Original Research Article

EXPERIENCE OF ROMANTIC RELATIONSHIPS AND LEVEL OF DEPRESSION AND ANXIETY

ABSTRACT

Backround: Romantic relationships were described as the unique partnership where intimacy and mutual feelings of love and affection are manifested. However they may be linked with some level of anxiety and depression - two separate conditions, that strongly linked to one another with almost indistinguishable elements. The aim of the study to analyse the link between romantic relationships and depression & anxiety.

Methods: A total of 120 participants currently engaged in a dating romantic relationship (80) and marriage (40), specifically targeting young adults aged between 18-35 (M = 24.79 years) have filled questionaires.Main instruments that were used in this paper were: Rubin's Love Scale (Rubin, 1974), PHQ-9 (Kroenke & Spitzer, 2002) and Zung's anxiety scale(Zung, 1972)

Results: Results supported findings from previous research that are conducted in this field. While depression and anxiety levels are positively linked, participants who answered the questionnaire showed that when the love in the romantic relationship is high, anxiety and depression symptoms seemed to be decreased. Married individuals are more likely to have a high score of love and less score on depression & anxiety compared to individuals who are engaged in a dating relationship.

Conclusions
Romantic or - better described- companionate love component of the relationships are linked with fewer symptoms of anxiety and depression. Married individuals had a higher score of romantic love, and fewer symptoms of depression anxiety, compared with the ones who were in a committed relationship.

Keywords
Philosophy of love, ethics of marriage, well-being, depression, anxiety.

1. Introduction

Romantic relationships exist amongst human beings and have existed since the very early days of human civilization and still are an essential part of human lives. Having a full understanding may enhance the quality of these relationships and overall wellbeing and help lower the occurrence of negative emotions and mental health problems. Studies like this can help to understand the complex nature of romantic relationships and their relations to human well-being. Romantic relationships were described as the unique partnership where intimacy and mutual feelings of love and affection are manifested. There are many types of romantic relationships; however, this research paper limits the broad meaning by looking into three different types of romantic relationships: dating relationship, engagement, and marriage. All of these terms can be labeled as committed long-term monogamous relationships.

The reason behind the interest of focusing only on these so-called "long-term committed relationships" is based on the fact that couples start becoming more confident and familiar with one other over time. Fulfillment, which comes along with the relationship gradually, expands, and couples continue forming and retraining common interests and exchanging values that are essential for them [1].

Braithwaite, Delve, and Fincham (2010) also argued that long term commitment takes a lot of time and space in an individual's life, resulting in the prevention of them getting involved in dangerous or harmful activities as well as having better mental health [2].

Before trying to understand the link between romantic relationships and mental problems, it is crucial to have a high awareness of the romantic relationship itself. When we say romantic relationships, it is widely accepted that love is the fundamental basis of romantic relationships.

Love might have different dynamics and different components, which might be hard to identify and name. People might have love and passion for many things, family, hobbies, friends, animals, yet; this research paper investigates the subjective experiences of romantic love within three different kinds of committed longtime partnerships.

The expression of love is linked with attachment or affectional bonds to one another. Besides, unconventionality seems to be a vital factor in sexual attraction, which is one of the needed elements for a person to identify the love that he or she is feeling as romantic love [3].

The other constructs that are being analyzed in the paper are depression and anxiety. Depression could occur due to a combination of multiple factors such as biological, environmental and psychological. Besides, it could be found in individuals of any age.

Anxiety has been usually described as the answer to threats. When there is a scene where the individual is faced with a material hazard, it is natural that the heart rate and blood pressure go up and pays more attention to the state of being alert, on the other hand, when there is no risk situation or minimal amounts of it, anxiety causes the individual to give the same responses [4].

Anxiety and depression are two separate conditions strongly linked to one another with almost indistinguishable elements. People who experience depression tend to have characteristics of anxiety disorders, and patients who experience anxiety tend to have features of depression, which can quickly submerge together. Sometimes it can be difficult to distinguish one from the other [5].

Anxiety (disorder), on the other hand, is explained with experiences of fear, of anxiety in circumstances where others would not feel such emotions. If being unattended, both depression and anxiety can decrease the overall quality of life quality [6] Especially when combined with depression, it causes symptoms to multiply, generates a more significant risk of self-harm, is resistant to clinical help, and has a more substantial impact on a person's life [5].

The link between romantic relationships and anxiety might make it more challenging to investigate the connections between depression and romantic relationships, as they may be mistaken for one another, so it is crucial to study it thoroughly and understand if symptoms of depression and romantic relationships are regarded as anxiety or not [7].

This paper is trying to examine if being in a romantic relationship is linked with a positive psychological well-being of an individual, or if romantic relationships worsen the symptoms and early signs of depression and anxiety, and causes people to be more prone to these mental problems while trying to compare the levels of romantic love depression and anxiety in males and females.
Therefore, the study of romantic relationships and psychological symptoms can help to understand the interlinked connections in the far-reaching framework [7]. Thus, this research hoped to bring new insights and increase knowledge to one of the most commonly studied - yet not very well understood - concepts in psychology and human life.

<center>2. METHOD</center>

2.1 Participants

The study included young adults aged between 18-35. The mean age of the participants was 24.4. A total of 120 participants (60 males and 60 females) were analyzed.

Figure 1 Marital status of participants
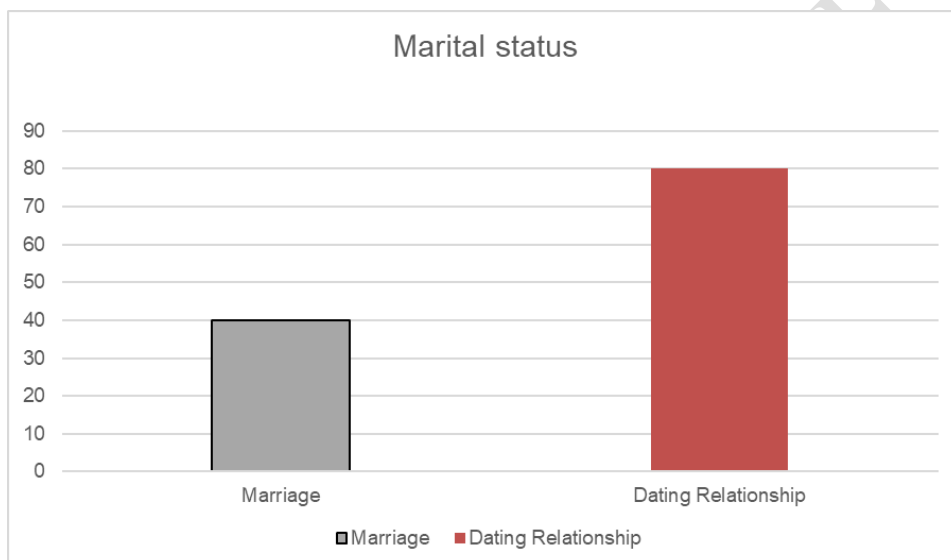
2.2 Assessment Tools

Participants were asked to complete a total of three questionnaires related to romantic love, symptoms of depression, and symptoms of anxiety. The surveys that were used in this study were Rubin's Love Scale, Patient Health Questionnaire (PHQ-9) and Zung's Self-rating Anxiety scale (Zung, 1971). Participants answered in a total of 42 questions.

Instrument: Rubin's Love Scale

Rubin's Love Scale (Rubin, 1970) has consisted of 13 items reflecting a more widely accepted concept of interpersonal attraction. Rubin's scale is commonly used in studies that involve the measures of the idea like affection, romance and love. It is found to be an excellent match for this study because

it is directly linked with measuring companionate love, which we consider as one of the essential elements of a romantic relationship.

The first set of 13 questions about love was subjected to see test-takers affection towards their partners. Each item has a blank (e.g., "___") indicating the name of the survey takers' name of the romantic partner. Participants were not asked to fill in these gaps but rather answer to the questions on a 9-point response scale with the following answers: 1 indicating strongly disagree, 9 meaning strongly agree (e.g. 'If___ were feeling bad, my first duty would be to cheer him(her) up", "I would enjoy being confided in by____"). The highest score that can be obtained using this scale is 177, while the lowest score being 9. Scale is public domain; no permission needed.

Instrument: Patient Health Questionnaire (PHQ-9)

To assess depressive traits, Patient Health Questionnaire (PHQ-9) by Kroenke & Spitzer (2002) was used. PQ-9 is also a public domain measure that can be downloaded online.
The PHQ-9 has been commonly used in plenty of different types of studies in various settings. PHQ-9 is a publicly accessible scale that is available both in English and over thirty languages worldwide (Kroenke & Spitzer, 2002).

Respondents were asked to click on the answer based on their own experience of being exposed to the following problems presented on the questionnaires over the past two weeks.
The Patient Health Questionnaire consists of 9 items, each of them scoring 0=not at all, 1=Several days, 2=More than half the days, 3= Nearly every day (e.g. '"Feeling bad about yourself or that you are a failure or have let yourself or your family down").

For scoring, each selected answer should add up together. The lowest score is 0, the highest being 27. According to the authors, the total scores can be interpreted as 1-4 minimal depression, 5-9 mild depression, 10-14 moderate depression, 15-19 moderately severe depression, 20-27 severe depression. Generally, a 0-4 score is to be considered none\minimum depression and there are no proposed treatments. Ratings that range between 5-9 severity are moderate: suggested action is to wait and repeat the PHQ-9 in the following weeks. For scores ranging from 10-14 severity, the depression is classified as average: the proposed action is to initiate a treatment including pharmacotherapy. For scores ranging from 20-27, the depression is being labeled as severe and the recommended action is the instant application of pharmacotherapy. On the contrary, there are a few extra factors to take into account such as to investigate the trigger of these symptoms being stress, the running time and whether or not the respondent received any treatment previously, the background of these symptoms and whether or not are there already existing conditions in the family history.

It is vital to note that the set of questions is based on the respondent's self-report: to diagnose, assist or propose a clinician should verify possible treatment answers. This study does not suggest, implies or attempts to make a diagnosis, or suggest that participants are struggling with a depressive

disorder; the aim is instead to see if there is an association between symptoms of depression and romantic relationships

Zung Self-rating Anxiety Scale (Zung, 1971)

Instruments: Made up of 20 items, the scale is scored from 1-4 points indicating 1=a little of the time, 2=some of the time, 3=good part of the time, 4=most of the time. It is not considered a substitute for a professional diagnosis. On the other hand, there are 4 revere items counted the other way around (5, 9, 13, 19) since they are indicators of a non-anxiety related positive state. Total scores can be calculated as 20-44 normal range, 45-59 mild to moderate anxiety level, 60-74 severe anxiety level, 75-80 extreme anxiety level. The test is created to propose an improved insight on self-reported anxiety based on severity. Once again, this study does not aim to diagnose or refer any participant with a mental illness or trait. The question addressed (e.g., "I feel more nervous and anxious than usual") also included four reverse-scored items (e.g., "I feel that everything is all right and nothing bad will happen"). Additional demographic questions were asked, such as the participants' age, gender, marital status alongside with a filtering question regarding mental health situation.

2.3 Statistical analysis

IBM SPSS 17 software was used to calculate the data. Reliability analysis completed successfully, indicating that the three scales used in this study were reliable. A new round of data collection performed, and once again collected data-set was entered into IBM SPSS 17 software. Based on the collected scores, a normality test and correlational analysis were performed.

3. RESULTS

A non-parametric Spearman rank-order coefficient was calculated to assess the relationship between romantic love and depression. (r=-.527, p<0.01) Results indicated A moderate negative correlation between a romantic relationship and depression levels. While romantic love rises, symptoms of depression decrease.

A non-parametric spearman's correlation was conducted to see the connection between anxiety and romantic love (r=-.535, p<0.01) — a moderate negative correlation between a romantic relationship and depression levels matching with the findings for depression. Results indicate a negative correlation, supporting the proposed hypothesis, hinting that the higher the love scores, the lower the anxiety is.

A non-parametric spearman's correlation used to assess the relationship between anxiety and depression results indicated a moderate positive correlation between depression and anxiety (r=.670,

p<0.01), the findings are correlated with what was being predicted, as anxiety and depression often closely relate despite being different (Tracy, 2012).

Table 1 shows that males scored significantly higher on romantic love than females

Table 1 Level of romantic love between genders

	Gender	N	Mean Rank	U	P
	female	60	54,76	1484	116
	male	60	66,24		

Table 2 Difference between genders on levels of anxiety

Gender		N	Mean Rank	U	P
Female	60	65,77	65,77	161	340
Male	60	55,23	55,23		
total	120				

A Mann-Whitney test indicated that females showed higher levels of anxiety
(M=65,77 more than females M=55,23 U=1484, p=.097 (Table 2).

Difference between genders on levels of anxiety

Mann-Whitney test indicated that females showed higher levels of depression more than males M=57.48 U=1618.5, p=.340.

Difference between Marriage and Dating Relationships

A non-parametric Mann-Whitney U test indicates that married participants scored higher levels of romantic love, while participants who engaged in a dating relationship scored lower levels of romantic love meaning married individuals to have higher levels of romantic love.

Table 3 The level of anxiety in marriage and just dating groups

	Marital Status	N	Mean Rank	Sum of Ranks
anxiety	married	40	43,71	1748,50
	relationship	80	68,89	5511,50
	Total	120		

Results show that individuals engaged in a romantic relationship tend to have higher levels of anxiety comparing to those who are married (Table 3).

4. DISCUSSION

It could have been concluded, based on the results, that the more compassionate love people feel towards their partner, the lower their depression levels are and vice-versa; lesser scores of romantic tend to prevail the more they experience depressive symptoms (R_s=-.527, p<0.01).Results were similar to the construct of anxiety. Findings are supported by previous studies indicating that romantic commitment promotes healthier physiological and psychological health [2].

Usually, there are not many studies that suggest that females have a higher romantic love or sentimental attributes. However, researchers are seemly divided on this subject. A similar measure of romanticism, the Romantic Beliefs Scale by Sprencher and Meets (1989) that shared similar items with Rubin's love scale (e.g. "I expect that in my relationship, romantic love will last; it won't fade with time"), found out that men scored notably higher scores of romance than women [8-9]. Furthermore, Sprecher and Meets (1989) argued that males have a higher tendency to put a lot of emphasis on the passion component of the relationships compared to females. A cross-sectional Indian study examined the differences between gender and results revealed that passionate love and romantic obsession was significantly higher in females than in males [10].

Preventing anxiety in females can happen due to many factors such as biological components, social constructs and differences in genetics compared to men [11]. Females are also much more prone to depression due to biological aspects and social contexts [12].

We found that married people had lower scores on anxiety, depression and higher scores on romantic love. This can be explained with marriage usually occurring on later stages of young adulthood, where individuals start to have more independence, financial freedom and having already

established experiences both about love and relationships. Kim & McKennery (2002) studied the link between well-being and marriage and their findings demonstrated a significant relationship between marriage and well-being [13]. Moreover, O'Leary et al. (2011) found out that married people revealed to have an enormous amount of love towards their partners, correlating with findings of the present study [14].

Results from the study came up as it is predicted for the most part. However, there were quite a few impressive results, such as males having higher levels of romantic love.

This research paper aims to contribute to growing research based on literature and hope to give more insight into the dynamics of the partnership.

5.CONCLUSIONS

The current study showed, that there is a negative correlation between romantic love and depression levels. There is a negative correlation between romantic love and anxiety levels.

Males had higher scores of romantic love than females. Females tend to score higher on anxiety and depression symptoms compared to males. Married individuals had a higher score of romantic love, and fewer symptoms of depression anxiety, compared with the ones who were in a committed relationship.

ETHICAL APPROVAL
The protocol of the study was approved from the ethical committee of Tanta faculty of Medicine. Permission was taken from local health authority.

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