

RESEARCH ARTICLE

A preliminary study of factors associated with accommodation of obsessive-compulsive symptoms by romantic partners

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Abstract

Objectives: The accommodation of symptoms of obsessive-compulsive disorder (OCD) by loved ones is highly prevalent and impactful on treatment outcomes; however, little is known about factors that influence accommodation by romantic partners of OCD sufferers. The aim of this preliminary investigation was to explore such correlates.

Methods: A community sample of 50 patients self-identifying with OCD ($M_{age} = 29.3$; $SD = 9.3$; 74% female) and 20 individuals self-identifying as the partner of someone with OCD ($M_{age} = 32.1$; $SD = 12.4$; 65% female) participated in this study via an online questionnaire.

Results: Associations were found between partner accommodation of OCD and a range of obsessions and compulsions across the patient and partner samples, as well as patient-reported symptom severity, functional impairment and negative emotion states. Neuroticism was also positively associated with partner accommodation in the patient sample but did not contribute to its prediction over and above other known correlates of family accommodation. In the partner sample, extraversion was found to be a unique negative correlate of partner accommodation.

Conclusions: These findings highlight the vital role both patient and partner factors play in the accommodation of OCD behaviours by romantic partners and the importance of involving loved ones in the treatment of individuals with OCD.

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KEYWORDS

accommodation, clinical psychology, obsessive compulsive disorder, personality, romantic partners, treatment planning

Practitioner Points

- The accommodation of OCD behaviours by loved ones is both highly prevalent and impactful on treatment outcomes.
- Certain types of OCD symptoms may be more likely to lead to partner accommodation of those symptoms.
- Certain personality profiles among partners, such as being less extroverted, may also be more likely to lead to the accommodation of OCD symptoms.
- Involving romantic partners in treatment is imperative for improving OCD outcomes.

INTRODUCTION

Obsessive compulsive disorder (OCD) is a psychological condition characterized by the presence of recurring unwanted thoughts, images, or impulses (obsessions), and behaviours aimed at neutralizing these (compulsions) (American Psychiatric Association [APA], 2022). Obsessions often elicit anxiety in patients and may encourage engagement in compulsions in an attempt to neutralize and alleviate the anxiety caused (APA, 2022; Lack, 2012). The presence of obsessions and compulsions often results in significant interference to one's functioning, as well as distress for persons experiencing OCD symptoms (herein referred to as patients). Notably, distress is not only experienced by patients themselves but may also extend to loved ones (Shrinivasa et al., 2020). As such, with a view to preventing or alleviating patients' distress, some loved ones may actively participate in symptoms. The participation in OCD symptoms by a loved one is referred to in this study as "accommodation." Examples of accommodation include providing reassurance for obsessional thoughts and actively engaging in compulsions.

Accommodation of OCD symptoms is common, with one study reporting a prevalence rate of 88.2% in family members with a loved one diagnosed with OCD (Calvocoressi et al., 1995). Despite loved ones being well-intentioned in their attempts to alleviate distress for patients, accommodation facilitates a negative cycle of reinforcement that removes opportunities for patients to experience and thus overcome distress associated with the disorder via habituation to their distress, which is considered the primary mechanism through which recovery occurs (Storch et al., 2007); it is therefore unsurprising that accommodation has been found to worsen symptom severity, increase functional impairment, amplify caregiver burden, and adversely impact overall treatment outcomes (Albert et al., 2010; Boeding et al., 2013; Storch et al., 2010).

The first study to explore accommodation of OCD symptoms by loved ones was Calvocoressi et al. (1995), which reported that family accommodation resulted in worsened stress and family functioning, as well as increased rejecting attitudes towards adult patients (Calvocoressi et al., 1995). Calvocoressi et al. (1999) extended upon these results, showing that, in addition to causing increased dysfunction and stress in the family, accommodation of OCD symptoms by loved ones led to worsened adult patient symptom severity.

These seminal findings as to the vital role family accommodation plays in the exacerbation of OCD symptoms led to the proliferation of research regarding paediatric patients with OCD, where parents are the main accommodators with accommodation. Such studies consistently report associations between

parental accommodation of OCD behaviours and increased symptom severity, higher caregiver burden, greater functional impairment, and poorer treatment response (Rudy et al., 2014; Wu et al., 2018). Furthermore, parents scoring lower for the consideration of future consequences of accommodation, as well as higher on levels of empathy, have been found more likely to accommodate their child's OCD symptoms (Caporino et al., 2012). Other research examining accommodation in relation to caregivers more generally (i.e., siblings, parents, and spouses) has found higher levels of accommodation to be associated with increased caregiver burden, higher OCD severity, and being the spouse of the patient (Albert et al., 2010; Boeding et al., 2013; Gomes et al., 2014). Moreover, of the four main OCD symptom domains (contamination, responsibility of harm and mistakes, symmetry and ordering, and unacceptable thoughts), the most commonly accommodated dimension appears to be the contamination and washing dimension (Albert et al., 2010; Shrinivasa et al., 2020). Finally, similar to in paediatric populations, the most endorsed accommodation behaviours by caregivers of adult OCD patients appear to be excessive reassurance and waiting for ritual completion (Albert et al., 2010; Flessner et al., 2011).

Despite extant literature clearly demonstrating the presence and negative impact of accommodation of OCD behaviours by loved ones, and a specific association between spousal relationships and increased rates of accommodation, few studies have focused exclusively on the investigation of accommodation of OCD symptoms by romantic partners (Boeding et al., 2013; Gomes et al., 2014). As such, little is currently known as to whether factors associated with increased accommodation of OCD behaviours by other caregivers in adult and paediatric populations can be generalized to romantic partners who accommodate their loved one's OCD.

In contrast, numerous studies have acknowledged the critical role romantic partners play in the accommodation of symptoms across a multitude of other non-OCD disorders; for example, post-traumatic stress disorder, social anxiety disorder, substance use disorder, and mood and anxiety disorders (e.g., Campbell et al., 2017; Fredman et al., 2014; Fredman et al., 2015; Fredman et al., 2016; Rapee et al., 2015; Rotunda & Doman, 2001; Zaider et al., 2010). Such studies have consistently established that accommodation by romantic partners is not only common, but can have a negative impact on patient symptoms and overall treatment outcomes. It follows logically that accommodation by romantic partners in the context of OCD may be an important factor to consider in improving treatment trajectories for patients and their loved ones.

Despite this imperative, to our knowledge only two studies to date have specifically examined accommodation by romantic partners of adults diagnosed with OCD: Abramowitz et al. (2013) and Boeding et al. (2013). Abramowitz et al. (2013) pilot-tested a 16-session CBT program for patients with OCD and their romantic partners. Participants were assessed at baseline, following treatment, and at 6- and 12-month follow-ups. The findings suggest by involving partners in intervention, and tailoring treatment to address maladaptive patterns such as accommodation, OCD symptoms may be reduced, relationship functioning enhanced, and levels of depression alleviated (Abramowitz et al., 2013). This study provides support for the importance of enhancing long-term treatment efficacy by tailoring programs to involve romantic partners who may act as accommodators of a patient's OCD symptoms (Abramowitz et al., 2013). Similar results were obtained in a study by Boeding et al. (2013), which found higher levels of partner accommodation were associated with worsened OCD symptoms, poorer individual functioning, and negative treatment outcomes overall. In addition, more partner accommodation was correlated with poorer relationship functioning as reported by the partner, but not the patient. This highlights the importance of considering the individual experience of each member in the couple dyad when investigating accommodation of OCD behaviours by loved ones, as views of patients and their romantic partners may be discordant. Boeding et al. (2013) further recommended research in the field move beyond the mere identification of partner accommodation and its impact, to the identification of patient and partner factors that may contribute to accommodation.

As such, the aim of this preliminary investigation was to examine an array of patient and partner factors that might influence the likelihood of accommodation of OCD behaviours by partners in romantic relationships where a person has been self- or other-identified as living with OCD. Along with factors previously identified as relevant to family accommodation of OCD and other conditions, the potential

contribution of Big Five personality traits to accommodation by romantic partners was also explored (Albert et al., 2017; Boeding et al., 2013). The addition of the Big Five measure allows for further understanding of the factors impacting accommodation; namely, whether certain personality traits in the patient or partner influences the degree of accommodation. In previous research, it has been found that personality traits can influence the OCD symptom dimension experienced by patients (Yadav, 2022). Furthermore, in a study conducted by Mahapatra (2020), it was recommended that future research into accommodation by caregivers consider the potential influence of personality traits on accommodation phenomena. This aligns with the perspective offered by Boeding et al. (2013), who suggest that the contribution of factors relating to the patient and partner context, including dispositional qualities and behavioural styles, warrants further examination in the context of partner accommodation of OCD behaviours. The isolation of personality traits that have the potential to increase proneness to accommodation may serve to enhance treatment trajectories through the early identification of patients and partners presenting with these personality traits. It may also allow for the implementation of targeted clinical interventions to support those who may be particularly vulnerable to higher levels of OCD accommodation, which is a common negative prognostic factor for treatment (Boeding et al., 2013).

Based on prior research, it was anticipated that patient-reported OCD severity, poorer levels of partner-reported relationship satisfaction, higher stress, more functional impairment, and the presence of contamination obsessions and compulsions would be correlated with increased accommodation by romantic partners (Albert et al., 2010; Flessner et al., 2011; Gomes et al., 2014; Wu et al., 2018). As the first study to look at the contribution of the Big Five personality factors on accommodation, it was hypothesised that higher levels of neuroticism in patients would be associated with higher levels of accommodation by their romantic partner, on the basis that increased anxiety would lead to more distress in the partner, and in turn, greater accommodation efforts to alleviate that distress. This is consistent with previous research that has found increased internalizing problems in patients tends to contribute to more accommodation (Storch et al., 2007). For partners, it was anticipated that higher levels of agreeableness and lower levels of extraversion would be associated with increased accommodation, as a partner who is more amenable and reserved might be less likely to resist engaging in their loved one's symptoms. This prediction is based on research by Consentino et al. (2015), that found family members who were more passive in their communication accommodated their loved ones' symptoms more.

METHOD

Participants

The sample consisted of 70 participants. Of these, 50 participants self-identified as patients living with OCD and 20 participants self-identified as being the partner of a person living with OCD. While research advertisements encouraged participation from both individuals belonging to eligible couple dyads, individuals identifying as a patient living with OCD, or partner of someone living with OCD, were not precluded from participation in the study by themselves; that is, patients were able to participate in the study without their partners also contributing and vice versa. As such, the final partner sample did not solely comprise persons identifying as the intimate partner of someone from the patient sample. Also, participants included in the patient sample were not necessarily the matched partner of someone from the sample of persons identifying as the partner of someone with OCD.

In the patient sample, 7 participants identified as male, 37 females, and 6 others ($M_{\text{age}} = 29.3$, $SD = 9.3$, range: 18–62 years). The average duration of patients' relationships with their partner at the time of survey was 107 months, equating to approximately 9 years ($M = 106.7$, $SD = 192.6$). Living circumstances varied, with 70% of respondents reporting that they resided with their partner. Education and employment also varied across patients with the majority (86%) achieving a Year 12 education level or above and 70% reportedly working either full-time, part-time, or casually.

The partner sample of 20 participants was comprised of 6 males, 13 females, and 1 participant who preferred not to say ($M_{\text{age}} = 32.1$, $SD = 12.4$, range: 20–58 years). The average duration of the partners' relationships with their loved ones with OCD at the time of survey was 113 months, equating to approximately nine and a half years ($M = 112.9$, $SD = 117.5$). Living circumstances varied with 80% of respondents reporting they resided with their loved one. Education and employment also varied across partners with the majority (95%) achieving a year 12 education level or above and 70% reportedly working either full-time, part-time, or casually.

Measures

Family accommodation scale—Patient version (FAS-PV) and partner version (FAS-SR)

To measure perceived levels of OCD symptom accommodation by partners, two parallel forms of the FAS were used. The FAS-Patient Version (FAS-PV; Wu, Lang, & Zhang, 2016) was administered to patients self-reporting as diagnosed with OCD to examine their perceptions of accommodation of their symptoms by their partner (Wu, Pinto, et al., 2016). The FAS-Self Report (FAS-SR; Pinto et al., 2013) was administered to partners, who rated their own levels of symptom accommodation for their loved one (Wu, Lang, & Zhang, 2016). The FAS asks respondents to identify obsessive and compulsive symptoms present in a person living with OCD, as well as rate on a 5-point scale for 19 items the degree to which they feel they (i.e., partner respondents) or their partner (i.e., patient respondents) have accommodated for the OCD symptoms identified over the past week. Total FAS-PV and FAS-SR scores are calculated by summing scores for all 19 items, with higher scores indicating greater levels of accommodation. For this study, FAS-PV had a reliability α of .91 and FAS-SV was at .90.

Yale Brown obsessive compulsive scale

The Yale Brown obsessive compulsive scale (Y-BOCS) is a widely used and validated measure for the assessment of symptoms apparent in patients with OCD (Goodman, 1989). Symptoms are assessed in two sections. The first comprises a checklist with 58 items to evaluate the presence of a range of typically apparent obsessions and compulsions in patients either occurring in the past or currently (Goodman, 1989). The symptom checklist was administered to patients who self-reported on their symptoms, and also to partners, who reported their understanding of their loved ones' perceived symptoms. Only patients were administered the additional 10 items assessing severity of OCD symptoms (self-report version; Baer, 1991). Items are summed with higher scores indicating greater severity of OCD symptoms. In this study, the reliability α for the YBOCS severity questions administered to patients was .73.

Revised Dyadic Adjustment Scale

To measure overall relationship functioning and satisfaction, the self-report Revised dyadic adjustment scale (RDAS) was administered to patients and partners (Busby et al., 1995). The RDAS assesses three aspects of a couple's relationship including *consensus* in decision making, values, and affection; *satisfaction* in the relationship in regard to stability and conflict regulation; and *cohesion* in activities and discussions. The RDAS contains 14 items that require participants to rate aspects of their relationship on a 6-point scale with question 11 being rated on a 5-point scale. Total scores for each participant were summed, with higher scores being indicative of greater relationship satisfaction and lower scores indicative of greater distress in the relationship. In this study, the patient RDAS total reliability α was .80 and for partners, it was .90.

Depression anxiety stress scales–21

To measure levels of depression, anxiety, and stress, both patients and partners were administered the Depression anxiety stress scales–21 (DASS-21) (Lovibond & Lovibond, 1995). The DASS-21 has been established in the literature as a reliable and valid measure of depression, anxiety, and stress (Ng et al., 2007). Participants rated their perceived level of depression, anxiety, and stress over the previous week on a 4-point scale where 0 *did not apply to me at all*, to 3 *applied to me very much, or most of the time*. Subscale scores were attained by summing participant responses to the relevant items, with higher scores indicating higher levels of depression, anxiety, or stress. In the current study, the reliability α for partners on DASS subscales were .89 (depression), .88 (anxiety), and .94 (stress). In the patient sample, α were .88 (depression), .90 (anxiety), and .93 (stress).

International personality item Pool–120 items (IPIP-NEO-120 item)

The IPIP-NEO-120 Item pool by Maples et al. (2014) was used to assess participants' personality styles across the five traits of openness, conscientiousness, extraversion, agreeableness, and neuroticism (Digman, 1990). The IPIP-NEO-120 item pool comprises 30 facets with four items for each and has good reliability and strong criterion validity (Gómez-Fraguela et al., 2014). For partners, reliability α were as follows: .89 (openness), .83 (conscientiousness), .80 (extraversion), .89 (agreeableness), and .91 (neuroticism). In the patient sample, reliability α were .78 (openness), .83 (conscientiousness), .89 (extraversion), .83 (agreeableness), and .90 (neuroticism).

Sheehan disability scale

To measure the level of functional impairment caused by OCD, the Sheehan disability scale (SDS) was administered to patients (Leon et al., 1997). The SDS is a 5-item self-report measure assessing functional impairment across the three domains of work and school, social life, and family life. Patients were invited to rate their perceived impairment due to OCD across these areas using an 11-point scale. The SDS also assesses a number of days in the week where the patient has either missed work or school or has been so impaired by their symptoms that their productivity was reduced. In this study, the SDS total score reliability was .78.

Procedure

The current study was advertised through a flyer distributed on a multitude of platforms, including psychology practices specializing in anxiety disorders, medical and wellbeing practices, support groups, and social media pages. To be eligible for the study, participants were required to self-identify as either a person living with OCD (patients) or in a romantic relationship with someone living with OCD (partners). Participants also needed to be 18 years or older, able to read and write in English, have been in a romantic relationship with their partner for 12 months or more, and be residing in Australia.

Following the provision of informed consent, patients and partners were invited to provide demographic information and then completed the questionnaire via an online survey hosted by Qualtrics. The study was approved by the institutional human research ethics committee (Approval Number: 562130220).

Statistical analysis

All analyses were conducted using IBM SPSS Statistics 27. The Results are discussed in three parts. First, Pearson correlation coefficients for symptom accommodation (FAS Total) and all major variables

were calculated for patients and partners. Hierarchical regressions were run separately for both samples to assess the contribution of factors to total levels of symptom accommodation by partners. Previously studied variables identified as significantly correlating with symptom accommodation in this study were included in block one. In block two, personality factors significantly correlated with symptom accommodation were entered to determine the unique contribution of these factors.

There were high levels of missing data in the data set as many persons who logged into the survey did not complete any items beyond the demographics section and as such were deleted from the analysis. All participants who had absent responses on the FAS measure were also deleted as this was the critical dependent variable. There were no missing data in the final data file for the partner sample ($n = 20$); however, for patients ($n = 50$), a small amount of missing data was apparent and deemed to be missing at random. This was dealt with by mean substitution, consistent with the approach used in similar research (e.g., Wu et al., 2019).

The study was powered according to the two hierarchical regression models that tested the main hypotheses. For both analyses, power was set at .80, $\alpha = .05$, and $f^2 = .15$ (i.e., a medium effect). This effect was considered to be clinically desirable, although given the preliminary nature of the investigation, a precise estimate of desired or estimated effect was not possible. For partners, a model with 9 predictors required 114 participants to achieve power = .80. For patients, a model with 5 predictors required 92 participants for the same level of power. Despite rigorous and ongoing attempts to recruit a larger sample, the final samples that were obtained were considerably less than what was recommended by this a priori power analysis, which needs to be taken into consideration when interpreting the results.

All analyses were assessed against a per comparison $\alpha = .05$.

RESULTS

Assumptions, means, standard deviations, and correlations among variables

The variables forming the final dataset were subjected to a range of assumption tests. As is common with clinical variables, some skew was evident in the majority of variables. This was assessed using hypothesis tests along with inspection of a range of plots (e.g., histograms, normality plots). A range of transformations failed to improve the nature of these distributions, so the original data were used for analysis with the accompanying caution regarding the interpretation of outcomes. Other assumptions associated with regression modelling (i.e., linearity, homoscedasticity, independence, and multicollinearity) were adequately met.

Descriptive statistics and correlations among all major variables and FAS total for both the patient and partner samples, including overall Y-BOCS obsessions and compulsions, and symptom severity, are displayed in Table 1. Descriptive statistics and correlations of symptom domains of Y-BOCS obsessions and compulsions and FAS total for both the patient and partner samples are displayed separately in Table 2.

For the sample of partners, the perceived presence of more contamination obsessions in their loved ones was found to be strongly and positively associated with partner reports of symptom accommodation, $r(18) = .68, p = .001$. Patients perceived as having more cleaning compulsions were also strongly and positively correlated with self-reported accommodation by partners, $r(18) = .58, p = .008$, as were checking compulsions, $r(18) = .52, p = .019$. Extraversion had a moderate but negative correlation with partner self-reported accommodation behaviours, $r(18) = -.47, p = .036$.

For patients, endorsement of aggressive obsessions was moderately and positively correlated with perceived partner accommodation of OCD behaviours, $r(44) = .32, p = .03$. Ordering compulsions were found to have a moderately significant but negative correlation with FAS Total, $r(48) = -.31, p = .028$. Self-reported OCD symptom severity was also strongly and positively associated with perceived partner accommodation, $r(48) = .52, p < .001$, as was functional impairment measured by the number of days unproductive due to OCD symptoms, $r(42) = .50, p = .001$. Days absent from work due to OCD symptoms,

TABLE 1 Means, standard deviations, and correlations for all major variables with FAS total.

Variable	Patients		Partners	
	<i>M</i> (SD)	Correlation with FAS	<i>M</i> (SD)	Correlation with FAS
1. FAS Total	23.1 (16.4)	–	22.0 (17.4)	–
2. YBOCS Obsessions Subscale	3.4 (1.4)	.24	2.0 (1.2)	.29
3. YBOCS Compulsions Subscale	3.2 (1.5)	.11	2.8 (1.1)	.52*
4. YBOCS Total Severity	20.4 (6.9)	.52**		
5. RDAS Total	47.0 (8.8)	–.06	42.9 (11.9)	–.29
6. DASS Depression	9.6 (6.3)	.37*	7.6 (6.7)	.40
7. DASS Anxiety	8.6 (5.8)	.51**	4.0 (5.0)	.38
8. DASS Stress	12.2 (5.7)	.44**	8.4 (5.7)	.37
9. IPIP-NEO Openness	81.8 (11.9)	–.11	90.6 (14.9)	–.22
10. IPIP-NEO Conscientiousness	84.1 (14.7)	–.18	87.6 (14.1)	–.20
11. IPIP-NEO Extraversion	73.1 (15.8)	–.10	83.4 (10.9)	–.47*
12. IPIP-NEO Agreeableness	86.0 (13.4)	–.25	92.8 (14.2)	.23
13. IPIP-NEO Neuroticism	87.6 (15.8)	.47*	71.8 (17.4)	.40
14. SDS Days Lost	1.1 (2.0)	.40**		
15. SDS Days Unproductive	1.8 (2.3)	.50**		
16. SDS Work Impact	4.3 (3.4)	–.04		
17. SDS Social Impact	3.9 (3.0)	.18		
18. SDS Family Impact	4.3 (2.7)	.30		

Note: YBOCS total severity and SDS not administered to partners.

* $p < .05$. ** $p < .01$.

$r(42) = .40$, $p = .008$ was moderately and positively associated with perceived partner accommodation. Depression, $r(39) = .37$, $p = .016$ and stress, $r(39) = .44$, $p = .004$ were moderately correlated with symptom accommodation. Anxiety, $r(39) = .51$, $p = .001$ was strongly correlated with symptom accommodation. Neuroticism had a moderate and positive correlation with symptom accommodation, $r(40) = .47$, $p = .002$.

Contributions to romantic partner OCD accommodation Behaviours: Partner factors

In the hierarchical regression for partners, independent variables previously identified in the literature that were also found to be significantly correlated with self-reported partner accommodation in this current study were entered in step one. These variables were Y-BOCS contamination obsession, Y-BOCS cleaning compulsions, Y-BOCS checking compulsion (Model 1). In step two, personality traits in partners found to be significantly correlated with self-reported partner accommodation were entered into the analysis, specifically extraversion (Model 2). The results of the partner analysis are outlined in Table 3. A significant amount of the total variance in symptom accommodation was accounted for by Model 1, $R = .70$, $R^2 = .49$, adjusted $R^2 = .39$, $F(3,16) = 5.04$, $p = .012$. In Model 2, with the addition of extraversion, a significant R^2 change of 14.6% was observed, $R = .80$, $R^2 = .63$, adjusted $R^2 = .53$, $F(4,15) = 6.44$, $p = .003$. The analysis found extraversion had a negative relationship with symptom accommodation and was the only variable that uniquely and significantly predicted the level of accommodation of OCD behaviours by romantic partners ($p = .028$).

TABLE 2 Means, standard deviations, and correlations for YBOCS symptom domains With FAS total.

YBOCS domain	Patients		Partners	
	M (SD)	Correlation with FAS	M (SD)	Correlation with FAS
1. Aggression obsessions	0.5 (0.3)	.32*	0.3 (0.2)	.01
2. Contamination obsessions	0.4 (0.3)	.17	0.3 (0.3)	.68**
3. Sexual obsessions	0.2 (0.3)	.22	0.1 (0.2)	-.09
4. Hoarding obsessions	0.4 (0.5)	.15	0.4 (0.5)	.10
5. Religious obsessions	0.2 (0.3)	.08	0.8 (0.2)	-.26
6. Symmetry obsessions	0.5 (0.5)	-.16	0.5 (0.5)	-.02
7. Miscellaneous obsessions	0.5 (0.3)	.22	0.2 (0.2)	.44
8. Somatic obsessions	0.5 (0.3)	.18	0.3 (0.3)	.22
9. Cleaning compulsions	0.5 (0.4)	.07	0.4 (0.4)	.58**
10. Checking compulsions	0.5 (0.3)	.21	0.3 (0.3)	.52*
11. Repeating compulsions	0.5 (0.4)	.05	0.5 (0.4)	.13
12. Counting compulsions	0.5 (0.5)	.16	0.7 (0.5)	.06
13. Ordering compulsions	0.6 (0.5)	-.31*	0.4 (0.5)	.03
14. Hoarding compulsions	0.3 (0.5)	.13	0.4 (0.5)	.10
15. Miscellaneous compulsions	0.3 (0.2)	.26	0.2 (0.2)	.37

* $p < .05$. ** $p < .01$.

TABLE 3 Partner sample summary of hierarchical regression analysis for variables associated with partner self-reported OCD accommodation behaviours.

Variable	Model 1			Model 2		
	B	SE B	β	B	SE B	B
YBOCS—Checking compulsion	10.98	15.58	0.16	7.22	13.70	0.11
YBOCS—Cleaning compulsion	1.84	13.07	0.43	7.37	11.64	0.17
YBOCS—Contamination obsession	32.35	18.61	0.55	24.95	16.55	0.43
Extraversion				-0.63	0.26	-0.40*
R ²		.49			.63	
F for change in R ²		0.49			0.15	

* $p < .05$.

Contributions to romantic partner OCD accommodation behaviours: Patient factors

In the hierarchical regression for patients, the same approach as for partners was followed with previously studied variables that were also significantly correlated in this current study being entered in step one. These variables were YBOCS aggression obsessions, YBOCS ordering compulsion, YBOCS total symptom severity, SDS days lost, SDS days unproductive, DASS depression, DASS anxiety, and DASS stress (Model 1). In step two, neuroticism was added to the model (Model 2). The results of the patient analysis are outlined in Table 4. The analysis found for Model 1, 51% of the variance in patient-reported partner accommodation was accounted for, $R = .71$, $R^2 = .51$, adjusted $R^2 = .37$, $F(8,28) = 3.63$, $p = .005$. The only uniquely significant variable in the model was YBOCS ordering compulsions ($p = .046$), which had a negative relationship to patient perceived partner accommodation. In Model 2, with the addition of neuroticism, no significant increase in variance

TABLE 4 Patient sample summary of hierarchical regression analysis for variables associated with patient-reported partner accommodation of OCD behaviours.

Variable	Model 1			Model 2		
	<i>B</i>	SE <i>B</i>	β	<i>B</i>	SE <i>B</i>	β
YBOCS—Aggression Obsession	17.66	10.74	0.30	17.07	10.97	0.29
YBOCS—Ordering Compulsion	-10.04	4.80	-0.31*	-9.36	5.09	-0.29
YBOCS total severity	0.96	0.49	0.42	0.89	0.52	0.39
SDS days lost	-0.89	1.75	-0.12	-0.54	1.93	-0.07
SDS days unproductive	1.11	1.66	0.16	0.97	1.71	0.14
DASS depression	0.35	0.53	0.14	0.23	0.60	0.09
DASS anxiety	-0.10	0.92	-0.37	-0.08	0.94	-0.03
DASS stress	0.14	0.75	0.05	0.07	0.77	0.03
Neuroticism				0.10	0.21	0.10
R^2		.51			.51	
<i>F</i> for change in R^2		.51			.004	

* $p < .05$.

accounted for in patient-reported partner accommodation was observed, $R = .72$, $R^2 = .51$, adjusted $R^2 = .35$, $F(9,27) = 0.21$, $p = .65$.

DISCUSSION

The aim of this preliminary study was to identify factors associated with accommodation of OCD behaviours by romantic partners. Those identified in the paediatric and general adult OCD literature as related to family accommodation were first examined to determine if these relations held in the context of romantic partner accommodation. The possible additional contribution of patient and partner personality factors to the accommodation of OCD behaviours, hitherto unexplored, was then examined.

The current findings indicated that partners who rated their loved ones as having a higher number of contamination obsessions and cleaning compulsions also tended to accommodate their loved one's OCD behaviours to a significantly greater degree. This is consistent with previous research that has found stronger associations between contamination-related OCD symptoms in patients and caregiver accommodation of those symptoms (Albert et al., 2010; Boeding et al., 2013; Shrinivasa et al., 2020). According to Albert et al. (2010), this is likely due to the number of modifications required to their environment for patients experiencing contamination-related symptoms, and the indirect involvement of their partners in these modifications. Furthermore, impairment is often greater with symptoms of this type, thus heightening the urge for loved ones to accommodate (Fontenelle et al., 2010). That contamination symptoms are often overt, more easily understood, and perhaps even shared to a certain extent by persons not diagnosed with OCD, may further account for these observations (Boeding et al., 2013). Notably, this study took place at the time of the COVID-19 pandemic, a time when such symptoms may have seemed particularly justifiable to romantic partners in the context of the global milieu, and thus were more likely to be accommodated (Tand et al., 2021).

In addition to the contamination obsessions and cleaning compulsions, checking compulsions as reported by partners were also found to be correlated with higher levels of accommodation by romantic partners. This is in line with prior research findings that higher levels of compulsions patients were associated with more accommodation (Boeding et al., 2013). Similar to contamination-related symptoms, it is possible that increased checking behaviours engaged in by patients may result in increased impairment (e.g., arriving to events late if needing to check household). As such,

a partner may be more likely to accommodate these symptoms to reduce overall shared interference to daily life and functioning.

In the patient sample, higher levels of aggression obsessions were found to be associated with increased perceived levels of accommodation from their romantic partner. This may be explained by the highly distressing nature of aggression obsessions (Milliner-Oar et al., 2016), leading patients to demand more of their romantic partners with a view to alleviating this distress. Interestingly, ordering compulsions were found to be negatively associated with partner accommodation within the patient sample. The basis for this finding warrants further investigation, but it could be that where a patient, for example, prefers household items to be ordered in a particular way (e.g., by colour), and this is contrary to the preferences of their partner (e.g., who may prefer ordering by function), less accommodation is likely to occur. Levels of functional impairment and OCD severity as reported by patients were found to be correlated with levels of perceived partner accommodation. This is consistent with previous studies showing higher severity of OCD is associated with higher levels of accommodation (Albert et al., 2010; Gomes et al., 2014; Peris et al., 2008; Strauss et al., 2015; Wu, Pinto, et al., 2016).

In a novel finding, partner extraversion was found to be negatively correlated with levels of accommodation by romantic partners. This finding held when entered into a hierarchical multiple regression with all other variables. Further, extraversion was the only unique predictor of partner self-reported OCD accommodation behaviours in the final model, suggesting it may be even more crucial to the prediction of OCD accommodation by romantic partners than other factors previously regarded as important to the accommodation process. The findings suggest that partners lower in extraversion (i.e., more introverted) may be more likely to accommodate for OCD symptoms in loved ones than partners who rate themselves as more extraverted. Introverted partners may be more likely to spend additional time with their loved ones at home, thus creating more opportunities for their involvement in symptoms. It may also be the case that more introverted romantic partners feel less efficacious or inclined to resist the requests of the patient to accommodate their OCD behaviours and thus acquiesce more readily. Unexpectedly, agreeableness as self-rated by partners was not found in this study to be associated with their accommodation of OCD behaviours in loved ones.

Patient-reported neuroticism was positively correlated with levels of partner accommodation in this study; however, when entered into the hierarchical model, neuroticism did not account for additional variance in patient-reported accommodation of OCD behaviours. The current findings suggest that, when considering the perspective of partners, factors previously identified as contributing to accommodation of OCD might be insufficient for understanding romantic partner accommodation of these symptoms. More specifically, the personality profile of partners may warrant primary consideration in the design and implementation of gold-standard treatment for OCD.

As per previous research (Boeding et al., 2013), the level of relationship satisfaction as reported by patients was not found to be associated with partner accommodation; however, interestingly, unlike previous research, partner-reported relationship satisfaction was not found to be related to partner accommodation of OCD. The measure of relationship satisfaction used, with its emphasis on consensus and conflict reduction, may account for this unexpected finding, with conflict avoidance more, rather than less likely, in cases where romantic partner accommodation of OCD behaviours is high. It is therefore plausible that in the context of romantic accommodation of OCD behaviours, owing to resultant conflict avoidance, relationship distress may appear less salient. Alternatively, it may be the case that romantic partner accommodation of OCD behaviours in loved ones serves a secondary function for some partners, but not others, which lends itself to the experience of a satisfying, albeit perhaps less healthy, union. This is similar to the concept of co-dependency discussed in the addiction literature (Salonia et al., 2021), with some studies reporting an inverse relationship between co-dependency and marital quality among spouses of patients experiencing alcohol dependence (Paul et al., 2018). Ultimately, these results suggest further exploration of the interface between the functionality of the couple relationship and romantic partner accommodation of OCD behaviours is warranted.

Several shortcomings exist in the current study and warrant acknowledgement. First, the small sample size is associated with a number of limitations. Despite our best efforts, we were unable to recruit the

sample recommended by the a priori power analysis. Nonetheless, we still obtained several significant findings, and those that were not significant were generally trending in the hypothesised direction with reasonable effect sizes. Future studies should aim to investigate the contribution of patient and partner factors to the accommodation of OCD behaviours by romantic partners using larger samples. On a related note, because of the preliminary nature of the investigation, we chose not to adjust the per comparison α level in order to control for inflated familywise error, and this should be taken into account when evaluating the findings.

A second important limitation of the study is that while patient-partner dyads were invited and encouraged to participate in this research, insufficient linked couple data was obtained ($n = 4$), necessitating the examination of these data separately. Future studies should aim to collect paired data from couples and perform dyadic analyses that enable direct comparison of information provided by patients with that provided by their romantic partner. Additionally, although consistent in approach to other studies within the accommodation literature (e.g., Adams & Emerson, 2020; Lou et al., 2020), this study relied on participants self-identifying as living with OCD or being the romantic partner of someone with OCD. The basis for self-identification was also not established. Future studies would benefit from authenticating these self-reports by conducting clinical interviews to confirm diagnosis. Such research may further benefit from the inclusion of an assessment of symptom acuity at the time of study, beyond the inclusion of self-report measures only, as well as the identification of comorbid psychiatric diagnoses and physical conditions in both patient and partner samples to determine whether the presence of co-occurring mental health or other conditions also plays a role in the accommodation process including the prevalence of OCD symptoms among romantic partners of individuals diagnosed with OCD. Moreover, whether pharmacological interventions and psychotherapy can mitigate the impact of romantic partner accommodation on loved ones seeking treatment for OCD remains under-investigated. Preliminary research suggests that involving a romantic partner in the CBT treatment of OCD is highly beneficial for the overall effectiveness of treatment outcomes for patients (Boeding et al., 2013). This accords with research showing improvements in patient OCD symptoms where treatment is associated with reductions in family accommodation of symptoms (Lebowitz et al., 2012). As such, future studies would benefit from collecting additional information regarding the treatment status and histories of participants in examining the potentially deleterious impact of partner accommodation on recovery.

Finally, as this study was cross-sectional in design, findings should be interpreted with caution. Further research would benefit from the use of longitudinal study designs across multiple time points to assess for partner and patient factors that contribute to the changeability of levels of romantic partner accommodation of OCD behaviours. Moreover, as the field of OCD accommodation research progresses, reasons why partners accommodate warrants exploration to further inform the treatment inclusion of loved ones.

Despite the limitations of the present study, the current findings add significant value to the existing literature. The findings demonstrate the applicability of factors associated with family accommodation of OCD behaviours in the paediatric and adult literature to a sample of romantic partners. The study also builds upon the existing literature by considering the role of personality traits in the accommodation process, which to our knowledge had not been previously explored. Collectively, these findings highlight the importance of considering and including romantic partners in the treatment of persons with OCD to reduce rates of accommodation of these behaviours, and in turn improve treatment trajectories. The identification of patients with more introverted partners and their involvement in treatment, with a view to offering strategies that might offset the impact of this specific trait in the accommodation of OCD symptoms by romantic partners, may be especially critical to improving treatment efficacy. Additional research is warranted on patient and partner factors of accommodation, so that patterns and predictors of increased accommodation are easily identifiable. It is also crucial that further research seeks to apply what can be learned from studies investigating factors that may increase chances of accommodation of OCD behaviours by romantic partners to improve interventions, along with the outcomes for those living with OCD.

AUTHOR CONTRIBUTIONS

Brianna G. Toohy: Conceptualization; investigation; writing – original draft; methodology; writing – review and editing; formal analysis; project administration; data curation. **Elly Quinlan:** Supervision; writing – original draft. **John Reece:** Writing – review and editing; formal analysis; data curation; supervision. **Bethany M. Wootton:** Conceptualization; writing – review and editing; methodology. **Josephine Paparo:** Conceptualization; writing – review and editing; methodology; project administration; supervision.

CONFLICT OF INTEREST STATEMENT


The authors report that there are no competing interests to declare. Further, this research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

DATA AVAILABILITY STATEMENT

Data available upon request to the authors.

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