research model, this research applied the AMOS-SEM technique. The conceptual framework is depicted in Figure 3.1.

Figure 3.1: Conceptual framework relating determinants and behavioural tendencies of ROCD



Source: Authors Compilation

3.6 Chapter summary

Through the present study various determinants and behavioral tendencies associated with ROCD can be identified. By focusing on the key factors contributing to ROCD symptoms, the research aims to support the development of strategies for managing relationship distress. This chapter provides an in-depth explanation of the data collection process and elaborates on the research design and methodology employed in the current study. It covers key aspects such as the sample frame, questionnaire design, construct measurement, pilot study, validity, and data collection techniques. Additionally, it outlines the research methods used to develop the extensive model for ROCD and describes the various tools and techniques carried out to test the hypotheses.

Chapter 4

Data analysis and results

4. Introduction

The impact of gift-giving style and type of jealousy on Relationship Obsessive-Compulsive Disorder (ROCD) is an interesting area of study. Even though there hasn't been much research explicitly on these factors in regard to ROCD. Here in the study, the objective is to assess the potential connections between Gift giving styles, Types of jealousy, with ROCD. To do so, SEM is used to demonstrate the relationship between the latent and latent variables on ROCD. Before applying SEM, data reliability has been evaluated, to understand the internal consistency in the data. Further, exploratory factor analysis has been applied to identify factors associated with Gift giving styles and types of jealousy. In the study, statistical methods such as frequency distribution, central tendency, Cronbach alpha, EFA, CFA, Path Analysis and mediation have been used to evaluate the significant results at 95% confidence level. Further in the study, tools like SPSS and AMOS are used to evaluate and present statistical results in a tabular manner.

4.1 Reliability

The consistency, stability, and dependability of a measurement or assessment are all referred to as reliability. Reliability is important in the context of research or psychological measures to ensure that the outcomes are accurate and repeatable. Although there are many different reliability techniques utilised in research, the internal consistency reliability technique is used in this instance. The consistency of various items within a single measure is evaluated by internal consistency. It is frequently applied to scales or questionnaires with several items assessing the same construct. By examining how closely linked the items are to one another, Cronbach's alpha, a commonly used indicator of internal consistency reliability, is calculated. Greater internal consistency is indicated by a higher Cronbach's alpha (Cronbach, 1951), and (Nunnally, 1978). Here, the authors claim that there is no internal consistency problem with the data if the alpha value is higher than 0.70. As a consequence, according to the findings, the alpha value for all the data that was collected is 0.948, at a 95% confidence level for the assigned 99 statements, it can be said that the obtained data is credible and appropriate for further analysis because all of the Cronbach alpha values are higher than the tolerance limit of 0.70.

Table 4.1 Cronbach Alpha Values at Overall Level

		N	%	Cronbach's Alpha	N of Items
Cases	Valid	400	100.0	.948	101
	Excluded ^a	0	0.0		
	Total	400	100.0		

a. Listwise deletion based on all variables in the procedure.

Further, internal consistency has also been determined at the statement level, where the mean and standard deviation of all the items is 2.83 and 1.44, respectively. The responses of the respondents have shown minimal variation in the data. Additionally, given the chosen scales, the Cronbach alpha values for each of these items range from 0.946 to 0.950. None of the statement has been eliminated from the data because the overall values are higher than the tolerance limit of 0.70 given by (Nunnally, 1978).

Table 4.2 Cronbach Alpha Values at Statement Level

Statements	Mean	Std. Deviation	Cronbach's Alpha
SE1	2.87	1.025	.950
SE2	2.79	1.067	.950
SE3	2.99	.845	.949
SE4	3.11	.978	.950
SE5	2.86	1.025	.950
SE6	2.91	1.068	.950
SE7	3.09	1.011	.950
SE8	2.75	1.164	.950
SE9	2.99	1.113	.950
SE10	3.09	1.088	.950
AGGS1	4.44	1.647	.951
AGGS2	4.44	1.555	.951
AGGS3	4.36	1.523	.951
AGGS4	4.46	1.490	.950
AGGS5	4.37	1.592	.951
AGGS6	4.46	1.645	.951
AGGS7	4.48	1.610	.951
PGGS1	4.74	1.248	.950
PGGS2	4.80	1.234	.950
PGGS3	4.84	1.260	.950
PGGS4	4.92	1.256	.950
OGGS1	3.72	1.732	.947
OGGS2	3.67	1.704	.947

OGGS3	3.73	1.560	.947
OGGS4	3.78	1.772	.947
OGGS5	3.88	1.775	.947
CRJ1	2.12	1.240	.947
CRJ2	2.35	1.502	.948
CRJ3	2.25	1.349	.947
CRJ4	2.29	1.417	.947
CRJ5	2.32	1.376	.948
CRJ6	2.26	1.374	.947
CRJ7	2.19	1.284	.947
CRJ8	2.07	1.181	.947
ERJ1	3.08	1.987	.946
ERJ2	3.09	1.910	.946
ERJ3	3.09	2.035	.946
ERJ4	3.18	1.796	.946
ERJ5	3.16	1.913	.946
ERJ6	3.12	1.936	.946
ERJ7	3.19	1.944	.946
ERJ8	3.27	1.813	.946
BRJ1	3.39	2.175	.946
BRJ2	3.38	2.097	.946
BRJ3	3.34	2.198	.946
BRJ4	3.41	1.911	.946
BRJ5	3.39	1.999	.946
BRJ6	3.36	2.098	.946
BRJ7	3.39	2.113	.946
BRJ8	3.33	2.198	.946
ROCI1	1.81	1.281	.947
ROCI2	2.09	1.573	.947
ROCI3	1.55	1.318	.947
ROCI4	1.67	1.596	.946
ROCI5	1.83	1.571	.946
ROCI6	1.74	1.652	.946
ROCI7	1.63	1.648	.946
ROCI8	2.31	1.573	.947
ROCI9	1.83	1.560	.946
ROCI10	1.62	1.616	.946
ROCI11	1.68	1.622	.946
ROCI12	2.85	1.346	.948
ROCI13	2.75	1.351	.948
ROCI14	2.57	1.294	.948
BD-1	4.54	2.519	.950
BD-2	4.21	2.294	.949

The Cochran test is used to compare variances, whereas ANOVA is used to compare means. When substantial variations in means are found, the Cochran test is generally used to investigate the homogeneity of variances among groups after an ANOVA test. In the study, ANOVA with Cochran Test value is close to $<.0001$ at a 95% confidence level with a Cochran's Q value of 11605.254. It suggests that there are significant differences in the variances and the means of the groups under comparison.

Table 4.3 ANOVA with Cochran Test

ANOVA with Cochran's Test

		Sum of Squares	df	Mean Square	Cochran's Q	Sig
Between People		14381.503	399	36.044		
Within People	Between Items	30475.048	100	304.750	11605.254	$<.0001$
	Residual	74563.745	39900	1.869		
	Total	105038.792	40000	2.626		
Total		119420.295	40399	2.956		

Grand Mean = 2.83

4.2 Assessing Factors associated with Gift-Giving Styles and Types of Jealousy.

Exploratory factor analysis (EFA) is used to determine the underlying factors or dimensions that account for the correlations between a group of observable variables. EFA can assist in identifying the underlying elements that contribute to gift-giving styles (GGS) and different types of jealousy. To do so, 16 statements have been considered for GGS, 24 statements have been considered for Types Of Jealousy . These statements have been obtained from previously published material journals. Further, a questionnaire was prepared to collect responses from the respondents. Post data collection missing data and outliers were removed, and make the data suitable for factor analysis. For factor extraction, in EFA, methods such as principal component analysis or common factor analysis along with varimax have been employed. These methods will help in finding the latent dimensions that account for the shared variance among the observable variables is the goal of this stage. As listed below, EFA is used thrice to get the factors associated with GGS, and Types Of Jealousy.

4.2.1 EFA for Gift-Giving Styles

The various methods and preferences people use to choose and give gifts to other people are collectively referred to as gift-giving styles (Tekle & Brian , 2011). Numerous

elements, including cultural norms, individual values, interpersonal dynamics, and financial resources, have an impact on these types. Some people place a higher value on usefulness and practicality, choosing presents that are useful or meet the recipient's needs. Others value sentimentality, looking to express strong feelings and establish enduring memories through their gift selections. Additionally, some people may emphasise the richness and luxury of a present in an effort to dazzle and indulge the recipient. Depending on the nature of the relationship, GGS differ greatly. Romantic couples frequently incorporate characteristics of love and affection into their choices. Financial resources are important since those with greater money may be able to choose extravagant or pricey gifts. Understanding people's motivations, values, and preferences through their various GGS behaviours promotes deep connections and improves the act of giving.

The table below displays statistics to test assumptions, including the KMO (Kaiser-Meyer-Olking) statistic, whose value should be above 0.50 (Nkansah, 2018) & (Kaiser, 1974), and Bartlett's test value, which should be less than 0.05 (Odoi et al., 2022) & (Hossein & Miodrag, 2011). The Kaiser-Meyer-Olking value in the study, is close to 0.927, while the Bartlett's Test of Sphericity value is close to 0.000. Both of these values are inside the permissible range of the tolerance level. Therefore, it can be said that the data is significant for the three identified factors of GGS.

Table 4.4 KMO and Bartlett's Test of factors associated with Gift giving styles

Kaiser-Meyer-Olkin Measure of Sampling		.927
Bartlett's Test of Sphericity	Approx. Chi-Square	6752.544
	df	120
	Sig.	0.000

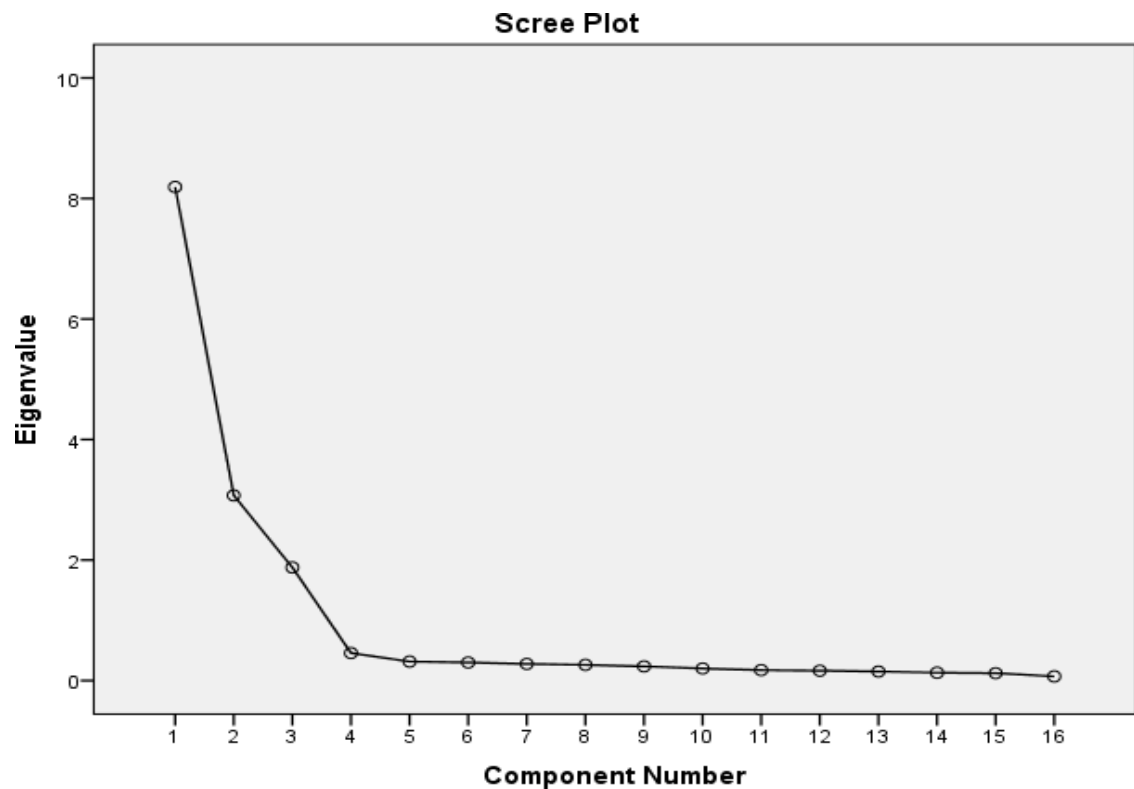
In factor analysis, communality refers to the percentage of a variable's variance that the underlying components can account for. It gives an indication of how effectively the factors discovered during the research describe each variable. In the study, communalities can be acquired as part of the factor analysis output following the EFA. The communalities are commonly represented as numbers between 0 and 1, with higher numbers indicating that more variance can be explained by the elements that were extracted (Haruo & Yoshio, 2007). In the study of GGS, the communality ranges between 0.725 to 0.904, which is closer to 1.

Table 4.5 Communalities of the factors associated with Gift giving styles

Statements	Initial	Extraction
AGGS1	1.000	.802
AGGS2	1.000	.766
AGGS3	1.000	.725
AGGS4	1.000	.787
AGGS5	1.000	.781
AGGS6	1.000	.833
AGGS7	1.000	.765
PGGS1	1.000	.809
PGGS2	1.000	.876
PGGS3	1.000	.886
PGGS4	1.000	.857
OGGS1	1.000	.774
OGGS2	1.000	.882
OGGS3	1.000	.829
OGGS4	1.000	.904
OGGS5	1.000	.864

The eigenvalues decline as the factor number rises; thus, the scree plot often displays a descending curve. The number of components to keep is indicated by where the curve levels out. The "elbow" of the curve, where the eigenvalues exhibit a large decline before levelling out, is examined to discover this point. In general, scree plot represents the number of identified factors whose eigen value is greater than 1. During the exploratory factor analysis process, the scree plot assist researcher in making defensible judgements by providing a visual aid for finding the ideal number of components.

Figure 4.1 Gift giving styles Factors Scree Plot



Further, in the below table, eigenvalues of the identified factors and the total variance have been presented. According to the data, three factors are associated with GGS because the eigenvalues of these factors is greater than 1. In addition, from the rotation sums of squared loadings, it is clear that three components or factors associated with 16 statements can explain 82.13% of the data.

Table 4.6 Total Variance Explained of the factors associated with GGS

Component	Initial Eigenvalues			Rotation Sums of Squared		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	8.191	51.191	51.191	5.372	33.576	33.576
2	3.073	19.204	70.395	4.301	26.882	60.458
3	1.877	11.730	82.124	3.467	21.667	82.124
Extraction Method: Principal Component Analysis.						

Besides that, in the rotated component matrix, only three factors have come out significantly. The factor loading of the identified three factors is as follows AGGS (0.840), OGGs (0.899), and PGGS (0.871). In the study, none of the statements has been removed.

Table 4.7 RCM of the factors associated with GGS

Statements	Component		
	AGGS	OGGS	PGGS
	Factor Loading		
	.840	.899	.871
AGGS6	.869		
AGGS4	.866		
AGGS1	.850		
AGGS7	.841		
AGGS5	.829		
AGGS2	.825		
AGGS3	.804		
OGGS4		.930	
OGGS2		.918	
OGGS5		.906	
OGGS3		.892	
OGGS1		.850	
PGGS2			.885
PGGS3			.883
PGGS4			.877
PGGS1			.840

The first and foremost factor as per 400 respondents in GGS is Obligatory gift giving style with a factor loading of 0.899. The phrase "obligatory gift-giving style" describes a particular method or pattern of giving presents that is motivated by duty or obligation rather than sincere sentiment or personal choice. In this approach, people often feel driven or required to offer gifts in particular circumstances because of social conventions, cultural expectations, or long-standing customs (D'Costa, 2014). People may feel under pressure to offer gifts on particular occasions, such as holidays, birthdays, anniversaries, or other important events, in a compulsory gift-giving approach. Instead of an actual desire to show love or appreciation, giving gifts is typically motivated more by societal expectations or a desire to avoid negative social consequences.

The second important factor in GGS is the practical gift-giving style with a factor loading of 0.871. The term "practical gift-giving style" refers to an attitude where people prioritize giving presents that are practical and satisfy the recipient's needs. In this fashion, the emphasis is on choosing gifts that satisfy the recipient's practical requirements or provide solutions to certain problems they could encounter. People that

use a practical gift-giving method concentrate on finding presents that have a concrete benefit or utility. They choose gifts that are practical and improve daily life by taking into account the recipient's lifestyle, interests, and routine. Practical gifts frequently attempt to solve a problem or facilitate an easier and more effective completion of a task for the recipient (Griggs, 2023).

The last factor GGS is Altruistic gift giving style (AGGS) with a factor loading of 0.840. This style helps others and improve their well-being. This approach emphasises selflessness and charity to improve the recipient's life or promote a cause (Ning et al., 2022). AGGS regard the recipient's wishes. They choose gifts that match the recipient's values, interests, or goals. Even if it means compromising personal preferences, the goal is to give someone joy, happiness, or fulfilment. This style could be the charity donations made in the recipient's name, gifts that promote a cause or organisation the receiver cares about, or products that help the recipient grow, well-being, or develop. It's to improve the recipient's life.

4.2.2 EFA for Types of Jealousy

Jealousy, a complicated emotion, that can take many forms. Jealousy's cognitive, affective, and behavioural features make it rich and complicated. The table below displays statistics to test assumptions, including the KMO (Kaiser-Meyer-Olking) statistic, whose value should be above 0.50 (Nkansah, 2018) & (Kaiser, 1974), and Bartlett's test value, which should be less than 0.05 (Odoi et al., 2022) & (Hossein Arsham & Miodrag Lovric, 2014). The Kaiser-Meyer-Olking value in the study, is close to 0.962, while the Bartlett's Test of Sphericity value is close to 0.000. Both of these values are inside the permissible range of the tolerance level. Therefore, it can be said that the data is significant for the three identified factors of Types Of Jealousy .

Table 4.8 KMO and Bartlett's Test of Factors Associated with Types of Jealousy

Kaiser-Meyer-Olkin Measure of		.962
Bartlett's Test of Sphericity	Approx. Chi-Square	13735.935
	df	276
	Sig.	0.000

In factor analysis, communality refers to the percentage of a variable's variance that the underlying components can account for. It gives an indication of how effectively the factors discovered during the research describe each variable. In the study, communalities

can be acquired as part of the factor analysis output following the EFA. The communalities are commonly represented as numbers between 0 and 1, with higher numbers indicating that more variance can be explained by the elements that were extracted (Haruo & Yoshio, 2008). In the study of Types Of Jealousy , the communality ranges between 0.628 to 0.928, which is closer to 1.

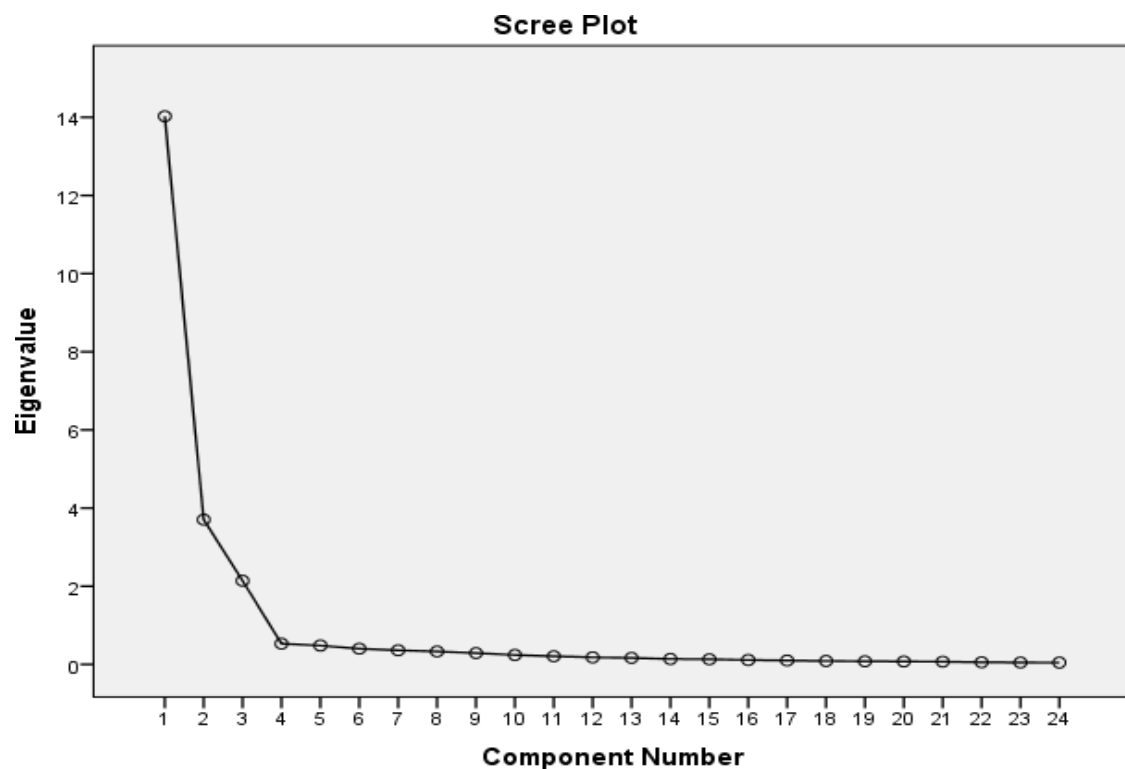
Table 4.9 Communalities of the factors associated with Types of jealousy

Statements	Initial	Extraction
CRJ1	1.000	.628
CRJ2	1.000	.648
CRJ3	1.000	.708
CRJ4	1.000	.786
CRJ5	1.000	.632
CRJ6	1.000	.765
CRJ7	1.000	.750
CRJ8	1.000	.679
ERJ1	1.000	.812
ERJ2	1.000	.866
ERJ3	1.000	.894
ERJ4	1.000	.882
ERJ5	1.000	.897
ERJ6	1.000	.910
ERJ7	1.000	.888
ERJ8	1.000	.837
BRJ1	1.000	.864
BRJ2	1.000	.915
BRJ3	1.000	.927
BRJ4	1.000	.895
BRJ5	1.000	.921
BRJ6	1.000	.923
BRJ7	1.000	.928
BRJ8	1.000	.916

The eigenvalues decline as the factor number rises; thus, the scree plot often displays a descending curve. The number of components to keep is indicated by where the curve

levels out. The "elbow" of the curve, where the eigenvalues exhibit a large decline before levelling out, is examined to discover this point. In general, scree plot represents the number of identified factors whose eigen value is greater than 1. During the exploratory factor analysis process, the scree plot assist researcher in making defensible judgements by providing a visual aid for finding the ideal number of components.

Figure 4.2 Types of jealousy Factors Scree Plot



Further, in the below table, eigenvalues of the identified factors and the total variance have been presented. According to the data, three factors are associated with Types Of Jealousy because the eigenvalues of these factors is greater than 1. In addition, from the rotation sums of squared loadings, it is clear that three components or factors associated with 24 statements can explain 82.79% of the data.

Table 4.10 Total Variance Explained of the factors associated with Types of Jealousy

Component	Initial Eigenvalues			Rotation Sums of Squared		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	14.026	58.444	58.444	7.183	29.930	29.930
2	3.704	15.433	73.877	6.938	28.910	58.841
3	2.140	8.917	82.795	5.749	23.954	82.795

Besides that, in the rotated component matrix, only three factors have come out significantly. The factor loading of the identified three factors is as follows BRJ (0.868), ERJ (0.848), and CRJ (0.799). In the study, none of the statement has been removed and the cutoff is 0.378.

Table 4.11 RCM of the factors associated with Types of Jealousy

Statements	Component		
	BRJ	ERJ	CRJ
	Factor Loading		
	.868	.848	.799
BRJ5	.882		
BRJ3	.881		
BRJ7	.876		
BRJ4	.872		
BRJ6	.870		
BRJ8	.868		
BRJ2	.865		
BRJ1	.829		
ERJ4		.861	
ERJ5		.860	
ERJ3		.854	
ERJ6		.852	
ERJ7		.846	
ERJ2		.845	
ERJ8		.845	
ERJ1		.818	
CRJ4			.866
CRJ6			.853
CRJ7			.830
CRJ3			.817
CRJ2			.791
CRJ5			.781
CRJ8			.739
CRJ1			.713

According to the factors the first and foremost factor of Types Of Jealousy is Behavioural jealousy (BRJ) with a factor loading of 0.868. According to Carolyn et al., (1986), the actions and behaviors that might be seen as the outcome of jealousy are referred to as behavioural jealousy. It may entail making an effort to keep tabs on a partner's whereabouts, looking for assurance, acting possessively, or acting aggressively towards the partner or perceived rivals. These actions are frequently motivated by underlying

feelings of jealousy as well as the need to preserve the relationship or allay personal fears.

In Types Of Jealousy the second important factor is Emotional jealousy (ERJ) with a factor loading of 0.848. The strong emotions and emotional reactions that envy elicits are referred to as emotional jealousy. It encompasses a wide range of feelings, including betrayal, wrath, despair, fear, and sadness. The overall feeling of jealousy is intensified by these emotional responses, which can vary in severity and may be accompanied by physical responses.

The last factor in Types of jealousy is Cognitive jealousy (CRJ) with a factor loading of 0.799. It is the thoughts, feelings, and interpretations that people experience about a perceived threat or prospective infidelity are included in cognitive jealousy. It includes the thought processes involved in evaluating circumstances, passing judgment, and developing suspicions or doubts based on subjective assessments.

Despite the fact that various jealousy categories are frequently connected and can coexist, they each represent different aspects of the jealousy experience. Cognitive processes influence how events are perceived, which sets off emotional responses and particular behavioural responses. This complicated emotion's rich and multifaceted structure results from the interaction between these many types of jealousy.

Understanding the different varieties of jealousy offers understanding of the feelings, attitudes, and actions related to jealousy. It highlights the complexities of interpersonal relationships and the difficulties people encounter when navigating envy. Understanding and identifying these categories can help people better understand and control their own feelings of jealousy while promoting stronger and more rewarding relationships with others.

4.3 Descriptive Statistics

Descriptive statistics summarises and describes a dataset or sample. It organises, analyses, and interprets data clearly. Descriptive statistics reveal data centralities, dispersion, and distribution. Common descriptive statistics metrics include central tendency measures such as mean, median, mode, dispersion measures such as range, variance and variance squared, distribution measures such as skewness & kurtosis. These methods allow to summarise and explain essential dataset properties, laying the groundwork for additional analysis, interpretation, and decision-making.

4.3.1 Age

The table below shows how people are distributed throughout the various age groups with a frequency of 156, or 39.0% of the entire sample, it is clear that the bulk of people are in the 26–30 age range. Following closely behind is the 22–25 age range, with a frequency of 125, or 31.3% of the sample. With 119 frequency values, the 18–21 age range accounts for 29.8% of the sample. Age was originally collected as a continuous variable, with participants entering their specific age in years. For analytical clarity and ease of interpretation, the data was later grouped into categories, reflecting commonly observed developmental stages in young adulthood. Havighurst (1972) identified early adulthood as spanning 19–30 years, encompassing tasks like career establishment and family formation. Levinson (1986) detailed stages within early adulthood, including transitions and life structure formation between ages 16 and 33. Arnett (2000) introduced “Emerging Adulthood” for ages 18–25, highlighting exploration in various life domains. These frameworks support our age groupings for analytical purposes. The Mean age came out to be 23.97 with $SD = 3.73$ and Range was 12 years. These percentages show what percentage of the entire sample size belongs to each age group. Table 4.12 Respondents Age

Table 4.12 Respondents Age

Age	Frequency	Percent
18-21 years	119	29.8%
22-25 years	125	31.3%
26-30 years	156	39.0%
Total	400	100.0%

4.3.2 Gender

The gender distribution of respondents is shown in the below statistic. Within the sample, we can see that men and women are equally represented. Each gender accounts for 200 of the frequencies, or 50%. These figures show the percentage of people in each gender category as compared to the entire sample population. It makes it evident that there are equal numbers of men and women in the sample.

Table 4.13 Respondents Gender

Gender	Frequency	Percent
Male	200	50.0%
Female	200	50.0%
Total	400	100.0%

4.3.3 Variables Descriptive Statistics at an Overall Level

The available data displays descriptive statistics for a number of factors. Within a sample of 400 participants, each variable represents a particular element or construct that is being measured. The properties of the data distribution for each variable are clearly revealed by the descriptive statistics. For instance, the scale mean for the variable "SE" (Self Esteem) is reported as 2.50, indicating that participants' self-esteem scores often fall in the range of this number. The sample mean, however, is 2.94, which shows that the sample generally has a greater level of self-esteem. The variety of responses around the mean is indicated by the standard deviation of 0.77.

Other variables like "AGGS" (Altruistic), "PGGS" (Practical), "OGGS" (Obligatory), "CRJ" (Cognitive jealousy), and so forth also show similar trends. The ranges, averages, and standard deviations of each variable vary, indicating that there were differences in the replies of the participants and the levels of these constructs.

The values for skewness and kurtosis reveal details about the composition and distribution of the data. Positive skewness numbers imply a small rightward skew, while negative values suggest a slight leftward skew in some variables. Kurtosis values show how peaked or flat a distribution is in comparison to a normal distribution.

These descriptive statistics give a succinct overview of each variable's properties, helping in better comprehending the data distribution and come to valid conclusions. They contribute to the overall understanding of the constructs being measured by providing insightful information about the central tendencies, distribution, and shape of the data.

Table 4.14 Variables Descriptive Statistics

Variables	N	Range	Min	Max	Scale Mean	Sample Mean	Std. Deviation	Skewness		Kurtosis	
								Statistic	Std. Error	Statistic	Std. Error
SE	400	3.00	1.00	4.00	2.50	2.94	0.77	-.753	.122	-0.088	.243
AGGS	400	5.71	1.29	7.00	4.00	4.43	1.39	-.156	.122	-0.913	.243
PGGS	400	4.75	2.00	6.75	4.00	4.82	1.16	-.361	.122	-0.778	.243
OGGS	400	5.60	1.20	6.80	4.00	3.76	1.58	.502	.122	-1.062	.243
CRJ	400	5.13	1.00	6.13	4.00	2.23	1.11	.680	.122	-0.254	.243
ERJ	400	6.00	1.00	7.00	4.00	3.14	1.79	.786	.122	-0.763	.243
BRJ	400	6.00	1.00	7.00	4.00	3.37	2.00	.603	.122	-1.312	.243
ROCD	400	3.71	.29	4.00	2.00	1.99	1.20	.580	.122	-1.316	.243
BD	400	8.00	1.00	9.00	5.00	4.37	1.97	.286	.122	-0.303	.243

Table 4.16 Pearson Correlation of all Latent Variables

Correlation coefficients between the latent variables are shown in the data below. The correlations show how strongly and in what direction two sets of variables are related. The significance levels demonstrate the statistical importance of the latent associations. The connections of the variables are as follows:

4.3.3.1 SE and AGGS have a correlation coefficient of 0.668, which shows that these two variables have a very significant positive association. At the 0.01 level, the association is statistically significant.

4.3.3.2 SE and PGGS have a moderately favourable association coefficient of 0.499. At the 0.01 level, the association is statistically significant.

4.3.3.3 The correlation coefficient between SE and OGGS is -0.452, which shows a moderately negative link. At the 0.01 level, the association is statistically significant.

4.3.3.4 SE and CRJ have a moderately negative correlation coefficient of -0.421. At the 0.01 level, the association is statistically significant.

4.3.3.5 SE and ERJ have a moderately negative correlation coefficient of -0.560. At the 0.01 level, the association is statistically significant.

4.3.3.6 SE and BRJ have a moderately negative association coefficient of -0.614. At the 0.01 level, the association is statistically significant.

4.3.3.7 SE and ROCD have a somewhat negative association coefficient of -0.552. At the 0.01 level, the association is statistically significant.

In the same way other pairs of variables also show comparable patterns of statistically significant moderately positive or negative associations.

These correlation coefficients shed light on how various variables are related to one another. They aid in understanding how alterations in one variable may impact alterations in another. The nature and underlying processes of these associations must be established through further investigation because correlation does not necessarily imply causation.

Table 4.15 Pearson Correlation of all Latent Variables

		BD	SE	ROCD	ERJ	BRJ	CRJ	OGGS	PGGS	AGGS
BD	Pearson Correlation	1	-.096	.191**	.159**	.143**	.211**	.079	-.114*	-.160**
	Sig.		.056	.000	.001	.004	.000	.115	.022	.001
	N	400	400	400	400	400	400	400	400	400
SE	Pearson Correlation	-.096	1	-.568**	-.565**	-.622**	-.445**	-.452**	.520**	.697**
	Sig.	.056		.000	.000	.000	.000	.000	.000	.000
	N	400	400	400	400	400	400	400	400	400
ROCD	Pearson Correlation	.191**	-.568**	1	.665**	.767**	.482**	.315**	-.584**	-.676**
	Sig.	.000	.000		.000	.000	.000	.000	.000	.000
	N	400	400	400	400	400	400	400	400	400
ERJ	Pearson Correlation	.159**	-.565**	.665**	1	.709**	.467**	.381**	-.538**	-.643**
	Sig.	.001	.000	.000		.000	.000	.000	.000	.000
	N	400	400	400	400	400	400	400	400	400
BRJ	Pearson Correlation	.143**	-.622**	.767**	.709**	1	.456**	.394**	-.600**	-.731**
	Sig.	.004	.000	.000	.000		.000	.000	.000	.000
	N	400	400	400	400	400	400	400	400	400
CRJ	Pearson Correlation	.211**	-.445**	.482**	.467**	.456**	1	.364**	-.433**	-.455**
	Sig.	.000	.000	.000	.000	.000		.000	.000	.000
	N	400	400	400	400	400	400	400	400	400
OGGS	Pearson Correlation	.079	-.452**	.315**	.381**	.394**	.364**	1	-.348**	-.379**
	Sig.	.115	.000	.000	.000	.000	.000		.000	.000
	N	400	400	400	400	400	400	400	400	400
PGGS	Pearson Correlation	-.114*	.520**	-.584**	-.538**	-.600**	-.433**	-.348**	1	.574**
	Sig.	.022	.000	.000	.000	.000	.000	.000		.000
	N	400	400	400	400	400	400	400	400	400
AGGS	Pearson Correlation	-.160**	.697**	-.676**	-.643**	-.731**	-.455**	-.379**	.574**	1
	Sig.	.001	.000	.000	.000	.000	.000	.000	.000	
	N	400	400	400	400	400	400	400	400	400

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

4.4 Path Analysis through Measurement Model

A statistical technique called path analysis enables to look at the connections between variables in a causal model. By examining the pathways or causal relationships between the variables, it seeks to comprehend the direct and indirect impacts of the factors on an outcome variable. In a path analysis, variables are shown as nodes, and the causal connections between them are shown as arrows. In the study, a degree to which different variables interact and affect the outcome of interest by measuring the intensity and significance of these routes can be ascertain. In order to understand the underlying mechanisms and pinpoint the most important variables, path analysis is particularly

helpful when researching complex systems that have many connected variables. Further, a measurement model is developed to describe potential connections between the main variables that have been detected. Indirect paths, which indicate direct relationships between variables, and direct pathways, which reveal interactions that are mediated by one or more intervening factors, are both included in the model. The variables can either be observable (measured directly) or latent (represented by a large number of latent indicators). In the study, the latent variables in GGS are AGGS, PGGS and OGGS, Types of jealousy are CRJ, BRJ and ERJ.

4.4.1 Path Coefficients for GGS

The results are summarised in the table below, together with the degrees of freedom (687), probability value (0.000), and Chi-square value (1646.143), which show how well each factor of GGS fits the model. To evaluate the statistical significance of the latent variables and anticipated outcomes, the CMIN or Chi-square value is used. In other words, CMIN shows if the fictitious model and sample data are appropriate for the study. The suggested model fits the data more precisely than a model that assumes independence between the variables if the SEM chi-square or CMIN value is smaller than the independence model value. The independence value in the study is 16515.806, which is significantly greater than the chi-square value. Therefore, it may be claimed that the suggested model more closely matches the data.

Figure 4.3 GGS Measure Model Summary

Computation of degrees of freedom (Default model)

Number of distinct sample moments:	780
Number of distinct parameters to be estimated:	93
Degrees of freedom (780 - 93):	687

Result (Default model)

Minimum was achieved
 Chi-square = 1646.143
 Degrees of freedom = 687
 Probability level = .000

Further, the measurement model fit indices are listed below for a model to be fit. All of them are within the tolerance limit given by the statistician (Hair et al., 2010).

According to Hair, the CMIN value of the correlated SE & GGS variables is 1646.143. This statistic contrasts the difference between the actual data and the predictions made by the model. Lower CMIN values indicate a better match. However, the degrees of freedom and other fit indices should be taken into account when interpreting CMIN. Further, the model contains 687 degrees of freedom, which corresponds to the number of free parameters that the model is expected to include.

The probability value for the CMIN statistic is also shown as 0.000. This result indicates that the latent data significantly deviates from the model's inferred expectations because the p-value is smaller than the typical significance level (e.g., 0.05). In addition, it is determined that the CMIN to DF ratio is 2.396. This index provides a model fit measurement that takes the complexity of the model into account. A better match is indicated by lower values.

Figure 4.4 Measurement Model Fit Indices of GGS

Model	Structural
CMIN	1646.143
Independence Model	16551.74
DF	687
P-Value	0.000
CMIN/DF	2.396
GFI	0.819
AGFI	0.794
TLI	0.935
CFI	0.939
RMSEA	0.059

The data also state that the Goodness-of-Fit Index (GFI) is 0.819. It displays the proportion of the latent data variation that the model can account for. Values closer to 1 imply a better fit. The adjusted goodness-of-fit index, or AGFI, on the other hand, is stated to be 0.794. Similar to GFI, it adjusts the model complexity, and values closer to 1 indicate a better fit.

The Tucker-Lewis Index (TLI) value in this instance is 0.935. It measures how much more closely the suggested model, on average, fits the data than the null model. A passably excellent fit is often indicated by values higher than 0.90.

The reported CFI value is 0.939. It compares the fit of the proposed model to that of a

reference model. A fitting value of 0.90 indicates a reasonably good fit.

The RMSEA is stated to be 0.059. It provides a gauge of how closely the model matches the population covariance matrix while taking model complexity into account. Values less than 0.08 are generally thought to be indicative of a favorable match.

The suggested model and the latent data mostly agree, according to measurement model fit indices. Other than AGFI and GFI, which indicate a moderately decent fit, indices like CMIN, DF, P-value, CMIN/DF, TLI, CFI, and RMSEA have pointed to a reasonably decent fit. The present approach for determining the effect of SE and GGS variables on ROCD should be taken into consideration basis on the given indices.

Figure 4.5 GGS Measurement Model

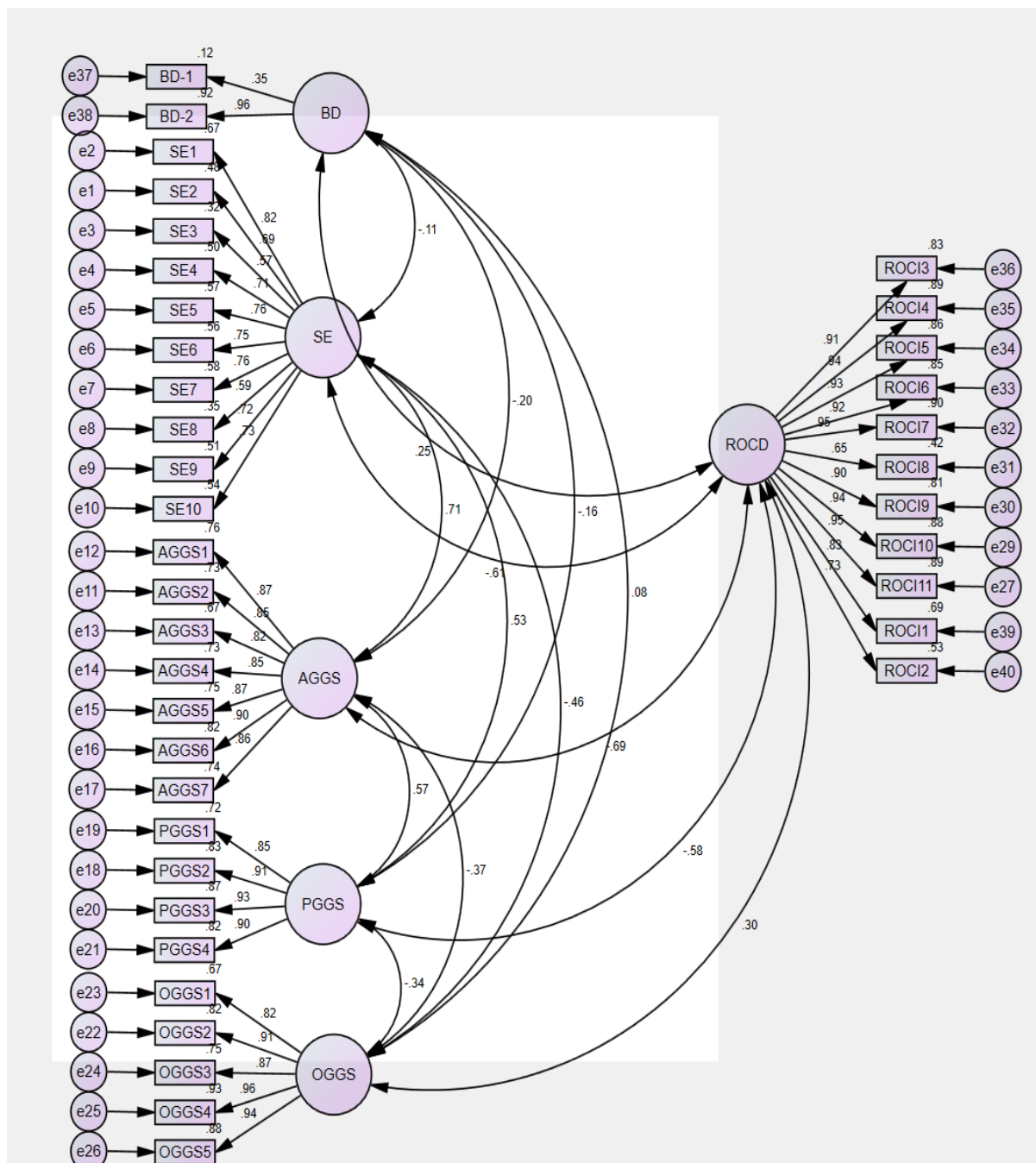


Table 4.16 Unstandardized & Standardized Regression Weights for GGS Measurement Model

	Beta Coefficients	S.E.	C.R.	P	R-value	Results
SE2<---SE	0.885	0.058	15.167	***	0.694	Significant
SE1<---SE	1				0.817	Significant
SE3<---SE	0.573	0.048	11.839	***	0.567	Significant
SE4<---SE	0.827	0.053	15.549	***	0.707	Significant
SE5<---SE	0.927	0.054	17.011	***	0.757	Significant
SE6<---SE	0.954	0.057	16.739	***	0.748	Significant
SE7<---SE	0.923	0.054	17.223	***	0.764	Significant
SE8<---SE	0.821	0.066	12.417	***	0.591	Significant
SE9<---SE	0.953	0.06	15.825	***	0.717	Significant
SE10<---SE	0.953	0.058	16.314	***	0.734	Significant
AGGS2<---AGGS	0.892	0.036	24.941	***	0.852	Significant
AGGS1<---AGGS	0.966	0.037	26.279	***	0.872	Significant
AGGS3<---AGGS	0.838	0.037	22.845	***	0.818	Significant
AGGS4<---AGGS	0.856	0.034	25.062	***	0.854	Significant
AGGS5<---AGGS	0.928	0.036	25.872	***	0.866	Significant
AGGS6<---AGGS	1				0.903	Significant
AGGS7<---AGGS	0.93	0.037	25.348	***	0.858	Significant
PGGS2<---PGGS	0.953	0.03	31.601	***	0.910	Significant
PGGS1<---PGGS	0.903	0.034	26.332	***	0.851	Significant
PGGS3<---PGGS	1				0.934	Significant
PGGS4<---PGGS	0.963	0.031	30.915	***	0.903	Significant
OGGS2<---OGGS	0.904	0.026	35.337	***	0.905	Significant
OGGS1<---OGGS	0.832	0.032	25.862	***	0.819	Significant
OGGS3<---OGGS	0.791	0.026	30.242	***	0.866	Significant
OGGS4<---OGGS	1				0.963	Significant
OGGS5<---OGGS	0.976	0.024	41.187	***	0.938	Significant
ROCI11<---ROCD	0.981	0.024	41.175	***	0.945	Significant
ROCI10<---ROCD	0.971	0.024	39.978	***	0.939	Significant
ROCI9<---ROCD	0.898	0.027	33.72	***	0.901	Significant
ROCI8<---ROCD	0.652	0.04	16.218	***	0.648	Significant
ROCI7<---ROCD	1				0.949	Significant
ROCI6<---ROCD	0.975	0.026	37.024	***	0.923	Significant
ROCI5<---ROCD	0.932	0.025	37.712	***	0.927	Significant
ROCI4<---ROCD	0.964	0.024	40.951	***	0.944	Significant
ROCI3<---ROCD	0.767	0.022	35.041	***	0.910	Significant
BD1<---BD	0.402	0.204	1.966	0.049	0.350	Significant
BD2<---BD	1				0.957	Significant
ROCI1<---ROCD	0.681	0.026	26.502	***	0.831	Significant
ROCI2<---ROCD	0.73	0.037	19.723	***	0.726	Significant

Further, in reliability and validity, reliability consistently measures the intended construct and validity is assessed by looking at the relationships between its various components. A common technique for evaluating discriminant validity is to contrast the AVE values to the ASV and MSV values. The abbreviation AVE stands for the average variance that the component, in relation to measurement error, captures. AVE values must be more than 0.5 (or 50%) to demonstrate convergent validity and show that the factor explains a considerable portion of the item variance. This phrase also denotes the average shared variance between a certain factor and other factors in the model. In order to prove discriminant validity, a factor's AVE must be greater than its ASV. The factor may so contribute less variance than it would on its own, according to this. MSV, on the other hand, measures the variance that all of the model's components share. A factor's AVE must be greater than its MSV in order for it to have discriminant validity. The component captures a larger fraction of its own volatility than the overall variance it shares with other variables, according to this data.

As per the gathered data the reliability of the variables is as follows: SE (CR=0.911), ROCD (CR=0.974), BD (CR=0.740) AGGS (CR=0.952), PGGS (CR=0.945), and OGGS (CR=0.955). Further the validity of the data is SE (AVE=0.509, MSV=0.506, ASV=0.279), ROCD (AVE=0.778, MSV=0.472, ASV=0.266), BD (AVE=0.519, MSV=0.062, ASV=0.029), AGGS (AVE=0.741, MSV=0.506, ASV=0.297), PGGS (AVE=0.810, MSV=0.332, ASV=0.217), and OGGS (AVE=0.809, MSV=0.216,

ASV=0.113). All of the GGS factors' composite dependability values are higher than the critical level of 0.70. Consequently, it can be said that the components of GGS found are precise and consistent. On the other hand, there is no validity issue found in the collected data or the identified factors because all of the reported values are within their tolerance range. These elements stand apart from one another.

Table 4.17 Reliability and Validity Measures for the GGS Measurement Model

	CR	AVE	MSV	ASV	OGGS	SE	BD	AGGS	PGGS	ROCD
OGGS	0.955	0.809	0.216	0.113	0.900					
SE	0.911	0.509	0.506	0.279	-0.465	0.713				
BD	0.740	0.519	0.062	0.029	0.083	-0.106	0.721			
AGGS	0.952	0.741	0.506	0.297	-0.368	0.711	-0.204	0.861		
PGGS	0.945	0.810	0.332	0.217	-0.342	0.534	-0.155	0.573	0.900	
ROCD	0.974	0.778	0.472	0.266	0.302	-0.613	0.248	-0.687	-0.576	0.882

4.4.2 Path Coefficients for Types of Jealousy

The results are summarised in the table below, together with the degrees of freedom (1015), probability value (0.000), and Chi-square value (2145.121), which show how well each factor of Types Of Jealousy fits the model. To evaluate the statistical significance of the latent variables and anticipated outcomes, the CMIN or Chi-square value is used. In other words, CMIN shows if the fictitious model and sample data are appropriate for the study. The suggested model fits the data more precisely than a model that assumes independence between the variables if the SEM chi-square or CMIN value is smaller than the independence model value. The independence value in the study is 24020.757, which is significantly greater than the chi-square value. Therefore, it may be claimed that the suggested model more closely matches the data

Figure 4.6 Types Of Jealousy Measure Model Summary

Computation of degrees of freedom (Default model)

Number of distinct sample moments:	1128
Number of distinct parameters to be estimated:	113
Degrees of freedom (1128 - 113):	1015

Result (Default model)

Minimum was achieved
Chi-square = 2145.121
Degrees of freedom = 1015
Probability level = .000

Further, the measurement model fit indices are listed below for a model to be fit. All of them are within the tolerance limit given by the statistician (Hair et al., 2010).

According to Hair, the CMIN value of the correlated SE & Types Of Jealousy variables is 2145.121. This statistic contrasts the difference between the actual data and the predictions made by the model. Lower CMIN values indicate a better match. However, the degrees of freedom and other fit indices should be taken into account when interpreting CMIN. Further, the model contains 1015 degrees of freedom, which corresponds to the number of free parameters that the model is expected to include.

Figure 4.7 Measurement Model Fit Indices of Types of Jealousy

Model	Structural
CMIN	2145.121
Independence Model	24020.76
DF	1015
P-Value	0.000
CMIN/DF	2.113
GFI	0.811
AGFI	0.790
TLI	0.948
CFI	0.951
RMESA	0.053

The probability value for the CMIN statistic is also shown as 0.000. This result indicates that the latent data significantly deviates from the model's inferred expectations because the p-value is smaller than the typical significance level (e.g., 0.05). In addition, it is determined that the CMIN to DF ratio is 2.113. This index provides a model fit measurement that takes the complexity of the model into account. A better match is indicated by lower values.

The data also state that the Goodness-of-Fit Index (GFI) is 0.811. It displays the proportion of the latent data variation that the model can account for. Values closer to 1 imply a better fit. The adjusted goodness-of-fit index, or AGFI, on the other hand, is stated to be 0.790. Similar to GFI, it adjusts the model complexity, and values closer to 1 indicate a better fit.

The Tucker-Lewis Index (TLI) value in this instance is 0.948. It measures how much more closely the suggested model, on average, fits the data than the null model. A passably excellent fit is often indicated by values higher than 0.90.

The reported CFI value is 0.951. It compares the fit of the proposed model to that of a reference model. A fitting value of 0.90 indicates a reasonably good fit.

The RMSEA is stated to be 0.053. It provides a gauge of how closely the model matches the population covariance matrix while taking model complexity into account. Values less than 0.08 are generally thought to be indicative of a favourable match.

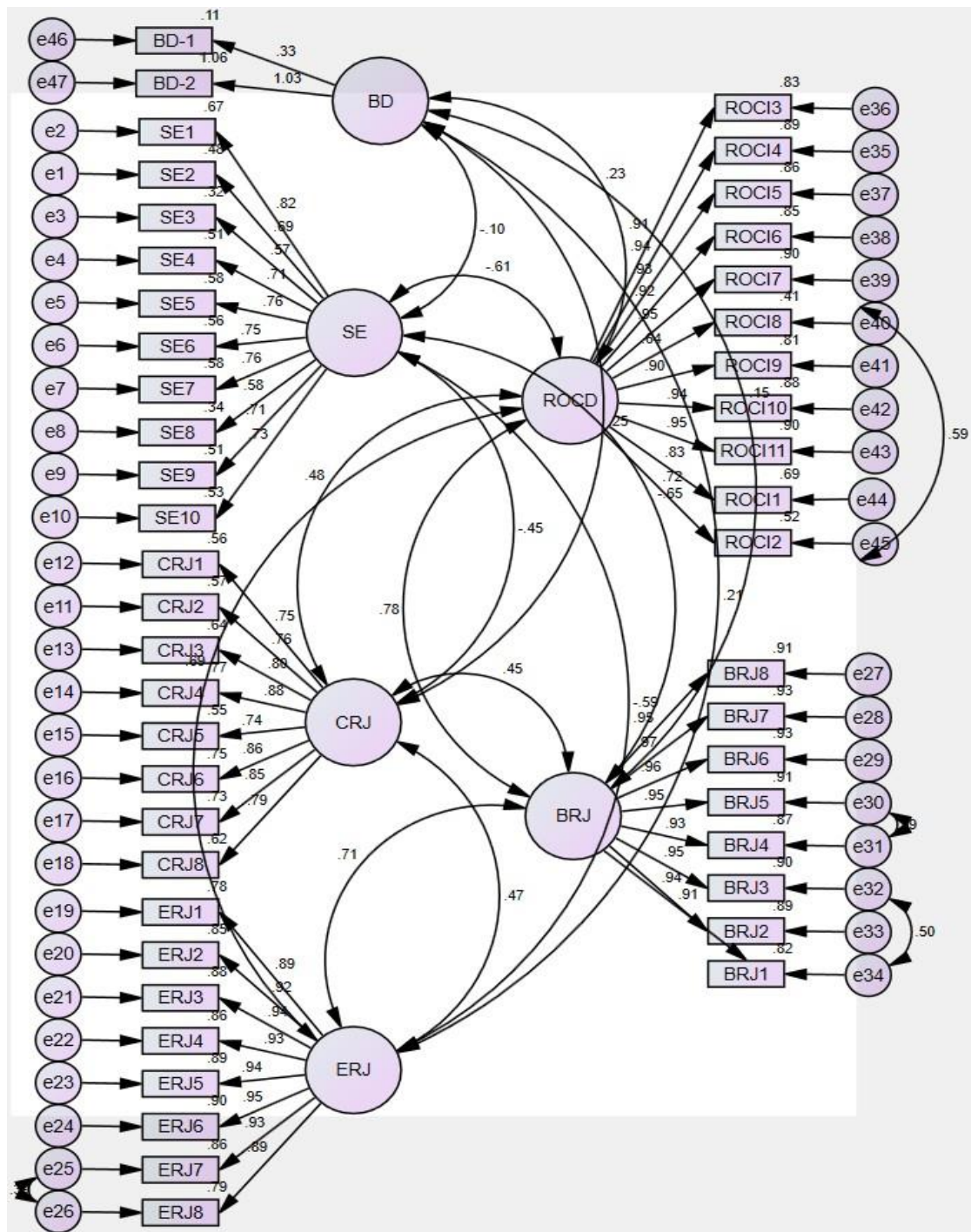
The suggested model and the latent data mostly agree, according to measurement model fit indices. Other than AGFI and GFI, which indicate a moderately decent fit, indices like CMIN, DF, P-value, CMIN/DF, TLI, CFI, and RMESA have pointed to a reasonably decent fit. The present approach for determining the effect of SE and Types Of Jealousy variables on ROCD should be taken into consideration basis on the given indices.

Table 4.18 Unstandardized & Standardized Regression Weights of Measurement Model for Types Of Jealousy

	Beta Coefficients	S.E.	C.R.	P	R-value	Results
SE2<---SE	0.885	0.058	15.16	***	0.694	Significant
SE1<---SE	1				0.817	Significant
SE3<---SE	0.573	0.048	11.844	***	0.568	Significant
SE4<---SE	0.834	0.053	15.729	***	0.714	Significant
SE5<---SE	0.933	0.054	17.145	***	0.762	Significant
SE6<---SE	0.952	0.057	16.699	***	0.747	Significant
SE7<---SE	0.919	0.054	17.135	***	0.762	Significant
SE8<---SE	0.812	0.066	12.251	***	0.584	Significant
SE9<---SE	0.947	0.06	15.69	***	0.713	Significant
SE10<---SE	0.948	0.059	16.197	***	0.73	Significant
CRJ2<---CRJ	0.911	0.048	18.835	***	0.756	Significant
CRJ1<---CRJ	0.747	0.04	18.638	***	0.751	Significant
CRJ3<---CRJ	0.868	0.042	20.835	***	0.802	Significant
CRJ4<---CRJ	1				0.88	Significant
CRJ5<---CRJ	0.815	0.045	18.143	***	0.739	Significant
CRJ6<---CRJ	0.953	0.04	24.027	***	0.864	Significant
CRJ7<---CRJ	0.879	0.038	23.404	***	0.853	Significant
ROCI11<---ROCD	0.982	0.024	41.279	***	0.946	Significant
ROCI10<---ROCD	0.973	0.024	40.144	***	0.941	Significant
ROCI9<---ROCD	0.897	0.027	33.482	***	0.899	Significant
ROCI8<---ROCD	0.642	0.041	15.816	***	0.638	Significant
ROCI7<---ROCD	1				0.949	Significant
ROCI6<---ROCD	0.976	0.026	37.044	***	0.923	Significant
ROCI5<---ROCD	0.931	0.025	37.414	***	0.926	Significant
ROCI4<---ROCD	0.964	0.024	40.931	***	0.944	Significant
ROCI3<---ROCD	0.769	0.022	35.339	***	0.912	Significant
BD1<---BD	0.347	0.168	2.065	0.039	0.325	Significant

BD2<---BD	1				1.03	Significant
ROCI1<---ROCD	0.682	0.026	26.517	***	0.832	Significant
ROCI2<---ROCD	0.723	0.037	19.336	***	0.719	Significant
CRJ8<---CRJ	0.746	0.037	20.188	***	0.787	Significant
ERJ2<---ERJ	0.918	0.026	35.172	***	0.92	Significant
ERJ1<---ERJ	0.92	0.03	30.867	***	0.885	Significant
ERJ3<---ERJ	1				0.94	Significant
ERJ4<---ERJ	0.873	0.024	36.651	***	0.93	Significant
ERJ5<---ERJ	0.943	0.024	38.846	***	0.943	Significant
ERJ6<---ERJ	0.962	0.024	40.238	***	0.95	Significant
ERJ7<---ERJ	0.942	0.026	36.251	***	0.927	Significant
ERJ8<---ERJ	0.844	0.027	31.436	***	0.891	Significant
BRJ2<---BRJ	0.946	0.023	41.627	***	0.944	Significant
BRJ1<---BRJ	0.943	0.027	35.122	***	0.908	Significant
BRJ3<---BRJ	0.995	0.023	42.406	***	0.947	Significant
BRJ4<---BRJ	0.851	0.022	39.169	***	0.932	Significant
BRJ5<---BRJ	0.909	0.021	43.446	***	0.952	Significant
BRJ6<---BRJ	0.965	0.021	46.167	***	0.962	Significant
BRJ7<---BRJ	0.975	0.021	47.254	***	0.966	Significant
BRJ8<---BRJ	1				0.952	Significant

Figure 4.8 Types Of Jealousy Measurement Model



Further, in reliability and validity, reliability consistently measures the intended construct and validity is assessed by looking at the relationships between its various components. A common technique for evaluating discriminant validity is to contrast the AVE values to the ASV and MSV values. The abbreviation AVE stands for the average variance that the component, in relation to measurement error, captures. AVE values must be more than

0.5 (or 50%) to demonstrate convergent validity and show that the factor explains a considerable portion of the item variance. This phrase also denotes the average shared variance between a certain factor and other factors in the model. In order to prove discriminant validity, a factor's AVE must be greater than its ASV. The factor may so contribute less variance than it would on its own, according to this. MSV, on the other hand, measures the variance that all of the model's components share. A factor's AVE must be greater than its MSV in order for it to have discriminant validity. The component captures a larger fraction of its own volatility than the overall variance it shares with other variables, according to this data.

As per the gathered data the reliability of the variables is as follows: SE (CR=0.911), ROCD (CR=0.974), BD (CR=0.788), CRJ (CR=0.936), ERJ (CR=0.979), and BRJ (CR=0.986). Further the validity of the data is SE (AVE=0.508, MSV=0.419, ASV=0.272), ROCD (AVE=0.776, MSV=0.613, ASV=0.351), BD (AVE=0.583, MSV=0.061, ASV=0.038), CRJ (AVE=0.649, MSV=0.233, ASV=0.184), BRJ (AVE=0.894, MSV=0.613, ASV=0.353), and ERJ (AVE=0.853, MSV=0.508,

ASV=0.320). All of the Types Of Jealousy factors' composite dependability values are higher than the critical level of 0.70. Consequently, it can be said that the components of Types Of Jealousy found are precise and consistent. On the other hand, there is no validity issue found in the collected data or the identified factors because all of the reported values are within their tolerance range. These elements stand apart from one another.

Table 4.19 Reliability and Validity Measures for Types Of Jealousy

	CR	AVE	MSV	ASV	ERJ	SE	BD	CRJ	ROCD	BRJ
ERJ	0.979	0.853	0.508	0.320	0.924					
SE	0.911	0.508	0.419	0.272	-0.590	0.713				
BD	0.788	0.583	0.061	0.038	0.214	-0.097	0.764			
CRJ	0.936	0.649	0.233	0.184	0.466	-0.454	0.246	0.806		
ROCD	0.974	0.776	0.613	0.351	0.693	-0.613	0.230	0.483	0.881	
BRJ	0.985	0.894	0.613	0.353	0.713	-0.647	0.153	0.451	0.783	0.946

4.5 Assessing the association between SE, BD & ROCD in the presence of the GGS

In the study, to assess the impact of GGS on ROCD, factors such as AGGS, PGGS, & OGGS have been identified via EFA. Further, regression and SEM, two statistical techniques, have been adopted to analyze the data and determine the correlation between the identified factors and ROCD. Here the study results would determine the precise

impact or correlations between the identified factors of GGS with ROCD. Therefore, it is significant to highlight that although these attitudes may have an effect on people who exhibit symptoms similar to ROCD, the causes, and circumstances that contribute to ROCD are probably complex and cannot be completely attributed to these attitudes.

According to the gathered data of the structural model the structural model fit indices CMIN value is 1075.179, suggesting a discrepancy of 519 degrees of freedom between the latent data and the inferred expectations of the model. It is the total number of free parameters that the model has determined. The probability value for the CMIN statistic is also given as 0.000, indicating a significant divergence from the inferred predictions of the model in the latent data.

CMIN to DF is divided by 2.072. Lower values typically indicate a better fit. GFI also gauges the extent to which the model explains the variation in the latent data. Here, the GFI value is 0.859, according to the statistics. Values closer to 1 imply a better fit. Additionally, an AGFI value of 0.838 is asserted. The GFI and AGFI values satisfied the criterion proposed by (Baumgartner and Homburg, 1996) and (W. Doll, Weidong Xia, G. Torkzadeh, 1994): the value is acceptable if above 0.80, even when they do not reach 0.9 (the threshold value). Similar to GFI, it adjusts for the complexity of the model. The TLI and CFI value, on the other hand, is 0.956 & 0.960. TLI measures how much better the suggested model fits the data, on average, as compared to the null model, while CFI measures the suggested model's fit with a reference model's fit. A fitting value over 0.90 is considered to be reasonably excellent (Hair et al., 2010).

Figure 4.9 Model Summary of the Relationship between SE,BD & ROCD in the presence of Gift-Giving Styles

Computation of degrees of freedom (Default model)

Number of distinct sample moments:	780
Number of distinct parameters to be estimated:	89
Degrees of freedom (780 - 89):	691

Result (Default model)

Minimum was achieved
Chi-square = 1454.907
Degrees of freedom = 691
Probability level = .000

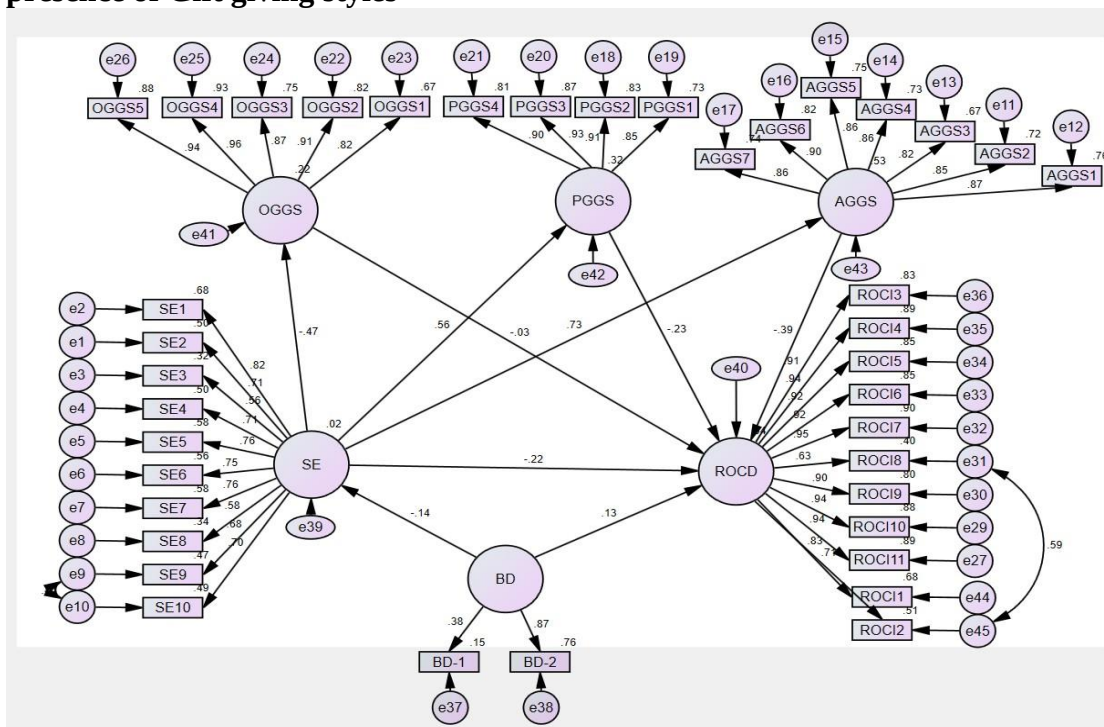
Figure 4.10 Model fit Indices of the Relationship between SE, BD ROCD & Gift Giving Styles

Model	Structural
CMIN	1454.907
Independence Model	16551.74
DF	691
P-Value	0.000
CMIN/DF	2.106
GFI	0.838
AGFI	0.818
TLI	0.948
CFI	0.952
RMSEA	0.053

The RMSEA is stated as 0.052. It provides a gauge of how closely the model matches the population covariance matrix while considering model complexity. Values less than 0.08 are generally considered to indicate a favourable match.

According to structured model fit indexes, the suggested model and the latent data mostly agree. Other than GFI, & AGFI, which indicates a moderately decent match, indices like CMIN, DF, P-value, CMIN/DF, GFI, TLI, CFI, and RMSEA have indicated a reasonably decent fit. The present approach for determining the effect of GGS variables on ROCD should be taken into consideration basis on the gathered data and the model fit results.

Figure 4.11 Structural Model of the Relationship between SE, BD & ROCD in the presence of Gift giving styles



The study effort on ROCD looked on a number of GGS-related components. As a result of the examination of the data, significant conclusions about how these factors affect ROCD were made. The impact of GGS variables on ROCD was significantly revealed by the regression coefficient table below.

Table 4.20 Unstandardized & Standardized Regression Weights of SE, BD, ROCD & Gift giving styles

	Beta Coefficients	S.E.	C.R.	P	R-value	Results
SE<---BD	-0.124	0.054	-2.273	0.023	-0.142	Significant
OGGS<---SE	-0.954	0.102	-9.382	***	-0.472	Significant
PGGS<---SE	0.785	0.07	11.244	***	0.564	Significant
AGGS<---SE	1.28	0.086	14.89	***	0.728	Significant
ROCD<---OGGS	-0.03	0.037	-0.798	0.425	-0.033	Not Significant
ROCD<---PGGS	-0.303	0.06	-5.086	***	-0.232	Significant
ROCD<---AGGS	-0.409	0.059	-6.866	***	-0.395	Significant
ROCD<---SE	-0.407	0.128	-3.178	0.001	-0.224	Significant
ROCD<---BD	0.201	0.07	2.862	0.004	0.127	Significant
SE2<---SE	0.891	0.057	15.6	***	0.705	Significant
SE1<---SE	1				0.824	Significant
SE3<---SE	0.565	0.048	11.812	***	0.564	Significant
SE4<---SE	0.822	0.052	15.713	***	0.709	Significant
SE5<---SE	0.922	0.053	17.247	***	0.760	Significant
SE6<---SE	0.948	0.056	16.954	***	0.750	Significant
SE7<---SE	0.909	0.053	17.234	***	0.759	Significant
SE8<---SE	0.799	0.066	12.191	***	0.579	Significant
SE9<---SE	0.9	0.06	14.949	***	0.683	Significant
SE10<---SE	0.905	0.058	15.507	***	0.703	Significant
AGGS2<---AGGS	0.891	0.036	24.849	***	0.851	Significant
AGGS1<---AGGS	0.966	0.037	26.184	***	0.871	Significant
AGGS3<---AGGS	0.839	0.037	22.837	***	0.818	Significant
AGGS4<---AGGS	0.859	0.034	25.193	***	0.856	Significant
AGGS5<---AGGS	0.927	0.036	25.76	***	0.865	Significant
AGGS6<---AGGS	1				0.903	Significant
AGGS7<---AGGS	0.931	0.037	25.374	***	0.859	Significant
PGGS2<---PGGS	0.957	0.03	31.605	***	0.912	Significant
PGGS1<---PGGS	0.906	0.034	26.328	***	0.853	Significant
PGGS3<---PGGS	1				0.933	Significant
PGGS4<---PGGS	0.964	0.031	30.629	***	0.902	Significant
OGGS2<---OGGS	0.904	0.026	35.333	***	0.905	Significant
OGGS1<---OGGS	0.832	0.032	25.866	***	0.819	Significant
OGGS3<---OGGS	0.792	0.026	30.252	***	0.866	Significant

OGGS4<---OGGS	1				0.963	Significant
OGGS5<---OGGS	0.976	0.024	41.178	***	0.938	Significant
ROCI11<---ROCD	0.982	0.024	40.625	***	0.945	Significant
ROCI10<---ROCD	0.972	0.025	39.438	***	0.938	Significant
ROCI9<---ROCD	0.897	0.027	32.97	***	0.896	Significant
ROCI8<---ROCD	0.643	0.041	15.595	***	0.633	Significant
ROCI7<---ROCD	1				0.947	Significant
ROCI6<---ROCD	0.976	0.027	36.431	***	0.921	Significant
ROCI5<---ROCD	0.93	0.025	36.806	***	0.923	Significant
ROCI4<---ROCD	0.964	0.024	40.271	***	0.943	Significant
ROCI3<---ROCD	0.768	0.022	34.61	***	0.909	Significant
BD1<---BD	1				0.384	Significant
BD2<---BD	2.066	1.137	1.817	0.049	0.872	Significant
ROCI1<---ROCD	0.681	0.026	25.974	***	0.826	Significant
ROCI2<---ROCD	0.724	0.038	19.061	***	0.714	Significant

H₁: Body dissatisfaction is negatively related to self-esteem.

According to the study, self-esteem and Body dissatisfaction have a negative correlation of $r = -0.142$, suggesting a significant relationship ($p < 0.01$). This indicates that people who have higher levels of self-esteem are less likely to have symptoms of ROCD. This finding is further supported by the beta value of -0.124 ($\beta = -0.124$, $p < 0.01$), which indicates that as body dissatisfaction rises, then self-esteem declines. H_1 is accepted.

H₂: Body dissatisfaction is positively related to ROCD symptoms

According to the study, ROCD and Body dissatisfaction have a positive connection with $r = 0.127$, revealing a significant relationship ($p < 0.01$). This suggests that people who have higher levels of body dissatisfaction then there is likely to have symptoms of ROCD. This finding is further supported by the beta value of 0.201 ($\beta = 0.201$, $p < 0.01$), which indicates that as body dissatisfaction rises, then ROCD also rises. H_2 is accepted.

H₃: Self-esteem is positively related to an Altruistic gift-giving style.

With a correlation of 72.8%, the study found a significant and favorable association between self-esteem and the altruistic gift-giving approach ($r = 0.728$, $p < 0.01$). This shows that those who have a stronger sense of self-worth are more likely to exhibit altruistic gift-giving behaviors. The beta coefficient of 1.248 ($\beta = 1.248$, $p < 0.01$), indicates that the likelihood of adopting an altruistic gift-giving style rises as self-esteem rises, further lends weight to this study. Hence H_3 is accepted.

H₄: Self-esteem is positively related to a Practical gift giving style.

According to the study, there is a substantial positive association between self-esteem and the practical gift-giving style of $r = 0.564$, suggesting a significant relationship $p < 0.01$. This shows that those who have a better sense of self are more likely to take a practical approach when giving gifts. Practical gift-giving is characterized by deliberate and practical decisions that show a fair and compassionate approach to showing others you care. Indicating that those with higher self-esteem may be more confident in their gift choices and feel empowered to express their generosity in meaningful and thoughtful ways, the significant correlation of 56.4% underscores the notable association between self-esteem and individuals' tendencies toward practical gift-giving. This finding is further supported by the beta coefficient of 0.785 ($\beta = 0.785$, $p < 0.01$), which indicates that as self-esteem grows, so does the propensity to adopt a practical gift-giving approach. H_4 is accepted

H₅: Self-esteem is negatively related to obligatory gift-giving style.

According to the study, there is a significant negative association between obligatory gift-giving behavior and self-esteem ($r = -0.472$, $p < 0.01$). This suggests that people with poor self-esteem often display more obligatory gift-giving behavior, which is characterized by feelings of responsibility or pressure to offer gifts, maybe to gain approval or prevent rejection. The significant negative correlation of 47.2% indicates a noteworthy association between lower self-esteem and more conflicted approaches to gift-giving, suggesting that individuals with lower self-esteem may experience greater emotional strain related to obligation and authenticity in expressing generosity. This conclusion is further supported by the beta coefficient of -0.94 ($\beta = -0.94$, $p < 0.01$), which shows that the possibility of adopting a compulsory gift-giving approach rises as self-esteem goes low. H_5 is accepted.

H₆: The altruistic gift-giving style is negatively related to ROCD symptoms.

According to the study, there is a significant negative link between altruistic gift-giving and relationship obsessive-compulsive disorder (ROCD) ($r = -0.395$, $p < 0.01$). This finding suggests that individuals who report a preference for unselfish and generous gift-giving behaviors tend to report lower levels of ROCD symptoms. This conclusion is strengthened by the beta coefficient of -0.425 ($\beta = -0.425$, $p < 0.01$), which shows that ROCD is less likely to occur as altruistic gift-giving becomes more common. H_6 is accepted.

H₇: Practical gift-giving style is negatively related to ROCD symptoms.

According to the study, there is a negative link between giving practical gifts and symptoms of Relationship Obsessive-Compulsive Disorder (ROCD) ($r = -0.232$, $p < 0.01$). This suggests that people with a propensity for taking a practical approach to gift-giving and putting an emphasis on thoughtful and pragmatic selections are less likely to experience the symptoms of ROCD. This conclusion is further supported by the beta coefficient of -0.303 ($\beta = -0.303$, $P < 0.01$), which shows that the probability of ROCD symptoms declines as the practical gift-giving style becomes common. H_7 is accepted.

H₈: Obligatory gift giving style is positively related to ROCD symptoms.

No noteworthy link between the mandatory gift-giving approach and link Relationship Obsessive-Compulsive Disorder (ROCD) symptoms was evident in the study, which suggests that the data did not support this hypothesis. In other words, the incidence of ROCD symptoms does not seem to be significantly affected by those who exhibit obligatory gift giving. H_8 is rejected.

4.5.1 Mediating Effect of GGS Factors and BD Between SE, & ROCD

An excessive amount of uncertainty and obsession with romantic relationships is referred to as ROCD. Relationship dynamics may be associated with an individual's approach to gift-giving, and self-esteem may shape how people perceive and navigate romantic relationships. In the context of ROCD, self-esteem is conceptualized as an independent variable, while gift-giving style (GGS) is considered a potential mediator. It is hypothesized that self-esteem is related to ROCD both directly and indirectly through its association with GGS.

As an example of how the relationships might be modelled, consider the following:

Gift-giving preferences as a mediator, self-esteem as an independent variable, and ROCD as the dependent variable. In this context, higher self-esteem may be associated with a more positive and self-assured self-view, which in turn could relate to more thoughtful and attentive approaches to gift-giving in romantic relationships. Positive gift-giving behaviors, characterized by care and intentionality, may be linked to higher levels of relationship satisfaction and lower levels of ROCD symptoms. Conversely, avoidant or negative gift-giving tendencies may be associated with relationship dissatisfaction and elevated ROCD symptoms. These patterns may also be reflected among individuals reporting lower levels of self-esteem.

In the study, perceptions of 400 individuals were used to investigate the linkages listed above. That is why mediation is applied to the three factors (AGGS, OGGS, PGGS) of GGS. They would gauge their level of self-worth, gift-giving preferences, and symptoms of ROCD. Then it will be determined whether GGS does, in fact, mediate the association between SE and ROCD by doing an appropriate statistical analysis of the data.

To do so data has been imputed in AMOS for all the given statements and only latent variables have been presented below. According to the report, GGS has a mediating impact between SE and ROCD, with a chi-square value of 22.340, and a probability value of 0.000. Further degrees of freedom in the data is 3. Further, the r-square value of AGGS is 59.1%, OGGS is 24.7%, PGGS is 35.9% and ROCD is 55.7%.

Figure 4.12 Model Summary of the Mediator GGS

Computation of degrees of freedom (Default model)

Number of distinct sample moments:	15
Number of distinct parameters to be estimated:	12
Degrees of freedom (15 - 12):	3

Result (Default model)

Minimum was achieved
 Chi-square = 22.340
 Degrees of freedom = 3
 Probability level = .000

Figure 4.13 Mediator GGS Model

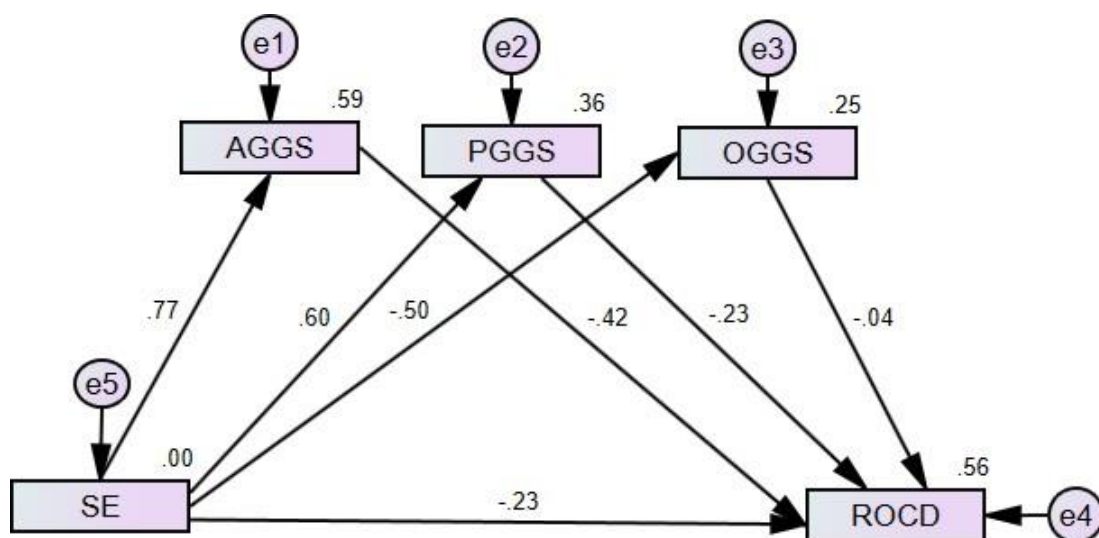


Table 4.21 Direct and Indirect Mediating Effect of Gift giving Factors on ROCD symptoms

GGS Factors	Relationship	Direct effect		Indirect Effect		Total Effect		Confidence Interval		Result
		β -value	p-value	β -value	p-value	β -value	p-value	Upper Bound	Lower Bound	
AGGS	AGGS<---SE	0.769	0.019*	-	-	0.769	0.019*	0.807	0.711	Partial Mediation
	ROCD<---AGGS	-0.416	0.02*	-	-	-0.416	0.020*	-0.308	-0.516	
	ROCD<---SE	-0.232	0.019*	-0.438	0.02	-0.670	0.019*	-0.605	-0.706	
OGGS	OGGS<---SE	-0.497	0.018*	-	-	-0.497	0.018*	-0.419	0.552	No Mediation
	ROCD<---OGGS	-0.044	0.341	-	-	-0.044	0.341	0.029	-0.117	
	ROCD<---SE	-0.232	0.019*	-0.438	0.02	-0.670	0.019*	-0.605	-0.706	
PGGS	PGGS<---SE	0.599	0.016*	-	-	0.599	0.016*	0.64	0.541	Partial Mediation
	ROCD<---PGGS	-0.234	0.007**	-	-	-0.234	0.007*	-0.157	-0.324	
	ROCD<---SE	-0.232	0.019*	-0.438	0.02	-0.670	0.019*	-0.605	-0.706	

Note: * indicates statistical significance at $p < .05$, ** indicates significant at $p < .01$

H₉: Altruistic Gift Giving Style mediates the association between Self-esteem and Relationship-obsessive Compulsive Disorder Symptoms.

H₁₀: Practical Gift Giving Style mediates the association between Self-esteem and Relationship-obsessive Compulsive Disorder Symptoms.

H₁₁: Obligatory Gift Giving Style mediates the association between Self-esteem and Relationship-obsessive Compulsive Disorder Symptoms.

The study assessed the mediating role of gift giving on the relationship between self-esteem and ROCD symptoms. Through Altruistic Gift giving style, the direct effect was statistically significant with a range of -0.516 to -0.308 ($\beta = -0.416$, $p < 0.01$). Similarly, through practical gift giving style, the direct effect was also significant with a range of -0.324 to -0.157 ($\beta = -0.234$, $p < 0.01$). Overall, the indirect effect of Gift giving style on ROCD symptoms was found to be $\beta = -0.438$, suggesting H₉ and H₁₀ accepted. Though, obligatory gift giving style did not exhibit a significant direct effect, thus H₁₁ is rejected.

H₁₂: Self-esteem is negatively related to ROCD symptoms.

According to the study, self-esteem and relationship obsessive-compulsive disorder (ROCD) have a negative connection of $r = -0.224$. This suggests that people who have higher levels of self-esteem are less likely to have symptoms of ROCD. The 22.4% negative correlation between these two variables reveals a slight but significant relationship ($p < 0.01$). This finding is further supported by the beta value of -0.407 ($\beta = -$

0.407, $p < 0.01$), which indicates that as self-esteem rises, the incidence of ROCD symptoms declines. H_{12} is accepted.

4.5.2 Mediating Effect of SE Between BD & ROCD

The objective of the mediation is to evaluate the indirect essence of SE (self-esteem) on ROCD, when body dissatisfaction BD is considered an independent variable.

Figure 4.14 Mediator BD Model

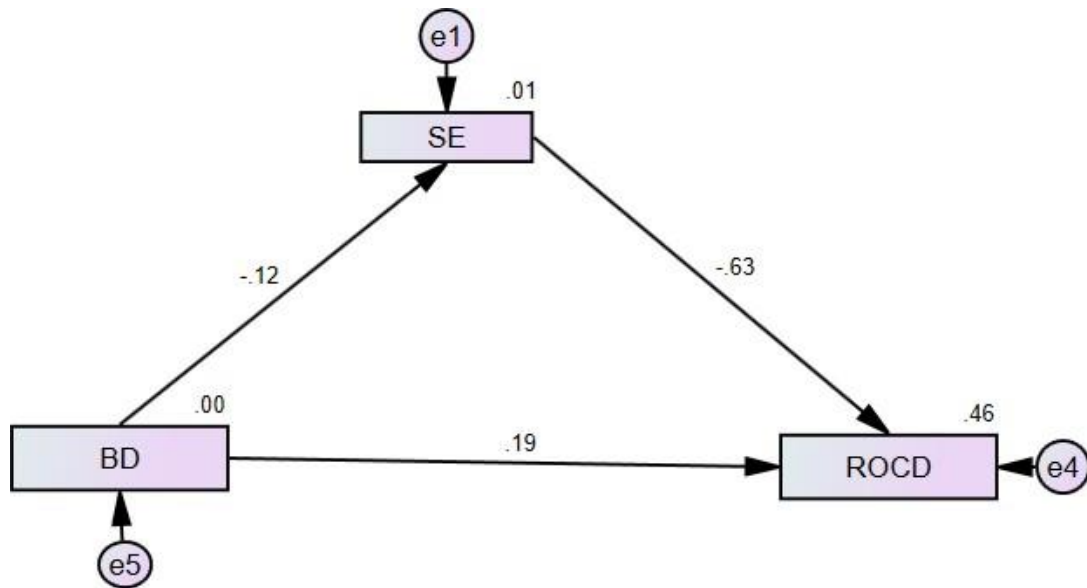


Table 4.22 Direct and Indirect Mediating Effect of Body dissatisfaction on ROCD symptoms

Relationship	Direct effect		Indirect Effect		Total Effect		Confidence Interval		Result
	β -value	p-value	β -value	p-value	β -value	p-value	Upper Bound	Lower Bound	
SE $\leftarrow$ BD	-0.119	0.025*	-	-	-0.119	0.025	-0.047	-0.195	Partial
ROCD $\leftarrow$ BD	0.193	0.013*	0.075	0.015	0.268	0.007**	0.349	0.194	Mediation
ROCD $\leftarrow$ SE	-0.627	0.012**	-	-	-0.627	0.012	-0.566	-0.677	

Note: * $p < .05$, ** $p < .001$

H₁₃ Self-esteem mediates the association between Body Dissatisfaction and Relationship-Obsessive Compulsive Disorder Symptoms

Through Self-esteem the indirect effect on ROCD symptoms was found to be 0.075 ($\beta = 0.075$). The direct effect was statistically significant with a range of -0.677 to -0.566 ($\beta = -0.627$, $p < 0.01$), confirming H_{13}

4.6 Assessing the association between SE, BD & ROCD in the presence of the Types of jealousy

In the study, to assess the impact of Types Of Jealousy on ROCD, factors such as CRJ, ERJ, & BRJ have been identified via EFA. Further, regression and SEM, two statistical techniques, have been adopted to analyse the data and determine the correlation between the identified factors and ROCD. Here the study results would determine the precise impact or correlations between the identified factors of Types Of Jealousy with ROCD. Therefore, it is significant to highlight that although these attitudes may have an effect on people who exhibit symptoms similar to ROCD, the causes and circumstances that contribute to ROCD are probably complex and cannot be completely attributed to these attitudes.

According to the gathered data of the structural model the structural model fit indices CMIN value is 2409.628, suggesting a discrepancy of 1022 degrees of freedom between the latent data and the inferred expectations of the model. It is the total number of free parameters that the model has determined. The probability value for the CMIN statistic is also given as 0.000, indicating a significant divergence from the inferred predictions of the model in the latent data.

Figure 4.15 Model Summary of the Relationship between SE, BD & ROCD in the Presence of Types Of Jealousy

Computation of degrees of freedom (Default model)

Number of distinct sample moments:	1128
Number of distinct parameters to be estimated:	106
Degrees of freedom (1128 - 106):	1022

Result (Default model)

Minimum was achieved
Chi-square = 2409.628
Degrees of freedom = 1022
Probability level = .000

CMIN to DF is divided by 2.358. Lower values typically indicate a better fit. GFI also gauges the extent to which the model explains the variation in the latent data. Here, the GFI value is 0.793, according to the statistics. Values closer to 1 imply a better fit.

Additionally, an AGFI value of 0.772 is asserted. The GFI and AGFI values satisfied the criterion proposed by (Baumgartner and Homburg, 1996) and (W. Doll, Weidong Xia, G. Torkzadeh, 1994): the value is acceptable if above 0.80, even when they do not reach 0.9 (the threshold value). Similar to GFI, it adjusts for the complexity of the model. The TLI and CFI value, on the other hand, is 0.936 & 0.940. TLI measures how much better the suggested model fits the data, on average, as compared to the null model, while CFI measures the suggested model's fit with a reference model's fit. A fitting value over 0.90 is considered to be reasonably excellent (Hair et al., 2010).

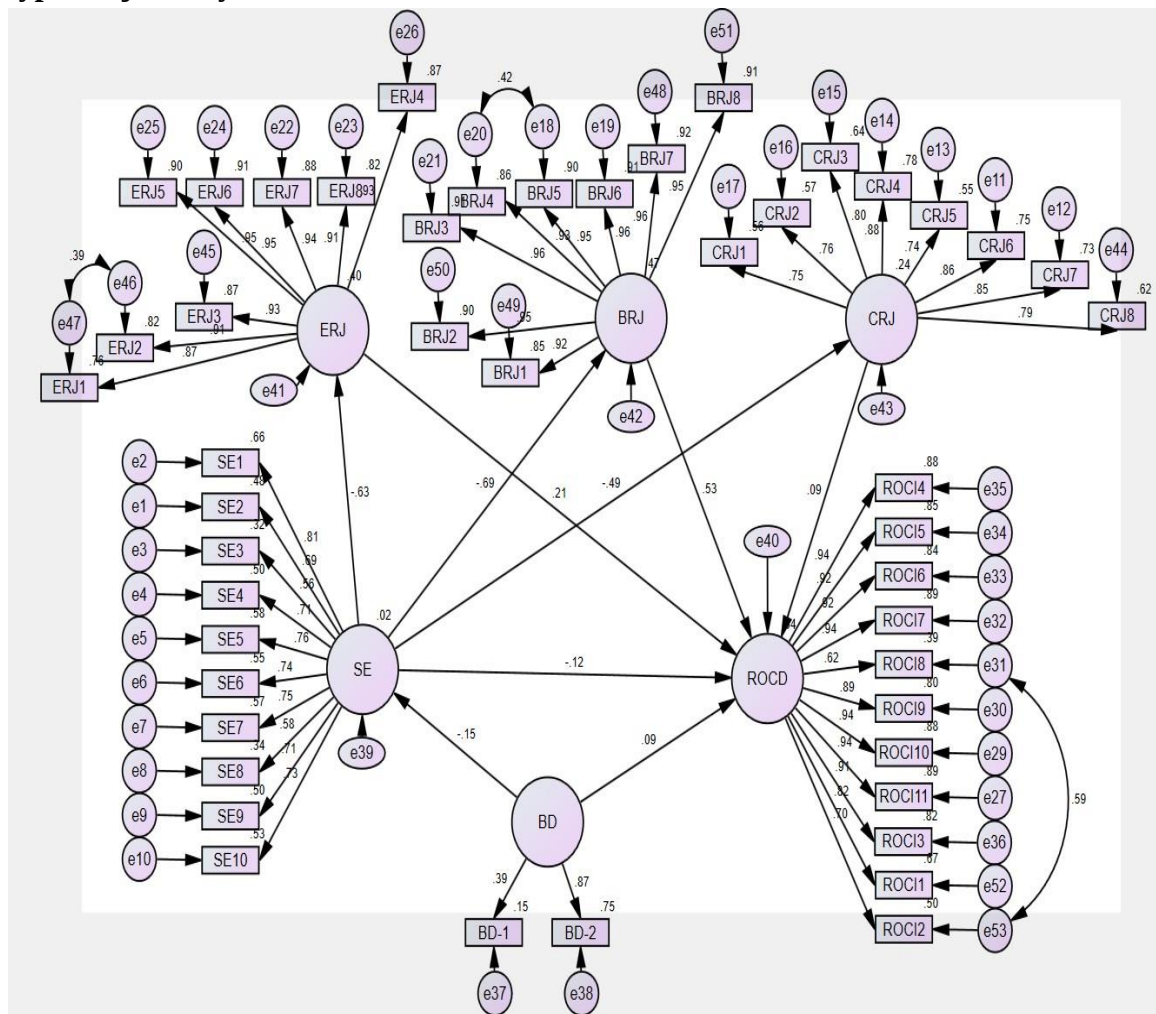
Figure 4.16 Model fit Indices of the Relationship between SE, BD, ROCD & Types of jealousy

Model	Structural
CMIN	2409.628
Independence Model	24020.76
DF	1022
P-Value	0.000
CMIN/DF	2.358
GFI	0.793
AGFI	0.772
TLI	0.936
CFI	0.940
RMESA	0.058

The RMSEA is stated as 0.058. It provides a gauge of how closely the model matches the population covariance matrix while considering model complexity. Values less than 0.08 are generally considered to indicate a favourable match.

According to structured model fit indexes, the suggested model and the latent data mostly agree. Other than GFI, & AGFI, which indicates a moderately decent match, indices like CMIN, DF, P-value, CMIN/DF, GFI, TLI, CFI, and RMESA have indicated a reasonably decent fit. The present approach for determining the effect of GGS variables on ROCD should be taken into consideration basis on the gathered data and the model fit results.

Figure 4.17 Assessing the Relationship between SE, BD & ROCD in the presence of types of jealousy



The study effort on ROCD looked on a number of Types of jealousy-related components. As a result of the examination of the data, significant conclusions about how these factors affect ROCD were made. The impact of Types Of Jealousy variables on ROCD was significantly revealed by the regression coefficient table below.

Table 4.23 Unstandardized & Standardized Regression Weights of SE, BD, ROCD & Types of jealousy

	Beta Coefficients	S.E.	C.R.	P	R-value	Results
SE<---BD	-0.132	0.054	-2.445	0.014	-0.154	Significant
ERJ<---SE	-1.437	0.111	-12.95	***	-0.634	Significant
BRJ<---SE	-1.729	0.119	-14.483	***	-0.686	Significant
CRJ<---SE	-0.693	0.075	-9.287	***	-0.487	Significant
ROCD<---ERJ	0.163	0.033	4.884	***	0.206	Significant
ROCD<---BRJ	0.381	0.033	11.533	***	0.534	Significant
ROCD<---CRJ	0.113	0.047	2.383	0.017	0.089	Significant

ROCD<---SE	-0.213	0.109	-1.951	0.051	-0.118	Significant
ROCD<---BD	0.143	0.059	2.425	0.015	0.093	Significant
SE2<---SE	0.886	0.059	15.123	***	0.693	Significant
SE1<---SE	1				0.815	Significant
SE3<---SE	0.569	0.049	11.716	***	0.562	Significant
SE4<---SE	0.832	0.053	15.607	***	0.710	Significant
SE5<---SE	0.933	0.055	17.078	***	0.760	Significant
SE6<---SE	0.952	0.057	16.598	***	0.744	Significant
SE7<---SE	0.914	0.054	16.919	***	0.755	Significant
SE8<---SE	0.81	0.067	12.161	***	0.581	Significant
SE9<---SE	0.942	0.061	15.503	***	0.707	Significant
SE10<---SE	0.945	0.059	16.047	***	0.726	Significant
CRJ6<---CRJ	1				0.865	Significant
CRJ7<---CRJ	0.921	0.041	22.631	***	0.852	Significant
CRJ5<---CRJ	0.857	0.048	17.837	***	0.740	Significant
CRJ4<---CRJ	1.05	0.044	24.081	***	0.881	Significant
CRJ3<---CRJ	0.911	0.045	20.33	***	0.802	Significant
CRJ2<---CRJ	0.956	0.052	18.463	***	0.756	Significant
CRJ1<---CRJ	0.782	0.043	18.198	***	0.749	Significant
BRJ5<---BRJ	0.901	0.021	43.552	***	0.948	Significant
BRJ6<---BRJ	0.954	0.021	45.79	***	0.956	Significant
BRJ4<---BRJ	0.844	0.021	39.437	***	0.929	Significant
BRJ3<---BRJ	1				0.956	Significant
ERJ7<---ERJ	0.961	0.027	36.26	***	0.936	Significant
ERJ8<---ERJ	0.868	0.027	32.291	***	0.906	Significant
ERJ6<---ERJ	0.974	0.025	38.897	***	0.953	Significant
ERJ5<---ERJ	0.957	0.025	37.926	***	0.947	Significant
ERJ4<---ERJ	0.883	0.025	35.533	***	0.931	Significant
ROCI11<---ROCD	0.982	0.025	39.584	***	0.942	Significant
ROCI10<---ROCD	0.973	0.025	38.496	***	0.936	Significant
ROCI9<---ROCD	0.897	0.028	32.111	***	0.892	Significant
ROCI8<---ROCD	0.642	0.042	15.169	***	0.623	Significant
ROCI7<---ROCD	1				0.944	Significant
ROCI6<---ROCD	0.976	0.027	35.529	***	0.918	Significant
ROCI5<---ROCD	0.931	0.026	35.881	***	0.920	Significant
ROCI4<---ROCD	0.964	0.025	39.251	***	0.940	Significant
ROCI3<---ROCD	0.769	0.023	33.889	***	0.906	Significant
BD1<---BD	1				0.386	Significant
BD2<---BD	2.052	1.208	1.698	***	0.869	Significant
CRJ8<---CRJ	0.782	0.04	19.677	***	0.787	Significant
ERJ3<---ERJ	1				0.930	Significant
ERJ2<---ERJ	0.916	0.028	32.54	***	0.908	Significant
ERJ1<---ERJ	0.913	0.032	28.613	***	0.870	Significant

BRJ7<---BRJ	0.966	0.02	47.24	***	0.961	Significant
BRJ1<---BRJ	0.952	0.025	37.92	***	0.921	Significant
BRJ2<---BRJ	0.946	0.022	43.661	***	0.948	Significant
BRJ8<---BRJ	0.998	0.022	45.302	***	0.955	Significant
ROCI1<---ROCD	0.682	0.027	25.43	***	0.821	Significant
ROCI2<---ROCD	0.723	0.039	18.542	***	0.704	Significant

H₁₄: Self-esteem is negatively related to Cognitive jealousy

The research found an inverse significant association between cognitive jealousy and self-esteem ($r = -0.487$, $p < 0.01$). This shows that those who have higher levels of self-esteem are less likely to experience cognitive jealousy. This finding is further supported by the beta coefficient of -0.693 ($\beta = -0.693$, $p < 0.01$), which indicates that as self-esteem rises, cognitive jealousy is less likely to occur. H_{14} is accepted.

H₁₅: Self-esteem is negatively related to emotional jealousy

The study found a significant negative association between emotional jealousy and self-esteem ($r = -0.634$, $p < 0.01$). This conclusion is further supported by the beta value of -1.437 ($\beta = -1.437$, $p < 0.01$), which indicates that emotional jealousy is much less likely to occur as self-esteem rises. This coefficient illustrates the significant influence of self-esteem as a strong predictor of emotional jealousy and the intensity and direction of the association between self-esteem and emotional jealousy. H_{15} is accepted.

H₁₆: Self-esteem is negatively related to behavioral jealousy

According to the study, there is a significant negative association between behavioral jealousy and self-esteem ($r = -0.686$, $p < 0.01$). People with greater self-esteem are also less likely to display behavioral jealousy in their romantic relationships. This conclusion is further supported by the beta coefficient of -1.729 ($\beta = -1.729$), which shows that as self-esteem rises, behavioral jealousy is substantially less likely to occur. H_{16} is accepted.

H₁₇: Cognitive jealousy is positively related to ROCD symptoms

The study discovered a positive connection between ROCD and cognitive jealousy ($r = 0.089$), suggesting a significant relationship at $p < 0.05$. This implies that people who have higher levels of cognitive jealousy are more likely to have symptoms of ROCD. This finding is further supported by the beta coefficient of 0.113 ($\beta = 0.113$, $p < 0.05$), which indicates that, to a lesser extent, as cognitive jealousy grows, so does the risk of having ROCD. H_{17} is accepted.

H₁₈: Emotional jealousy is positively related to ROCD symptoms

According to the study, there is a positive link between ROCD and emotional jealousy ($r = 0.206$, $p < 0.01$). This implies that ROCD symptoms are more likely to occur in people who have higher degrees of emotional jealousy. This finding is further supported by the beta value of 0.163 ($\beta = 0.163$, $p < 0.01$), which indicates that, to a lesser extent, as emotional jealousy grows, so does the risk of having ROCD symptoms. H_{18} is accepted.

H₁₉: Behavioral jealousy is positively related to ROCD symptoms

According to the study, there is a significant positive link between ROCD symptoms and behavioral jealousy ($r = 0.534$, $p < 0.01$). This suggests that people who exhibit higher levels of behavioral jealousy are more likely to have symptoms of ROCD. This finding is further supported by the beta value of 0.381 ($\beta = 0.381$, $p < 0.01$), which indicates that as behavioral jealousy increases, so does the likelihood of developing ROCD. H_{19} is accepted.

4.6.1 Mediating Effect of Types of Jealousy Factors Between SE & ROCD

The kind of jealousy people display can have a detrimental effect on ROCD, especially when self-esteem is taken into account as an independent variable. The complex emotion of jealousy can appear in many different ways, including cognitive jealousy (CRJ), behavioural jealousy (BRJ) and emotional jealousy (ERJ). Let's think about a possible model for this relationship: As an example of how the relationships might be modelled, consider the following:

Kind of jealousy preferences as a mediator, self-esteem as an independent variable, and ROCD as the dependent variable. In this instance, a more positive self-concept and stronger sense of self-worth are linked to higher levels of self-esteem because they have more faith in their own worth and the commitment of their partner, those who have higher levels of self-esteem are less prone to suffer from severe and illogical jealousy. The symptoms of ROCD can be lessened by this kind of constructive jealousy, which can result in stronger marital dynamics and less obsession with uncertainties and insecurities. On the other hand, poor self-esteem may associate with behavioural jealousy. The symptoms of ROCD can be made worse by behavioural jealousy, which is characterised by extreme possessiveness, insecurity, and suspicion. It can erode trust and weaken the foundation of the relationship. The same case is with the emotional jealousy. That is why it's vital to remember that a wide range of variables can associate with

jealousy, and that these factors can also affect the relationship between self-esteem, jealousy type, and ROCD.

In the study, perceptions of 400 people have been used to investigate the above listed linkages. That is why mediation is applied on the three factors (CRJ, ERJ, BRJ) of Types of jealousy. The degree to which the kind of jealousy mediates the association between self-esteem and ROCD symptoms can be ascertained by conducting a data analysis using appropriate statistical techniques, such as mediation analysis in AMOS.

Figure 4.18 Mediator Types Of Jealousy Model

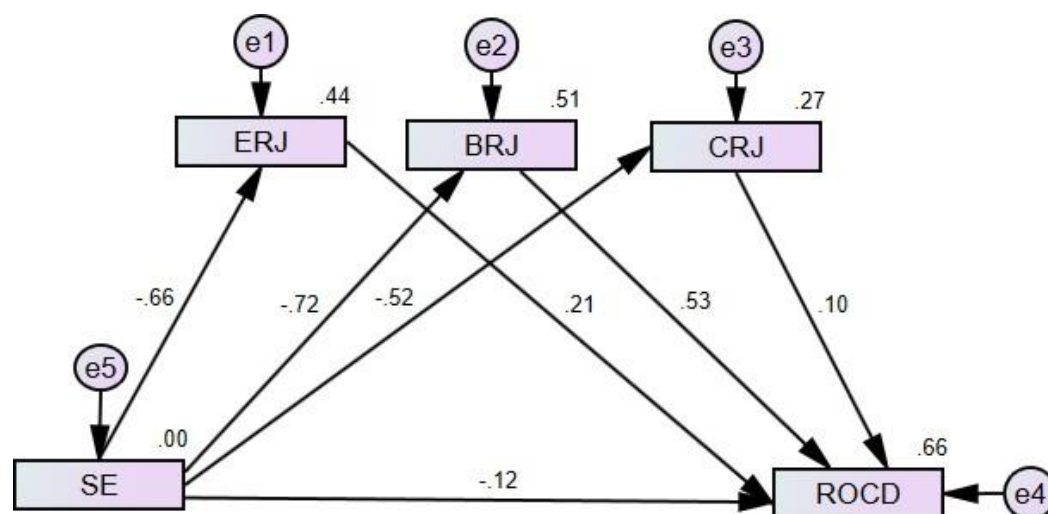


Table 4.24 Direct and Indirect Mediating Effect of Types of jealousy on ROCD Symptoms

Types of Jealousy Factors	Relationship	Direct effect		Indirect Effect		Total Effect		Confidence Interval		Result
		β -value	p-value	β -value	p-value	β -value	p-value	Upper Bound	Lower Bound	
CRJ	CRJ<---SE	-0.518	0.012*	-	-	-0.518	0.012*	0.445	-0.581	Partial Mediation
	ROCD<---CRJ	0.104	0.007**	-	-	0.104	0.007*	0.173	.059	
	ROCD<---SE	-0.121	0.031*	-0.578	0.013	-0.699	0.009*	-0.652	-0.746	
BRJ	BRJ<---SE	-0.717	0.012*	-	-	-0.717	0.012*	-0.673	-0.76	Partial Mediation
	ROCD<---BRJ	0.534	0.009**	-	-	0.534	0.009*	0.635	.433	
	ROCD<---SE	-0.121	0.031*	-0.578	0.013	-0.699	0.009*	-0.652	-0.746	
ERJ	ERJ<---SE	-0.663	0.009**	-	-	-0.663	0.009*	0.608	-0.721	Partial Mediation
	ROCD<---ERJ	0.212	0.007**	-	-	0.212	0.007*	0.302	.131	
	ROCD<---SE	-0.121	0.031*	-0.578	0.013	-0.699	0.009*	-0.652	-0.746	

Note: * $p < .05$, ** $p < .001$

H₂₀: Cognitive Jealousy mediates the association between Self-esteem and ROCD symptoms

H₂₁: Emotional Jealousy mediates the association between Self-esteem and ROCD symptoms

H₂₂: Behavioral Jealousy mediates the association between Self-esteem and ROCD symptoms

The study assessed the mediating role of types of jealousy on the relationship between self-esteem and ROCD symptoms. Through Cognitive Jealousy, the direct effect was statistically significant with a range of 0.059 to 0.173 ($\beta=0.104$, $p<0.01$). Similarly, through Emotional and behavioral jealousy, the direct effects were significant ($\beta=0.212$, $p<0.01$; $\beta=0.534$, $p<0.01$), respectively. Overall, the indirect effect was found to be $\beta=-0.578$, confirming all three hypotheses H₂₀, H₂₁ and H₂₂

4.7 Discussion

The aggregative result of the study in terms of the status of hypotheses has been shared through Table 4.27.

Table 4.25: Results of hypothesis

Hypotheses	Status
<i>H₁: Body dissatisfaction is negatively related to self-esteem</i>	<i>Empirically Supported</i>
<i>H₂: Body dissatisfaction is positively related to ROCD symptoms</i>	<i>Empirically Supported</i>
<i>H₃: Self-esteem will be positively related to an altruistic gift-giving motive</i>	<i>Empirically Supported</i>
<i>H₄: Self-esteem will be positively related to practical gift-giving motive.</i>	<i>Empirically Supported</i>
<i>H₅: Self-esteem will be negatively related to obligatory gift-giving motive.</i>	<i>Empirically Supported</i>
<i>H₆: Altruistic gift-giving motive will be negatively related to relationship obsessive-compulsive disorder symptoms.</i>	<i>Empirically Supported</i>
<i>H₇: Practical gift-giving motive will be negatively related to relationship obsessive-compulsive disorder symptoms.</i>	<i>Empirically Supported</i>
<i>H₈: Obligatory gift-giving motive will be positively related to</i>	<i>Empirically not</i>

<i>relationship obsessive-compulsive disorder symptoms.</i>	<i>Supported</i>
<i>H₉: Altruistic gift-giving motive mediates the association between self-esteem and relationship obsessive-compulsive disorder symptoms</i>	<i>Empirically Supported</i>
<i>H₁₀: Practical gift-giving motive mediates the association between self-esteem and relationship obsessive-compulsive disorder symptoms.</i>	<i>Empirically Supported</i>
<i>H₁₁: Obligatory gift-giving motive mediates the association between self-esteem and relationship obsessive-compulsive disorder symptoms.</i>	<i>Empirically not Supported</i>
<i>H₁₂: Self-esteem will be negatively related to relationship obsessive-compulsive disorder symptoms.</i>	<i>Empirically Supported</i>
<i>H₁₃: Self-esteem mediates the association between body dissatisfaction and relationship obsessive-compulsive disorder symptoms.</i>	<i>Empirically Supported</i>
<i>H₁₄: Self-esteem will be negatively related to cognitive jealousy</i>	<i>Empirically Supported</i>
<i>H₁₅: Self-esteem is negatively related to emotional jealousy.</i>	<i>Empirically Supported</i>
<i>H₁₆: Self-esteem is negatively related to behavioral jealousy.</i>	<i>Empirically Supported</i>
<i>H₁₇: Cognitive jealousy is positively related to relationship obsessive-compulsive disorder (ROCD) symptoms.</i>	<i>Empirically Supported</i>
<i>H₁₈: Emotional jealousy is positively related to relationship obsessive-compulsive disorder (ROCD) symptoms.</i>	<i>Empirically Supported</i>
<i>H₁₉: Behavioral jealousy is positively related to relationship obsessive-compulsive disorder (ROCD) symptoms.</i>	<i>Empirically Supported</i>
<i>H₂₀: Cognitive Jealousy mediates the association between self-esteem and relationship obsessive-compulsive disorder symptoms.</i>	<i>Empirically Supported</i>
<i>H₂₁: Emotional Jealousy mediates the association between self-esteem and relationship obsessive-compulsive disorder symptoms.</i>	<i>Empirically Supported</i>
<i>H₂₂: Behavioral Jealousy mediates the association between self-esteem and relationship obsessive-compulsive disorder symptoms.</i>	<i>Empirically Supported</i>

The results indicate the status of hypotheses based on data analysis. The current study is credited to be contributing to the newly attributed concept of Relationship obsessive-compulsive symptoms and its link with constructs of self-esteem and body dissatisfaction

as well as behavioral tendencies like gift giving motives and romantic jealousy. The central discoveries of the research were as follows: (1) Body-dissatisfaction has a direct impact on relationship obsessive compulsive disorder (ROCD) symptoms (2) Self-esteem plays a mediating function between body-dissatisfaction and relationship obsessive compulsive disorder (ROCD) symptoms.

As hypothesized, our study revealed a negative association between body dissatisfaction and self-esteem. This aligns with existing literature that suggests that individuals possessing less body disturbance show higher self-esteem and vice versa (Mishra, 2020). Similarly, Harter (1999) in his studies have argued that perceptions of physical appearance and self-worth are closely intertwined, with perceived appearance consistently being the strongest predictor of self-esteem.

However, these results should be interpreted within the limitations of the study's cross-sectional and correlational design. Because data were collected at a single time point, causal conclusions regarding the directionality of the relationship cannot be drawn. While theoretical frameworks often posit that body dissatisfaction leads to reduced self-esteem, the reverse pathway, where low self-esteem contributes to greater body dissatisfaction, also holds substantial empirical support (Fingeret & Gleaves, 2004; Tylka & Sabik, 2010).

Indeed, several studies have shown that individuals with low self-esteem are more prone to internalizing societal appearance ideals, engaging in body surveillance and social comparisons, and experiencing body shame (Mercurio & Landry, 2008; Paxton et al., 2006; van den Berg et al., 2007). High self-esteem, on the other hand, has been linked to greater acceptance of one's physical appearance and lower engagement in self-critical behaviors (Fitch, 1970). These findings collectively point toward a reciprocal or interactive relationship, where body dissatisfaction and self-esteem mutually influence each other, potentially creating a reinforcing cycle over time. Future longitudinal or experimental research is needed to clarify the directionality and mechanisms underlying this association.

However, The relatively weak correlation observed between body dissatisfaction and self-esteem in our study warrants careful interpretation. Several factors may account for this finding. First, body dissatisfaction is a multidimensional construct, encompassing dissatisfaction with various aspects such as weight, shape, skin, or facial features. Participants may experience dissatisfaction with some features but not others, which

could dilute the overall correlation with self-esteem. Second, cultural and contextual influences may play a role. In some populations—particularly those exposed to collectivist values or body-positivity movements—appearance-related concerns may be less central to global self-worth, weakening the association between these constructs.

Third, individuals may rely on compensatory psychological resources (e.g., academic success, interpersonal relationships, or personality strengths) that buffer the impact of body dissatisfaction on self-esteem. Consequently, global self-esteem may remain relatively unaffected despite body-related concerns. A fourth explanation pertains to measurement mismatches. Self-esteem was measured as a stable trait-like construct, while body dissatisfaction may fluctuate more dynamically depending on context. This temporal incongruity may attenuate correlations.

Additionally, a methodological limitation may have contributed to the weak association observed: the body dissatisfaction scale employed in this study consisted of only two items and demonstrated a relatively low internal consistency (Cronbach's alpha). While this scale has been validated and used in prior studies (Parzer et al., 2021; Lo, 2012; Cardinal, 2006), the reliability concern remains a noteworthy constraint that may have weakened the statistical association with self-esteem in our data.

Interestingly, when gift-giving motives were introduced as mediating variables, the relationship between body dissatisfaction, self-esteem, and ROCD symptoms became more pronounced. Altruistic and practical gift-giving motives may serve as psychosocial mechanisms that help individuals cope with self-evaluative concerns. For example, those experiencing low self-esteem or body dissatisfaction might attempt to regulate relational insecurities through compensatory behaviors such as giving. Although no causal claims can be made, these findings highlight the complex interplay between psychological traits and relational behaviors and suggest that gift-giving may play a regulatory role in managing emotional discomfort in close relationships.

Our study presents empirical evidence showcasing a positive association between body-dissatisfaction and relationship obsessive-compulsive disorder (ROCD) symptoms. The findings were consistent with prior literary work. In a study by Paap and Gardner (2011), it was found that individual's body image, including factors such as body size distortion and body dissatisfaction, predicted decreased relationship satisfaction. Additionally, a meta-analytical study by Stiles et al (2022) revealed that body dissatisfaction and relationship satisfaction share a negative correlation of -0.24 ($r_{xy} = -0.24$) with each

other.

The current study provides peculiar empirical findings unfolding a robust positive relationship between altruistic gift-giving motive and self-esteem. These results run parallel with the existing literature which indicates that self-esteem is a reliable predictor of altruistic actions managed online (Jiang et al., 2017; Zheng & Gu, 2012).

Similarly, the findings indicate a positive association between self-esteem and the motivation for practical gift-giving. Zuffianò et al. (2014) explored the connection between self-esteem and prosocial behaviors from mid-adolescence to young adulthood, revealing a positive relationship between the two. Research in this area suggests that the development of prosocial tendencies is largely influenced by internal factors. Notably, high self-efficacy has been identified as a key predictor of prosocial behavior (Batson, 1991; Batson et al., 1981, 1997; Dovidio et al., 2006; Eisenberg, 2000; Piliavin & Charng, 1990). Since self-efficacy and self-esteem are closely linked, this relationship may also extend to practical gift-giving motivations.

We found substantial supporting evidence of a negative relationship between self-esteem and obligatory gift-giving motives (Nguyen & Munch, 2011). Low self-confidence has been identified as a factor that promotes conformity (Tannur & Roswiyani, 2021), further emphasizing the link between self-esteem and behaviors driven by obligation.

Our study presents compelling evidence that highlights a significant inverse relationship between self-esteem and romantic jealousy. There are studies that support the reliability of the current research findings. For example, Hand (2015) demonstrated individuals possessing low self-esteem feared losing their partner to someone they identified as superior. In their 2021 study, Paula et al. discovered statistically significant inverse relationships between self-esteem and romantic jealousy. They also proposed that individuals who possess confidence in their romantic relationships tend to experience reduced levels of romantic jealousy. Similarly, Farooq (2020) identified that low self-esteem was a significant predictor of feelings of jealousy and aggression.

In line with our hypothesis, our study identified a negative association between self-esteem and symptoms of relationship obsessive-compulsive disorder (ROCD). This finding aligns with older literature indicating that exposure to information that challenges an individual's moral self-perceptions can trigger the activation of maladaptive beliefs related to obsessive-compulsive disorder (OCD), as highlighted by Abramovitch et al. (2013). These results support the idea that self-related vulnerabilities, including aspects

such as self-worth and self-esteem, are linked to OCD and other associated disorders. Furthermore, Hughes et al. (2021) observed a connection between low self-esteem and both relationship dissatisfaction and feelings of insecurity.

Consistent with prior research, there has been clear connections between self-esteem, body image and interpersonal problems (Rebecca Kelly Robertson, 2009), with self-esteem partially mediating the association between body-dissatisfaction and relationship dissatisfaction (Laura Salerno 2017).

Our study showed that both altruistic and practical gift-giving motives have a negative association with symptoms of ROCD. Based on Chapman's love language theory (2010), which categorizes gift giving as one of the five love languages, our findings are consistent with the research showcasing that altruistic financial behaviors such as gift-giving and charitable donations, enhance happiness (Dunn et al., 2008). Besides, Chan and Mogilner (2017) illuminated that experiential gifts, involving movie tickets or dinner preparations, promote a sense of proximity between the giver and the recipient. Additionally, Herschfield et al. (2016), suggested that recipients of experiential gifts, essentially those receiving concert tickets or restaurant gift cards, tend to feel a greater sense of closeness to the giver.

The results failed to demonstrate a significant association between obligatory gift-giving motives with ROCD symptoms. This discovery underscores a significant gap between theoretical findings and the data analysed. According to Beatty et al. (1991), the norm of reciprocity revolves around fostering mutual obligation, thereby strengthening relationship bonds. Individuals who regard relationships as highly valuable are more inclined to participate in gift-giving as a way to strengthen and reinforce these connections. Cultures that emphasize collectivism tend to display positive behaviors regarding the effort and frequency of engaging in gift-giving activities (Park, 1998). For instance, in Japan, gift-giving is frequently driven by a sense of obligation rooted in social and cultural norms (Gehrt & Shim, 2002). Similarly, a study conducted in Delhi revealed that reciprocity was a key motive for gift-giving in casual relationships in India (Sharma et al., 2015).

The findings of our study specified a significant direct effect of self-esteem on symptoms of relationship obsessive-compulsive disorder (ROCD) and gift-giving motives mediated this association. Though the literature is sparse in directly appraising the relationship between the aforementioned variables, similar studies could provide valuable insights.

Individuals with low self-esteem may seek to compensate for their perceived lower value in the relationship market by using gifts as a strategy to enhance their attractiveness and strengthen their connections with partners (Jonason, Tost, Koenig, 2012; Greer & Buss, 1994). Additionally, Nguyen and Munch (2011) elucidate that gifts symbolize love and commitment in romantic relationships, suggesting that individuals may rely on this strategy to enhance their relational dynamics. Through the act of gift-giving, individuals build social alliances and maintain relationships (Hamilton, 1964; Latane, 1970).

Ancient literature has generated inconsistent findings, regarding the association of romantic jealousy with relationship outcomes, as it is linked to both positive and negative effects. While romantic jealousy is often associated with noxious consequences, for example, relationship dissatisfaction, it has been tied to positive outcomes, such as increased commitment (Toohey, 2014; Dugosh, 2000; Duemmler and Kobak, 2001). To address these inconsistencies, we proposed a positive correlation between romantic jealousy and OCD symptoms. Elphinston et al. (2013) highlighted that jealousy can contribute to the unhappiness experienced within a relationship, with cognitive jealousy being directly linked to relationship dissatisfaction. Additionally, it was discovered that behavioral jealousy, including surveillance behaviors and responses to jealousy, was directly linked to relationship dissatisfaction (Elphinston et al., 2013).

The findings of our study yielded a significant direct effect of self-esteem on symptoms of relationship obsessive-compulsive disorder (ROCD) and romantic jealousy mediated this link. Earlier research connotes that romantic jealousy acts as mediator in the association between self-esteem and relationship discontentment (Ghorbani et al., 2018; Zeybek et al., 2017). In essence, individuals with depreciated self-esteem are reasonably more prone to experience romantic jealousy, which can further breed ROCD symptoms. Conversely, individuals with greater self-esteem will encounter decreased levels of jealousy and therefore, lesser relationship doubts characteristic of ROCD.

While several correlations in this study reached statistical significance due to the large sample size ($N = 400$), emphasis was placed on their clinical and practical relevance by interpreting the effect sizes using Cohen's (1988) guidelines. Pearson's r was treated as the effect size, with values of approximately .10, .30, and .50 indicating small, medium, and large effects, respectively. For instance, the correlation between self-esteem and AGGS ($r = .697$) represents a large effect, suggesting strong psychological relevance. Conversely, the association between body dissatisfaction and ROCD ($r = .211$), while

statistically significant ($p < .01$), indicates a small effect and should be interpreted with appropriate caution when considering its clinical utility.

4.8 Chapter summary

This chapter is the main essence of the thesis. The chapter elucidates empirical support to how the objectives of the study were met by employing different methods. The study used a SPSS version 26 and AMOS 24 to analyse the data. AMOS 24 to create a model relating determinants of behavioural tendencies of ROCD symptoms. The independent variables in the study included body dissatisfaction. The dependent variables were ROCD symptoms. The mediators included self-esteem and behavioural tendencies like gift giving motives and romantic jealousy.

Chapter 5

Findings, implications and future research

Relationship Obsessive-Compulsive Disorder (ROCD) is undoubtedly a critical topic, especially considering the limited amount of research conducted in this realm. This study contributes to the comprehension of how different variables interact within romantic relationships. This multidimensional approach not only sheds light on the psychological complexities of ROCD but also offers potential pathways for therapeutic interventions and preventive measures, which are particularly important given the insufficient research available in this area. This chapter discusses the main findings based on the researcher's analysis of the nexus between body dissatisfaction, self-esteem, behavioral tendencies such as gift-giving motives and romantic jealousy, and ROCD symptoms within romantic relationships. In addition, this section discusses the study's findings in the context of the research objectives, which assists in drawing well-grounded conclusions. The chapter also outlines prospective research recommendations and highlights areas for future exploration.

5.1 Major findings of the study

Given the limited depth in the research community concerning the influence of self-perceived body image on interpersonal relationships, this study aims to contribute by exploring the association between body dissatisfaction and Relationship Obsessive-Compulsive Disorder (ROCD) symptoms. The primary research question investigates the relationships among body dissatisfaction, self-esteem, behavioral tendencies, and the occurrence of doubts and uncertainties within romantic relationships. The results of the study highlighted significant associations between body dissatisfaction, self-esteem, and ROCD symptoms. This research contributes to the growing understanding of ROCD by examining its relationships with self-esteem, body dissatisfaction, and behavioral tendencies such as gift-giving motives and romantic jealousy. The central findings of the research are as follows: i) Body dissatisfaction has a direct impact on ROCD symptoms. ii) Self-esteem serves a mediating role between body dissatisfaction and ROCD symptoms. iii) Behavioral tendencies (gift-giving motives and Romantic Jealousy) impact ROCD symptoms.

Given the prior literature and seeing a gap in earlier studies, we deemed it essential to investigate the relations between the determinants of ROCD symptoms. In the current study, significant associations were found between both body dissatisfaction and self-esteem with ROCD symptoms. Additionally, the findings highlight a strong relationship between self-esteem and body dissatisfaction, suggesting that perceptions of one's body may be linked to self-perception and confidence.

While this study explores the association between body dissatisfaction, self-esteem, relationship obsessive behaviors, and ROCD symptoms, it is essential to interpret these findings within the broader Indian cultural framework. Unlike Western contexts where dating and romantic exploration are often normalized from adolescence, Indian cultural norms, particularly in traditional and semi-urban settings may impose constraints on romantic autonomy. Although the current sample excluded married individuals and comprised only those currently or previously in romantic relationships, the opportunity to explore relationships freely may still be limited due to family expectations, social surveillance, or gendered double standards. Given that dating may be perceived as a step toward marriage rather than casual exploration, relationship uncertainties could be experienced more acutely and provoke stronger obsessive behaviors.

Therefore, the cultural backdrop, where romantic choices may be influenced by family, caste, or socioeconomic considerations, could amplify the psychological distress associated with relational indecision. Future studies should delve deeper into how these cultural dynamics mediate or moderate the link between self-perception and relational anxiety in Indian young adults.

This study focused specifically on relationship-centered ROCD, a subtype of relationship obsessive-compulsive disorder characterized by intrusive doubts and compulsions centered on the validity and depth of one's feelings toward a romantic partner or the relationship itself (Doron et al., 2012). Individuals with these symptoms frequently experience persistent thoughts such as "What if I don't really love my partner?" or "What if this relationship is not the right one?" These obsessions are typically accompanied by compulsive behaviors such as reassurance-seeking, emotional checking, comparison with others, and rumination.

Although such thoughts appear to concern the relationship, emerging research suggests that they may be rooted in deeper intrapersonal vulnerabilities. In particular, low self-esteem, fear of making irreversible decisions, perfectionism in romantic ideals, and

intolerance of uncertainty have been consistently associated with relationship-centered ROCD (Doron & Derby, 2017). These internal factors may drive a person to overanalyze their romantic relationship as a means of managing underlying self-doubt or existential anxiety.

The findings of the present study support this conceptualization. Specifically, low self-esteem was significantly associated with higher levels of relationship-centered ROCD symptoms, suggesting that the seemingly outward-focused doubts may, in fact, reflect internal emotional conflicts. This aligns with theoretical models proposing that individuals with fragile self-worth may project their insecurities onto their relationships, leading to heightened anxiety and compulsive checking behaviors.

This distinction between relationship-based obsessions and self-focused origins is crucial for both interpretation and treatment. While the symptom content appears to revolve around the partner or the relationship, the underlying pathology often lies within the individual's self-concept. Understanding this dynamic can enhance the effectiveness of cognitive-behavioral interventions by targeting not only the obsessive content but also the self-esteem deficits and cognitive distortions that maintain the cycle.

Future research may benefit from further disentangling these dimensions by examining whether interventions aimed at improving self-concept and emotional regulation can indirectly reduce ROCD symptoms. Such differentiation can also help clarify diagnostic criteria and improve therapeutic precision.

The analysis of demographic details, including age and gender, revealed no significant differences. Therefore, we can conclude that body dissatisfaction and self-esteem issues are not confined to a specific gender. These challenges can affect individuals across all genders and ages, indicating that other factors likely contribute to their development.

Out of all three forms of gift giving, the relationship between self-esteem and altruistic gift, giving style is seen as highly substantial. Self-esteem demonstrated the strongest association with the altruistic gift-giving style compared to other variables examined. Obligatory gift giving style shares a negative link. Giving gifts altruistically can reinforce positive feelings of self-worth, as it aligns with the pro social behaviours that strengthens relationships and build a sense of community. People with higher self-esteem often feel good about giving because it reflects their values and reinforces their social connections. While those with low self-esteem may give in an attempt to receive external validation or approval. Obligatory gift giving Style is motivated by social norms or a sense of duty.

Giving gifts during holidays, birthdays or special occasions can feel obligatory, even if the giver doesn't have a strong emotional connection to the recipient. This form of giving is relatively less related to self-esteem because it's driven by external expectations, rather than internal motivations.

In terms of jealousy, self-esteem shares a significant negative association with behavioral romantic jealousy, followed by emotional and cognitive romantic jealousy. Jealousy gets at its extreme in behavioral forms and when self-esteem is low, it can manifest in jealousy act-out behaviours. These behaviours are seen as outward expressions of internal insecurities, the behaviour itself, such as criticising, monitoring, interrupting, or controlling, maybe a way to compensate for feeling inadequate or unworthy. Other forms of jealousy like emotional and cognitive are more internal and abstract. Behavioural jealousy is a more concrete expression of those emotions and thoughts. People with low self-esteem might feel jealous (emotionally) and think about how they are not good enough (cognitively), but their low self-worth will more directly push them towards acting in ways that reflect those negative beliefs, like engaging in controlling or manipulative behaviors. Moreover, someone with healthy self-esteem might feel jealous but could handle it in a more balanced way or amicably, perhaps by discussing their feelings with their partner or by acknowledging the jealousy and letting it go. They would not necessarily feel the need to act on it, aggressively or defensively. In contrast, someone with low self-esteem may find it harder to cope with jealousy healthily and may act out in destructive behaviors like snooping, accusing, or avoiding.

Gift giving style serves as a mediator between self-esteem and ROCD symptoms. Among the three styles, the altruistic gift-giving style showed the strongest association with ROCD symptoms. People with low self-esteem are more prone to relationship anxiety, and fear of rejection, which makes them more susceptible to ROCD symptoms. They might constantly worry about whether their partner truly loves them, they are enough, or whether their actions (such as gift giving) are sufficient to maintain the relationship. In contrast, people with high self-esteem are likely to choose altruistic or practical gift giving style, which can significantly reduce the incidence of obsessions and compulsions characteristic of ROCD.

Jealousy was examined as a potential mediator in the association between self-esteem and ROCD symptoms. Among the dimensions of jealousy, behavioral jealousy showed the strongest association with ROCD symptoms. Behavioral jealousy involves overt actions,

which can directly reinforce the compulsive cycle seen in ROCD.

Given the established link between body dissatisfaction and relationship dissatisfaction, this study considered it important to examine the role of body dissatisfaction in relation to ROCD symptoms. Based on the main information gathered from 400 respondents in different cities, we looked at whether self-esteem as a mediator led to ROCD symptoms. Our findings indicated a strong relationship between body dissatisfaction and self-esteem on ROCD symptoms. In order to comprehend the parameters linked to a greater degree of self-esteem, we also performed an AMOS-SEM. Our findings support self-esteem's significant mediating role between body dissatisfaction and ROCD symptoms.

5.2 Policy Implications

The findings of the present study may have exploratory implications for mental health interventions, relationship counseling, and public awareness efforts. Although the associations observed are meaningful, the cross-sectional nature of the study limits definitive conclusions. Therefore, any policy recommendations should be approached cautiously and seen as potential directions for future research and practice rather than established outcomes. At a societal level, the observed relationships between body dissatisfaction, self-esteem, and ROCD symptoms suggest that future research might support the development of awareness campaigns aimed at improving public understanding of how body image and self-worth relate to psychological well-being and relationship functioning. If future studies confirm these relationships, initiatives in schools, workplaces, and community centers could focus on promoting healthy body image and self-esteem, potentially reducing distress in romantic relationships. Similarly, collaborations with media platforms to challenge and reduce unrealistic beauty standards may contribute to more positive self-perceptions among the public.

Should future longitudinal research support the role of early intervention, mental health professionals and relationship counselors might benefit from training to recognize signs of relationship-centered obsessive-compulsive symptoms. Accessible and affordable counseling services especially for individuals navigating issues such as reassurance-seeking behaviors, jealousy, and gift-giving-related stress could play a preventive role in reducing distress associated with ROCD-like tendencies.

Behavioral interventions such as Cognitive Behavioral Therapy (CBT) and Exposure and Response Prevention (ERP) are already established for treating obsessive-

compulsive symptoms. Pending future evidence, policies that promote the integration of these therapies for addressing compulsive relationship behaviors may be valuable.

Additionally, shifting social norms around gift-giving, particularly the pressures tied to obligatory or performative gifting may help reduce stress and relationship tension. Educational resources promoting healthy communication and mutual understanding between partners may help address these dynamics constructively.

Although this study alone is not sufficient to inform large-scale policy shifts, its findings may guide the development of future targeted programs for individuals with heightened vulnerability (e.g., those with histories of OCD, eating disorders, or relationship insecurity). Improvements in training for mental health professionals could enable more accurate assessment and treatment of symptoms associated with ROCD.

Finally, supporting longitudinal and interdisciplinary research is crucial. Long-term studies examining how body dissatisfaction, self-esteem, and behavioral patterns influence relationship dynamics could provide deeper insights into the development of ROCD symptoms. Collaboration across psychology, sociology, and behavioral economics may offer a more integrated understanding of how these personal and relational factors shape individual well-being and interpersonal outcomes.

By focusing future efforts on these areas, policymakers and practitioners may one day be able to address key contributors to relationship distress and psychological vulnerability. However, until stronger causal evidence emerges, these suggestions remain speculative and should be viewed as preliminary.

Practical Implications

This study offers potential insights and preliminary applications for addressing body image and self-image concerns within the context of romantic relationships. It contributes to the existing body of research by exploring the associations between body dissatisfaction, self-esteem, and interpersonal difficulties, while also examining how these dynamics may differ across various fields of study. While these findings are promising, they should be interpreted with caution due to the study's correlational design. Establishing causal relationships would require further research employing more rigorous methodologies.

If future studies support these patterns, the findings may help inform the development and evaluation of prevention and intervention programs that address body image and self-

esteem, particularly among students in fields related to body and appearance. Additionally, this research may provide a foundation for offering practical guidance to university staff, educators, counselors, and peers on fostering a positive body image and healthier self-esteem, while helping to reduce body dissatisfaction and relationship-related difficulties.

Body dissatisfaction, low self-esteem, interpersonal challenges, and symptoms such as depression affect many individuals and can significantly impact quality of life. Participation in programs that promote self-acceptance and body appreciation, along with seeking support from professionals or peers, may serve as helpful strategies. Furthermore, cultivating a positive and inclusive environment that values diversity and discourages appearance-based judgments may foster greater acceptance and belonging. Engaging in physical activities for enjoyment and overall well-being, rather than appearance-related motivations, can also enhance self-esteem and emotional health.

As young people face a range of physiological, psychological, social, and economic challenges, it becomes important to support them with skills that foster adaptation and resilience (Menon, 2014). The life skills approach, which uses interactive and experiential methods, not only conveys essential knowledge but also promotes interpersonal and emotional competence, helping individuals manage various aspects of life effectively (Menon, 2014).

In light of the findings, there may be value in designing preventive interventions that address a broader demographic, including both men and women. If these interventions prove to be effective, they could contribute to reducing risks related to body dissatisfaction, low self-esteem, and symptoms of relationship obsessive-compulsive disorder (ROCD). Clinicians working with youth may benefit from being mindful of how appearance-related concerns affect self-worth. The study suggests that individuals with highly negative perceptions of their bodies may be more vulnerable to lowered self-esteem, a trend that appears to span gender and social categories.

The study also points to a possible connection between self-worth and romantic gift-giving motives, which could offer insights for marketers interested in the psychological dimensions of consumer behavior. Understanding such connections may support the development of advertising strategies that are sensitive to variations in self-esteem and emotional needs among target audiences.

Romantic jealousy, another factor explored in this study, plays a central role in relationship dynamics and may hold clinical significance. Therapists and counselors may benefit from structured models that help in identifying the origins and impacts of jealousy, aiding in accurate diagnosis and intervention. For instance, when one partner frequently expresses jealousy, a systematic framework may assist in clarifying underlying issues, reducing conflict, and managing ROCD symptoms more effectively.

Emotional reasoning, commonly observed in individuals with anxiety, may reinforce irrational beliefs when emotions are misinterpreted as evidence of threat. A study by Lommen, Cath, Engelhard, and van Oppen (2016) found that only individuals with obsessive-compulsive disorder (OCD) rated situations as more threatening when experiencing heightened responsibility, whereas this was not the case for individuals with anxiety or healthy participants. In a similar vein, ROCD symptoms may be better managed by addressing emotional reasoning as a maintaining factor.

Given the well-documented influence of romantic satisfaction on mental and physical well-being (Baumeister & Leary, 1995; Metz & Epstein, 2002; Segrin, 1998), developing tools to assess and enhance relationship quality may ultimately be beneficial. Technologies that track obsessions and compulsions could support both clients and therapists in managing maladaptive thoughts and behaviors. Encouraging individuals to reflect on self-worth in the context of romantic partnerships may help link emotional distress with underlying insecurities, leading to more effective therapeutic outcomes.

In conclusion, while this study highlights several potential directions for practice and research, its implications should be regarded as exploratory. Replication and further investigation are essential before drawing definitive conclusions or formulating applied recommendations.

5.3 Theoretical Implications

This study offers significant theoretical implications by linking individual vulnerabilities, such as body dissatisfaction and low self-esteem, to relational dynamics and psychopathological outcomes like ROCD symptoms. It highlights how insecurities about body image and self-worth can shape compensatory behaviors, such as gift-giving motives, and heighten relational insecurities, such as romantic jealousy. These maladaptive patterns create a cascade of vulnerabilities that contribute to obsessive-compulsive doubts and behaviors within romantic relationships. The current study's findings enrich attachment theory by linking body image and self-esteem to insecure

attachment behaviors like jealousy or obsessive relational doubts. Aligning with key relationship behavior theories, our findings highlight the role of gift-giving as both an investment and a strategy to attract partners, ultimately decreasing the risk of infidelity. This research adds to the existing literature by shedding light on the underlying mechanisms involved in partner retention and relationship escalation strategies. Additionally, the study contributes to interdependence theory by highlighting how individual factors (like self-esteem) influence the perceived costs and benefits of relational investments (e.g., through gift-giving). This study bridges clinical psychology (body dissatisfaction, ROCD) with social psychology (gift-giving, jealousy), encouraging interdisciplinary research.

5.4 Limitations of the study

This study has several limitations that warrant acknowledgment. First, limitation arises from the study's correlational design, which was conducted at a single point in time, thereby limiting its ability to establish causal relationships. Additionally, while mediation analysis was employed, it cannot conclusively validate the proposed mediator's role. This approach does not account for the likelihood of other potential mediators or alternative causal pathways between the independent, dependent, and intervening variables, making the results, thus, less definitive (Fiedler et al., 2011). Another notable limitation was that the sample consisted exclusively of non-married heterosexual college students, with only one individual from each couple participating if they were in a relationship. Consequently, the generalizability of the findings to more diverse populations is uncertain. Additionally, the sample comprised non-clinical individuals, which may have influenced the results regarding ROCD symptoms. Findings could differ significantly if a sub-clinical or clinical population were included, as individuals without a clinical diagnosis may still experience OCD-related beliefs and symptoms, but these manifestations often vary in symptom type, intensity, and dysfunction compared to those with clinical diagnoses (Doron et al., 2013).

Another limitation stems from the reliance on self-report measures, which may have been influenced by social desirability and acquiescence biases, potentially affecting the validity of the findings. For example, it is possible that some subjects may be unwilling to address that they may be having lower self-worth or possess relationship behaviors that are highly depreciating. In a similar vein, individuals who have high self-worth can act in a more socially desirable way to portray their relationship in a more favorable light (Baumeister,

Campbell, Krueger and Voks, 2003). A host of other factors like relationship length, quality, closeness, number of partners in past, level of intimacy was not presented in the picture, for which relationship level analysis cannot be called all-inclusive. Research suggests that there are quite a number of factors that determine relationship quality, including economic factors, love styles and depression (Saif R, Farooqi, 2014).

Body image issues derive its meaning from the concepts far greater than body weight. Previous literature surrounding body image has confirmed that weight is not a key defining criterion in the body image perceptions of women of African-American tribe. The population of the study was mainly Asian. Previous studies have found direct link between subscribing to beauty standards and how satisfied one is with the body, specifically the skin color and facial features. Alicia. V. Hall (2003) in a covariate structure model, analyzed that their body image acted as a function of colorism. Furthermore, the results might have been more robust if the study had incorporated measurements of the frequency and types of gift-giving, as well as insights from gift recipients.

One notable limitation of the present study is the sampling strategy. Participants were recruited using convenience and snowball sampling, rather than random sampling, due to the specific inclusion criteria being currently or previously involved in exclusive heterosexual romantic relationships. As a result, the sample may be subject to self-selection bias, wherein individuals who are more open to discussing relationship and psychological issues may have been more likely to participate. Consequently, this may limit the generalizability of the findings to the broader population, particularly to those who are less inclined to engage in discussions about intimate relationships or mental health. Future studies should consider employing random or stratified sampling methods to enhance the representativeness of the sample.

5.5 Future research

In addition to providing empirical evidence showing Self-esteem has a negative link with ROCD symptoms; the results of this study may also aid future research in the field to improve knowledge of the relationship between the aforementioned variables. However, to truly ascertain the causal connection more precisely, it may be helpful to look further into longitudinal studies between couples. As we advance, to further strengthen conclusions about cause and effect in this field, studies should strive to utilize experimental designs. Additionally, it's worth noting that many non-experimental designs

might face challenges due to the possibility of unseen third variables impacting the observed effects (Ruth Yasemin Erol and Ulrich Orth, 2016).

Although ROCD has been established as a well-validated gauge for evaluating the quality of romantic relationships, future exploration in this area could benefit by greater application of objective assessment, behavioral assessment and observer ratings.

Examining individuals across different age groups—such as adolescents, middle-aged adults, and older populations—could uncover developmental variations in how body dissatisfaction, self-esteem, romantic jealousy, and gift-giving styles manifest and influence ROCD symptoms. For instance, adolescents may face heightened vulnerability to body image concerns (Christina Marie Smestad, 2013; Patricia A van den Berg, Jonathan Mond, Marla Eisenberg, Diann Ackard, Dianne Neumark-Sztainer, 2011), while older adults may prioritize relational stability over physical appearance (Muhammad Rehan Masoom, 2022; Marika Tiggemann, 2004).

Also, it would be beneficial to replicate the main outcomes of this paper's research with a sample from a culture other than Indian, such as a Western one, in order to gain a more comprehensive perspective. It's no surprise that in many western societies, members put greater emphasis on positive self-esteem. This may itself re-shape the connection between self-esteem and ROCD symptoms (Takeshi and Hamamura, 2017). Cultural standards and gender expectations have a great impact on how we perceive ourselves and our body ideals. In men, having muscularity is usually associated with having high self-esteem, while for women being thin is usually associated with having a healthy self-image due to common gender roles (F. Izgic; G Akyuz, Dogan; N Kugur, 2004).

Additionally, the influence of social media and technology on these constructs and their intersectionality within non-heteronormative or polyamorous relationships, for instance, examining the role of social media and technology in shaping body dissatisfaction, romantic jealousy, and gift-giving styles could add a contemporary dimension to the study. Future research could also benefit from incorporating attachment styles as a significant factor. Exploring how secure, anxious, avoidant, or disorganized attachment styles influence these dynamics could provide a deeper understanding of individual differences in romantic relationships.

5.6 Chapter summary

The study's conclusions have consequences for academics, marketers, content creators,

schools and counselors. Based on the limitations of the current research presented in this study recommendations for future research are presented. Future discoveries can overcome this study's shortcomings

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Appendix

DEMOGRAPHICS & RELATIONSHIP HISTORY QUESTIONNAIRE

Instructions: Please answer the following demographic and history questions.

1) Sex M____F____ Other (please identify) _____

2) Age _____

3) Sexual orientation Heterosexual Bisexual
 Gay/Lesbian Transsexual
 Questioning Other

(please identify)

4) Racial/Cultural Affiliation

Hindu

Sikh

_____Muslim

Christian

_____Brahmin

Bengali

Marathi

 Gujarati

____ Any other (specify)

5) Current relationship status Single_____ In a romantic relationship_____

6) What is the sex of your current romantic relationship partner? Male Female Other

7) How long have you been with your current partner? _____

8) At what age did you have your first romantic relationship? _____

9) Number of romantic relationships you have been in to date (including current one) _____

10) Is your current romantic relationship 'long-distance' (your partner spends most of her/his time geographically far from you)?

11) How frequently do you see your romantic partner?

_____ Rarely (couple times a year)

Once a week

_____ Once a month

Daily

12) How 'emotionally close' do you feel toward your current romantic partner?

1
Not close
at all

2
A little
close

3
Somewhat
close

4
Quite
close

5
Extremely
close

13) How 'emotionally close' do you think your current romantic partner feels toward you?

1	2	3	4	5
Not close at all	A little close	Somewhat close	Quite close	Extremely close

14) Profession

Self-employed	Part time	Full time	Unemployed (student)
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15) Income (pa), if employed

1-2.5 lakhs	3 lakhs-4 lakhs	5-8 lakhs	8 lakhs and above
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ROSENBERG SELF-ESTEEM SCALE

Scale: Instructions

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.

Strongly Agree Agree Disagree Strongly Disagree

2. At times I think I am no good at all.

Strongly Agree Agree Disagree Strongly Disagree

3. I feel that I have a number of good qualities.

Strongly Agree Agree Disagree Strongly Disagree

4. I am able to do things as well as most other people.

Strongly Agree Agree Disagree Strongly Disagree

5. I feel I do not have much to be proud of.

Strongly Agree Agree Disagree Strongly Disagree

6. I certainly feel useless at times.

Strongly Agree Agree Disagree Strongly Disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.

Strongly Agree Agree Disagree Strongly Disagree

8. I wish I could have more respect for myself.

Strongly Agree Agree Disagree Strongly Disagree

9. All in all, I am inclined to feel that I am a failure.

Strongly Agree Agree Disagree Strongly Disagree

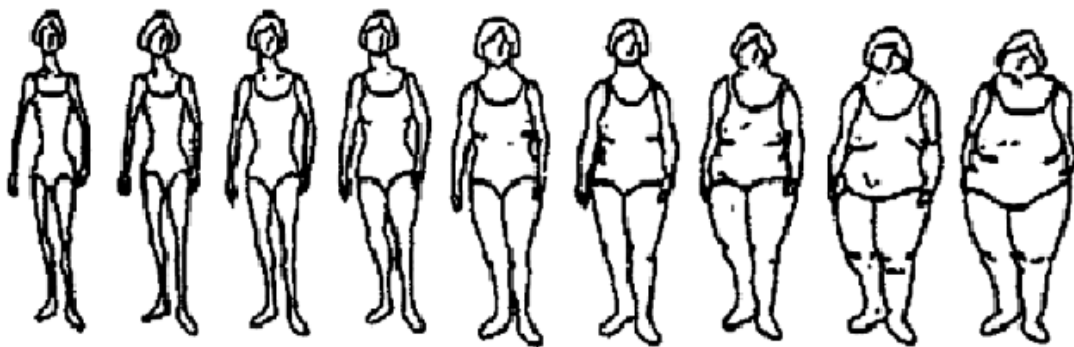
10. I take a positive attitude toward myself.

Strongly Agree Agree Disagree Strongly Disagree

Scoring: Items 2, 5, 6, 8, 9 are reverse scored. Give “Strongly Disagree” 1 point, “Disagree” 2 points, “Agree” 3 points, and “Strongly Agree” 4 points. Sum scores for all ten items. Keep scores on a continuous scale. Higher scores indicate higher self-esteem.

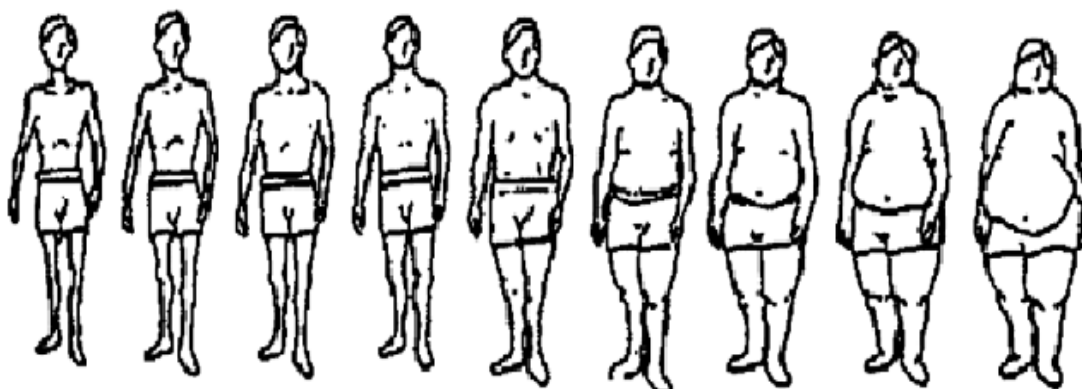
Body Dissatisfaction Scale

There are 9 body size figures (Stunkard figure rating scale- female version) below. If you are a female, answer the questions accordingly.



1. Out of the 9 figures, what do you think is your current body size?
2. Out of the 9 figures, what body size do you desire to have?

There are 9 body size figures (Stunkard figure rating scale- male version) below. If you are a male, answer the questions accordingly.



1. Out of the 9 figures, what do you think is your current body size?

2. Out of the 9 figures, what body size do you desire to have?

Wolfenbarger and Yale (1993) - Gift-giving Motives Scales

Experiential / Positive Motivations for Giving

- Carefully selecting a gift is important to me.
- It is important to me to choose a unique gift
- Choosing gifts brings out my creative side.
- I especially like to give gifts that are fun.
- I try to choose gifts that convey a personal message to the receiver.
- I think I do a better job choosing gifts than do most people.
- Gifts are an important way of communicating love and friendship to others.

Obligated Motivations for Giving

- I often feel obliged to give gifts.
- I often give gifts because I would feel guilty if I didn't.
- I often give gifts because I am expected to give them.
- When I receive a gift, I feel that I am obligated to reciprocate at that time or at some time in the future.
- I often wait until the last minute to purchase a gift.

Practical Motivations for Giving

- I feel it is especially important to give gifts that are useful to the receiver.
- It's important to choose gifts that everybody needs, but don't yet own.
- I think it is important to give gifts that last a long time.
- I like to buy practical gifts.

***Multidimensional Jealousy Scale
(MJS)***

© Susan M. Pfeiffer & Paul T. P.
Wong, 1989

Please think of a person with whom you are having or have had a strong romantic/love relationship. This person is referred to as X in this questionnaire. Please rate your response to the following questions by circling the appropriate number beside each item.

****Cognitive***

How often do you have the following thoughts about X?

		<u>Rating Scale</u>	
		All the time	Never
1.	I suspect that X is secretly seeing someone of the opposite sex.	1	2 3 4 5 6 7
2.	I am worried that some member of the opposite sex may be chasing after X.	1	2 3 4 5 6 7
3.	I suspect that X may be attracted to someone else.	1	2 3 4 5 6 7
4.	I suspect that X may be physically intimate with another member of the opposite sex behind my back.	1	2 3 4 5 6 7
5.	I think that some members of the opposite sex may be romantically interested in X.	1	2 3 4 5 6 7
6.	I am worried that someone of the opposite sex is trying to seduce X.	1	2 3 4 5 6 7
7.	I think that X is secretly developing an intimate relationship with someone of the opposite sex.	1	2 3 4 5 6 7
8.	I suspect that X is crazy about members of the opposite sex.	1	2 3 4 5 6 7

*In scoring, please reverse the score such that 1 becomes 7, 2 becomes 6, etc.

Emotional

How would you emotionally react to the following situations?

Rating Scale

		Very Pleased	Very Upset
1.	X comments to you on how great looking a particular member of the opposite sex is.	1	2 3 4 5 6 7
2.	X shows a great deal of interested or excitement in talking to someone of the opposite sex.	1	2 3 4 5 6 7
3.	X smiles in a very friendly manner to someone of the opposite sex.	1	2 3 4 5 6 7
4.	A member of the opposite sex is trying to get close to X all the time.	1	2 3 4 5 6 7
5.	X is flirting with someone of the opposite sex.	1	2 3 4 5 6 7
6.	Someone of the opposite sex is dating X.	1	2 3 4 5 6 7
7.	X hugs and kisses someone of the opposite sex.	1	2 3 4 5 6 7
8.	X works very closely with a member of the opposite sex (in school or office).	1	2 3 4 5 6 7

The ROCI

The following statements describe the way people may experience intimate relationships. We are interested in the way **you** experience intimate relationships. Please rate the extent to which such thoughts and behaviors describe your experiences in intimate relationships.

The numbers refer to the following verbal labels:

	Not at all 0	A little 1	Moderately 2	A lot 3	Very much 4
1. The thought that I don't really love my partner haunts me	0	1	2	3	4
2. I find it easy to dismiss my doubts about my partner	0	1	2	3	4
3. I constantly doubt my relationship	0	1	2	3	4
4. I find it difficult to dismiss doubts regarding my partner's love for me	0	1	2	3	4
5. I check and recheck whether my relationship feels "right"	0	1	2	3	4
6. I am constantly looking for evidence that my partner really loves me	0	1	2	3	4
7. I feel that I must remind myself over and over again why I love my partner	0	1	2	3	4
8. I am sure my partner loves me	0	1	2	3	4
9. I am extremely disturbed by thoughts that something is "not right" in my relationship	0	1	2	3	4
10. I continuously doubt my love for my partner	0	1	2	3	4
11. I keep asking my partner whether she/he really loves me	0	1	2	3	4
12. I frequently seek reassurance that my relationship is "right"	0	1	2	3	4
13. I am constantly bothered by the thought that my partner doesn't really want to be with me	0	1	2	3	4
14. I feel a need to repeatedly check how much I love my partner	0	1	2	3	4

Coding

Love for the partner: 1,7,10,14

Relationship "rightness":3,5,9,12

Being loved by the partner:4,6,11,13

In order to check identical ratings for all items: 2, 8

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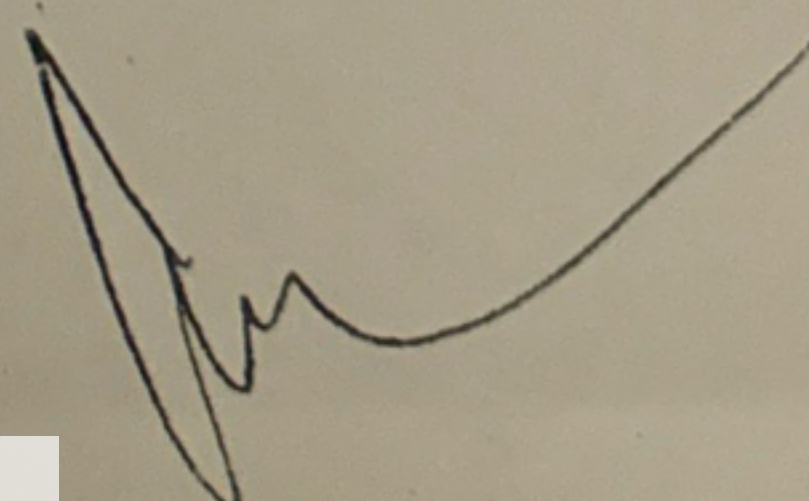
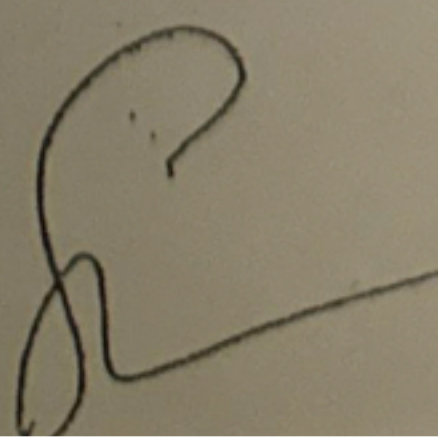
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*Palghu
Palghu*

Dr