

The Impact of Social Isolation on Romantic Relationships During the COVID-19 Pandemic



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ABSTRACT: Due to the severe course of COVID-19, the rate of transmission, and the high risk of death, country governments have taken many measures, such as social isolation, to reduce the rate of transmission. This study, it is aimed to reveal the effect of the social isolation process caused by the COVID-19 pandemic on the romantic relationships of individuals. In this correlational study, 540 people (n=433 females, n=107 males) who had a romantic relationship in Turkey were reached by random sampling method. The participants were given the Sociodemographic Information Form and the Anxiety in Romantic Relationships During the Covid-19 Pandemic Period. Validity and reliability analyzes of the scale were made. Romantic relationships of the Covid-19 pandemic process have been determined that it affects women more than men, those with low education levels more than those with higher levels, and those with short relationships than those with long-term relationships. At the same time, it was concluded that those who live separately are more affected than those who live together, those who avoid sexuality are more affected than those who do not, and those who apply social distance rules at home are more affected than those who do not apply social distance rules at home. The research has some limitations. The scale was applied online to 540 people and reached a limited number of people. The results need to be supported by different studies.

KEYWORDS: Anxiety, Covid-19, Romantic Relationship, Social Isolation

INTRODUCTION

Coronaviruses are a large family of viruses that can cause disease in humans and animals. SARS-CoV, a type of coronavirus, was seen in 2003, and MERS-CoV in 2012. The last strain of the coronavirus family emerged as atypical pneumonia in December 2019 in Wuhan, China's Hubei province. This virus, defined as COVID-19 by the World Health Organization in February 2020, has spread rapidly to other provinces of the People's Republic of China, especially the city of Wuhan and the world (Zhou et al., 2020). With the increase in the number of cases and the rate of spread, COVID-19 was classified as a pandemic by the World Health Organization on March 11, 2020 (WHO, 2020).

Due to the severe course of the disease and the high risk of death (Li et al., 2020), country governments have taken many measures to reduce the transmission rate of COVID-19. COVID-19 prevention and control interventions include; hand hygiene, personal protective equipment, avoidance of crowds, social distancing, social isolation, school and workplace measures/closures, quarantine, and travel restrictions. It has been found that such measures reduce infection, death, and intensive care unit density (Güner et al., 2020). Although measures such as social distance and social isolation are effective methods to combat COVID-19, they have caused significant changes in the daily life practices of individuals. One of these changes is romantic relationships. Collins (2003) defines a romantic relationship as a type of relationship where both parties volunteer and mutually accept each other. According to interpersonal theory, the essential component of human experience is relationships, not drives. Interpersonal conflicts and social problems cause depression in people with a particular biological predisposition. Supportive, positive relationships protect against depression (Hizli-Sayar & Omay, 2019). Due to the critical role of relationships in mental health, it is essential to understand how the measures taken during the pandemic affect these relationships to develop necessary intervention strategies. Therefore, this study, it is aimed to reveal the effect of the social isolation process caused by the COVID-19 pandemic on the romantic relationships of individuals.

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METHOD

Participants and Procedure

In this correlational study, 540 people (n=433 females, n=107 males) who had a romantic relationship in Turkey were reached by random sampling method.

Measures

Sociodemographic Information Form (SIF): It was prepared by the researcher in order to obtain information such as age, gender, education level, and relationship status of the participants.

Anxiety Scale in Romantic Relationships During the Covid-19 Pandemic Period: It was created by the researcher to determine the anxiety levels of individuals regarding the changes that can be seen in their romantic relationships during the Covid-19 pandemic period. High scores obtained from the scale designed in a 10-point Likert type indicate that the level of anxiety is also high. The 4th, 6th, and 8th items of the scale, which consists of 11 items, are reverse coded. As a result of the exploratory factor analysis performed within the scope of the validity study, it was determined that it consisted of 3 factors (Table 1). Accordingly, the "Personal Anxiety" factor was divided into 1st, 2nd, and 3rd items; Anxiety Regarding Communication" factor was included in the 5th, 6th, 7th, 8th, 9th, and 11th items; The "Anxiety Regarding Sexual Relationship" factor is calculated by taking the arithmetic average of the responses given to the 4th and 10th items. The rate of variance explained by the scale is 62.93%. The scale's Cronbach Alpha internal consistency coefficients and its sub-dimensions were determined as .79, .66, .84, and .61, respectively.

Statistical Analysis

The data obtained from the scale and the sociodemographic information form were analyzed with the IBM SPSS 22 package program, and the p-value of 5% and below was considered statistically significant.

The Exploratory Factor Analysis and Reliability Analysis results performed to test the validity and reliability of the scale are presented in Table 1.

	Factor 1	Factor 2	Factor 3	Common Factor Variance Ratio
Item 7	.860			.752
Item 5	.775			.637
Item 6	.748			.664
Item 9	.734			.592
Item 8	.704			.626
Item 11	.576			.445
Item 2		.784		.692
Item 3		.730		.601
Item 1		.720		.564
Item 4			.807	.681
Item 10			.781	.669
Cronbach's Alpha	.838	.659	.611	.789
Total Variance Explained %	30.477	18.691	13.764	62.933
KMO*			.770	
Bartlett Test			.000	

*Kaiser-Meyer-Olkin (KMO)

According to Table 1, the KMO value was determined as $.770 > .500$ and showed that the research sample was sufficient. Bartlett's test of sphericity showed that the expressions belonging to the mentioned sub-dimension showed a degree of correlation suitable for analysis in the factorial structure ($p < .001$). The common factor variance ratio of over $.400$ showed that it was appropriate to include all expressions in factor analysis (Karagöz & Kösterlioğlu, 2015). The scale sub-dimension formed a three-dimensionally meaningful whole, and the total variance explained by the related items was determined as 62.93%. The total explained variance value is above 40%, which is statistically necessary (Karagöz, 2016), and it complies with the necessary criteria. The internal consistency level of most of the scales and their sub-dimensions was sufficiently reliable ($\alpha > .70$). When the statistics of the skewness and kurtosis indices were examined, it was determined that the values of all variables were in the range of -1 and +1, and they showed a normal distribution accordingly (Demir et al., 2016). Therefore, data were analyzed using Independent Sample T-Test and One-Way Analysis of Variance.

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RESULTS

Table 2 shows the Independent Sample t-test, which was performed to observe whether the Anxiety in Romantic Relationships Scale scores during the Covid-19 Pandemic Period differ significantly in terms of gender, marital status, previous psychiatric treatment, having children, and working status. The One-Way Analysis of Variance results, which was performed to observe whether there is a significant difference according to age and education level, are also shown in Table 2.

Table 2. Analysis Results Regarding the Differences in Anxiety Levels in Romantic Relationships According to Demographic Information

	<i>n</i> (%)	Anxiety in a Romantic Relationship $\bar{x} \pm SS$	Personal Anxiety $\bar{x} \pm SS$	Anxiety About Communication $\bar{x} \pm SS$	Anxiety About Sexual Intercourse $\bar{x} \pm SS$
Gender					
Woman	433 (80.19)	4.09±1.75	6.17±2.25	3.14±2.66	3.37±2.36
Man	107 (19.81)	3.68±1.77	4.86±2.52	2.46±2.42	3.50±2.20
Independent Sample t-Test					
	<i>t</i>	2.154	5.243	2.394	-.513
	<i>p</i>	.032	.000	.017	.608
Age					
20-29 Age	289 (53.52)	4.13±1.75	6.19±2.32	2.54±2.46	3.63±2.45
30-39 Age years and older	146 (27.04)	3.70±1.68	5.62±2.24	3.42±2.73	2.84±2.06
40 Age years and older	105 (19.44)	4.09±1.87	5.52±2.55	3.69±2.71	3.51±2.23
One-Way Analysis of Variance					
	<i>F</i>	3.036	4.664	10.154	5.876
	<i>p</i>	.049	.010	.000	.003
Marital Status					
Single	328 (60.74)	4.10±1.74	6.05±2.39	2.62±2.40	3.61±2.41
Married	212 (39.26)	3.87±1.80	5.69±2.31	3.60±2.84	3.05±2.16
Independent Sample t-Test					
	<i>t</i>	1.451	1.715	-4.313	2.753
	<i>p</i>	.147	.087	.000	.006
Status of Having a Child					
Yes	154 (28.52)	4.00±1.88	5.63±2.54	3.67±2.94	3.29±2.18
No	386 (71.48)	4.01±1.72	6.02±2.28	2.74±2.45	3.43±2.39
Independent Sample t-Test					
	<i>t</i>	-.100	-1.750	3.775	-.653
	<i>p</i>	.921	.081	.000	.514
Level of Education					
High School	36 (6.67)	4.12±1.82	6.02±3.33	2.19±2.82	3.81±2.48
Bachelor's Degree	350 (64.81)	4.18±1.76	6.13±2.27	3.11±2.59	3.56±2.35
Master's Degree and Above	154 (28.52)	3.59±1.70	5.36±2.24	2.96±2.65	2.92±2.18
One-Way Analysis of Variance					
	<i>F</i>	6.073	5.834	1.997	4.701
	<i>p</i>	.002	.003	.137	.009
Working Condition					
Yes	316 (58.52)	3.86±1.79	5.61±2.37	3.13±2.73	3.23±2.30
No	224 (41.48)	4.21±1.70	6.32±2.29	2.83±2.48	3.61±2.36
Independent Sample t-Test					
	<i>t</i>	-2.271	-3.494	1.265	-1.863
	<i>p</i>	.024	.001	.206	.063
Past Psychiatric Treatment Status					
Yes	131 (24.26)	4.33±1.97	5.90±2.37	3.18±2.72	3.93±2.68
No	409 (75.74)	3.90±1.68	5.91±2.36	2.95±2.60	3.22±2.18
Independent Sample t-Test					
	<i>t</i>	2.395	-.062	.856	3.039
	<i>p</i>	.017	.951	.393	.002

According to the findings in Table 2, the level of anxiety related to sexual intercourse ($t(538) = -.513, p > .05$) of individuals during the Covid-19 pandemic did not differ significantly according to gender, but anxiety in romantic relationship ($t(538) =$ It

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was determined that 2.154, $p < .05$), personal anxiety ($t(538) = 5.243$, $p < .001$) and communication-related anxiety ($t(538) = 2.394$, $p < .05$) levels differed significantly by gender. When the averages were evaluated, it was determined that women's romantic relationship anxiety, personal anxiety, and communication anxiety levels were higher than men's.

According to the findings in Table 2, individuals' romantic relationship anxiety ($F(2.537) = 3.036$, $p < .05$), personal anxiety ($F(2.537) = 4.664$, $p < .05$), communication-related anxiety during the Covid-19 pandemic period. It was determined that the level of anxiety ($F(2.537) = 10.154$, $p < .001$) and anxiety related to sexual intercourse ($F(2.537) = 5.876$, $p < .01$) differed significantly according to age. According to this, it was determined that individuals aged 20-29 and those aged 40 and over had higher romantic relationship anxiety and sexual relationship anxiety levels compared to individuals aged 30-39. In addition, it was determined that the personal anxiety levels of individuals aged 20-29 were higher than those aged 30 and over, but the level of anxiety related to communication was lower.

According to the findings in Table 2, the level of anxiety in romantic relationships ($t(538) = 1.451$, $p > .05$) and personal anxiety ($t(538) = 1.715$, $p > .05$) levels of individuals in the Covid-19 pandemic period was determined by marital status. However, it was determined that the level of anxiety related to communication ($t(538) = -4.313$, $p < .001$) and anxiety related to sexual intercourse ($t(538) = 2.753$, $p < .01$) differed significantly according to marital status. According to the averages, it was determined that the anxiety levels of single individuals about sexual intercourse were higher than those of married individuals, but the level of communication anxiety was lower.

According to the findings in Table 2, individuals' anxiety in romantic relationships ($t(538) = -.100$, $p > .05$), personal anxiety ($t(538) = -1.750$, $p > .05$) during the Covid-19 pandemic period. and sexual intercourse anxiety ($t(538) = -.653$, $p > .05$) level did not differ significantly according to having a child, but communication anxiety ($t(538) = 3.775$, $p < .001$) level did not differ significantly according to having a child. It was determined that there was a significant difference according to the condition. According to the averages, it was determined that the communication anxiety levels of individuals with children were higher than those without children.

According to the findings in Table 2, the level of communication anxiety ($F(2.537) = 1.997$, $p > .05$) of individuals during the Covid-19 pandemic did not differ significantly according to education level, but anxiety in romantic relationships ($F(2.537) = 6.073$, $p < .01$), personal anxiety ($F(2.537) = 5.834$, $p < .01$) and sexual anxiety ($F(2.537) = 4.701$, $p < .01$) levels differed significantly according to education level. Accordingly, it was determined that individuals with high school and undergraduate degrees were higher in romantic relationship anxiety, personal anxiety, and sexual relationship anxiety levels than graduate students.

According to the findings in Table 2, individuals' anxiety about communication during the Covid-19 pandemic ($t(538) = 1.265$, $p > .05$) and anxiety about sexual intercourse ($t(538) = -1.863$, $p > .05$) was determined that the level of anxiety in the romantic relationship ($t(538) = -2.271$, $p < .05$) and the level of personal anxiety ($t(538) = -3.494$, $p < .01$) differed significantly according to the working status. According to the averages, it was determined that the anxiety and personal anxiety levels of the non-working individuals were higher than the working individuals.

According to the findings in Table 2, individuals' anxiety in romantic relationship ($t(538) = 2.395$, $p < .05$), anxiety in romantic relationship ($t(538) = -2.271$, $p < .05$), during the Covid-19 pandemic period, It was determined that personal anxiety ($t(538) = -3.494$, $p < .01$) and sexual anxiety ($t(538) = 3.039$, $p < .01$) levels differed significantly from previous psychiatric treatment. According to the averages, it was determined that individuals who received psychiatric treatment in the past had higher romantic relationship anxiety and sexual relationship anxiety levels compared to individuals who stated that they did not receive psychiatric treatment in the past.

Independent Sample T-Test, which was conducted to observe whether the scores obtained from the Anxiety in Romantic Relationships Scale differ significantly in the relevant averages according to the status of living with a partner before the social isolation period, the status of living with a partner during the social isolation period, and the status of having sexual intercourse with a partner during the social isolation period. The One-Way Analysis of Variance results is given in Table 3 to observe whether there is a significant difference between the duration of the relationship and the relationship.

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Table 3. Analysis Results Regarding the Differentiation of Anxiety Levels in Romantic Relationships According to Information on Romantic Relationships

	<i>n</i> (%)	Anxiety in a Romantic Relationship $\bar{x} \pm SS$	Personal Anxiety $\bar{x} \pm SS$	Anxiety About Communicatio n $\bar{x} \pm SS$	Anxiety About Sexual Intercourse $\bar{x} \pm SS$
Relationship Duration					
Less than 1 Year	194 (35.93)	4.33±1.82	6.08±2.40	2.98±2.59	3.91±2.49
1-3 Year	177 (32.78)	3.87±1.66	5.81±2.52	2.85±2.55	3.25±2.20
4-6 Year	83 (15.37)	3.68±1.74	5.82±2.16	2.66±2.34	2.96±2.19
7 Years and Over	86 (15.93)	3.87±1.80	5.81±2.12	3.71±3.01	2.95±2.18
One-Way Analysis of Variance	<i>F</i>	3.669	.514	2.769	5.508
	<i>p</i>	.012	.673	.041	.001
The situation of Living with the Partner Before the Social Isolation Process					
Yes	289 (53.52)	3.91±1.80	5.97±2.34	3.28±2.76	3.09±2.27
No	251 (46.48)	4.12±1.72	5.84±2.39	2.69±2.43	3.74±2.35
Independent Sample t-Test	<i>t</i>	-1.372	.618	2.631	-3.224
	<i>p</i>	.171	.537	.009	.001
Living with a Partner in the Social Isolation Process					
Yes	249 (46.11)	3.71±1.72	5.65±2.22	3.37±2.80	2.85±2.14
No	291 (53.89)	4.26±1.76	6.13±2.46	2.70±2.43	3.85±2.39
Independent Sample t-Test	<i>t</i>	-3.683	-2.390	2.974	-5.063
	<i>p</i>	.000	.017	.003	.000
Status of Having Sex with a Partner in the Social Isolation Process					
Yes	241 (44.63)	3.53±1.60	5.69±2.25	2.74±2.53	2.70±2.10
No	299 (55.37)	4.40±1.79	6.08±2.44	3.21±2.69	3.95±2.36
Independent Sample t-Test	<i>t</i>	-5.872	-1.930	-2.070	-6.370
	<i>p</i>	.000	.054	.039	.000

According to the findings in Table 3, the personal anxiety ($F(3.536) = .514, p > .05$) level of individuals during the Covid-19 pandemic did not differ significantly according to the duration of the relationship, but anxiety in the romantic relationship ($F(3.536) = 3.669, p < .05$), communication anxiety ($F(3.536) = 2.769, p < .05$) and sexual intercourse anxiety ($F(3.536) = 5.508, p < .01$) levels were found to differ significantly according to the duration of the relationship. Accordingly, it was determined that individuals with a relationship duration of less than 1 year had higher romantic relationship anxiety and sexual relationship anxiety levels compared to individuals whose relationship duration was longer than 1 year. In addition, it was determined that the communication anxiety levels of individuals with a relationship duration of 7 years or more were higher than those with a relationship duration of fewer than 7 years.

According to the findings in Table 3, individuals' romantic relationship anxiety ($t(538) = -1.372, p > .05$) and personal anxiety ($t(538) = .618, p > .05$) levels during the Covid-19 pandemic process. It did not differ significantly according to living with a partner before the social isolation process, but the level of anxiety about communication ($t(538) = 2.631, p < .01$) and anxiety about sexual intercourse ($t(538) = -3.224, p < .01$) It was determined that there was a significant difference according to the situation of living with a partner before the social isolation process. According to the averages, it was determined that individuals who lived with their partners before the social isolation process had higher communication anxiety levels compared to individuals who did not live together, but their anxiety levels about sexual intercourse were lower.

According to the findings in Table 3, individuals' anxiety in romantic relationships ($t(538) = -3.683, p < .001$), personal anxiety ($t(538) = -2.390, p < .05$), during the Covid-19 pandemic period, It was determined that the level of anxiety about communication ($t(538) = 2.974, p < .01$) and anxiety about sexual intercourse ($t(538) = -5.063, p < .001$) differed significantly according to living with a partner during the social isolation period. According to the averages, it was determined that the individuals who did not live with their partner during the social isolation period had higher levels of anxiety, personal anxiety, and anxiety related to sexual intercourse in the romantic relationship than the individuals living together, but their communication anxiety levels were lower.

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According to the findings in Table 3, the level of personal anxiety ($t(538) = -1.930, p > .05$) during the Covid-19 pandemic period did not differ significantly according to the status of having sex with a partner during the social isolation period, but anxiety in the romantic relationship ($t(538) = -5.872, p < .001$), communication anxiety ($t(538) = -2.070, p < .05$), and sexual intercourse anxiety ($t(538) = -6.370, p < .001$) It was determined that there was a significant difference according to the status of having sexual intercourse with a partner during the social isolation process. According to the averages, it was determined that individuals who did not have sexual intercourse with their partners during the social isolation period had higher levels of anxiety in romantic relationships, anxiety related to communication, and anxiety related to sexual intercourse compared to individuals who did.

In the mean scores obtained from the Anxiety in Romantic Relationships Scale, the status of a relative being diagnosed with COVID-19, the situation of spending the social isolation process at home, the situation of applying the social distance rule at home, the situation of thinking that the social isolation process will have a negative impact on the future income status, and the situation in the process of social isolation. The results of the Independent Sample T-Test, which was conducted to observe whether there was a significant difference according to the weight gain status, and the One-Way Analysis of Variance, which was performed to observe whether there was a significant difference according to the number of people in the household during the social isolation process, are given in Table 4.

Table 4. Analysis Results Regarding the Differentiation of Anxiety Levels According to Social Isolation Behaviors in Romantic Relationships

	<i>n (%)</i>	Anxiety in a Romantic Relationship $\bar{x} \pm ss$	Personal Anxiety $\bar{x} \pm ss$	Anxiety About Communicati on $\bar{x} \pm ss$	Anxiety About Sexual Intercourse $\bar{x} \pm ss$
Status of a Relative Being Diagnosed with COVID-19					
Yes	74 (13.70)	4.12±1.74	5.53±2.54	3.35±3.04	3.68±2.30
No	466 (86.30)	3.99±1.77	5.97±2.33	2.95±2.55	3.35±2.33
Independent Sample t-Test					
	<i>t</i>	.613	-1.490	1.223	1.147
	<i>p</i>	.540	.137	.222	.252
The situation of Social Isolation Process at Home					
Yes	485 (89.81)	3.97±1.75	5.91±2.32	2.95±2.55	3.34±2.34
No	55 (10.19)	4.31±1.87	5.84±2.71	3.46±3.20	3.82±2.25
Independent Sample t-Test					
	<i>t</i>	-1.334	.213	-1.369	-1.444
	<i>p</i>	.183	.831	.172	.149
The Status of Applying the Social Distancing Rule in the Home					
Yes	242 (44.81)	4.21±1.79	6.07±2.31	3.13±2.58	3.64±2.33
No	298 (55.19)	3.84±1.72	5.77±2.40	2.90±2.66	3.19±2.32
Independent Sample t-Test					
	<i>t</i>	2.419	1.450	1.017	2.231
	<i>p</i>	.016	.148	.309	.026
Number of Persons in the Household in the Social Isolation Process					
With 5-6 People	44 (8.15)	3.86±1.58	5.60±2.63	2.85±2.73	3.33±1.97
With 3-4 People	233 (43.15)	4.17±1.76	6.03±2.44	3.08±2.53	3.60±2.29
With 1-2 People	232 (42.96)	3.83±1.80	5.83±2.20	3.02±2.73	3.10±2.38
Alone	31 (5.74)	4.32±1.68	5.96±2.65	2.52±2.42	4.10±2.52
One-Way Analysis of Variance					
	<i>F</i>	1.880	.552	.475	2.854
	<i>p</i>	.132	.647	.700	.037
The Situation of Thinking that Social Isolation Process Will Have a Negative Effect on Future Income Status					
Yes	359 (66.48)	4.04±1.82	6.14±2.35	2.90±2.63	3.37±2.34

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No	181 (33.52)	3.94±1.64	5.45±2.32	3.21±2.62	3.43±2.31
Independent Sample t-Test	<i>t</i>	.646	3.222	-1.290	-.239
	<i>p</i>	.519	.001	.197	.811
Weight Gain During Social Isolation Process					
Yes	235 (43.52)	4.21±1.85	6.34±2.37	3.29±2.80	3.45±2.48
No	305 (56.48)	3.85±1.68	5.57±2.31	2.79±2.47	3.34±2.22
Independent Sample t-Test	<i>t</i>	2.366	3.815	2.202	.532
	<i>p</i>	.018	.000	.028	.595

According to the findings in Table 4, individuals' anxiety in romantic relationships ($t(538) = .613, p > .05$), personal anxiety ($t(538) = -1.490, p > .05$), during the Covid-19 pandemic period, It was determined that the level of anxiety related to communication ($t(538) = 1.223, p > .05$) and anxiety related to sexual intercourse ($t(538) = 1.147, p > .05$) did not differ significantly according to a relative's diagnosis of covid-19.

According to the findings in Table 4, individuals' anxiety in romantic relationships ($t(538) = -1.334, p > .05$), personal anxiety ($t(538) = .213, p > .05$), during the Covid-19 pandemic period, It was determined that the level of anxiety related to communication ($t(538) = -1.369, p > .05$) and anxiety related to sexual intercourse ($t(538) = -1.444, p > .05$) did not differ significantly according to the social isolation period at home.

According to the findings in Table 4, the level of personal anxiety ($t(538) = 1.450, p > .05$) and communication-related anxiety ($t(538) = 1.017, p > .05$) of individuals at home during the Covid-19 pandemic process. However, the level of anxiety in romantic relationship ($t(538) = 2.419, p < .05$) and sexual relationship anxiety ($t(538) = 2.231, p < .05$) did not differ significantly according to the application of the social distance rule. It was determined that there was a significant difference according to the application situation. According to the averages, it was determined that individuals who apply the social distance rule at home have higher levels of anxiety in romantic relationships and anxiety about sexual relations compared to individuals who do not.

According to the findings in Table 4, individuals' romantic relationship anxiety ($F(3.536) = 1.880, p > .05$), personal anxiety ($F(3.536) = .552, p > .05$) and communication anxiety during the Covid-19 pandemic period. While the level of anxiety about sexual intercourse ($F(3.536) = .475, p > .05$) did not differ significantly according to the number of people in the household during the social isolation period, the level of anxiety about sexual intercourse ($F(3.536) = 2.854, p < .05$) It was determined that there was a significant difference according to the number of people. Accordingly, it was determined that individuals living alone during the social isolation process had higher levels of anxiety about sexual intercourse compared to individuals who did not live alone.

According to the findings in Table 4, individuals' anxiety in romantic relationships ($t(538) = .646, p > .05$), communication anxiety ($t(538) = -1.290, p > .05$) during the Covid-19 pandemic period. Moreover, sexual intercourse anxiety ($t(538) = -.239, p > .05$) level did not differ significantly according to the state of thinking that the social isolation process will negatively affect future income, but personal anxiety ($t(538) = 3.222, p < .01$) It was determined that the level of .01 differed significantly according to the state of thinking that the social isolation process would negatively affect the future income situation. According to the averages, it was determined that the personal anxiety levels of individuals who think that the social isolation process will affect their future income negatively are higher than those who think that it will not affect them.

According to the findings in Table 4, the level of anxiety ($t(538) = .532, p > .05$) regarding sexual intercourse during the Covid-19 pandemic period did not differ significantly according to the weight gain status during the social isolation period, but anxiety in the romantic relationship ($t(538) = 2.366, p < .05$), personal anxiety ($t(538) = 3.815, p < .001$) and communication anxiety ($t(538) = 2.202, p < .05$) levels of weight gain during social isolation It was determined that there was a significant difference according to the condition. According to the averages, it was determined that individuals who stated that they gained weight during the social isolation process had higher levels of anxiety, personal anxiety, and communication anxiety in romantic relationships compared to individuals who stated that they did not gain weight.

DISCUSSION

Many measures such as social distance and isolation have been taken to prevent transmission during the pandemic process. These measures have changed many things in the daily life practices of individuals. One of them is romantic relationships. Relationships play an essential role in mental health. Due to the critical role of relationships in mental health, it is essential to understand how the measures taken during the pandemic affect these relationships to develop necessary intervention strategies. Therefore, this study aims to reveal the effect of the social isolation process caused by the COVID-19 pandemic on the romantic relationships of individuals.

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According to the findings obtained in this study, it was determined that women's anxiety in romantic relationships, personal anxiety and communication anxiety levels were higher than men (Wittchen, 2002). The prevalence of anxiety disorders in women is approximately twice that of men, which is consistent with other studies in the literature. Psychosocial factors such as childhood sexual abuse, chronic stressors, and genetic and neurobiological factors have been discussed as possible causes of higher prevalence in women (Bandelow & Domschke, 2015). Women seem to be more affected than men because of their sensitivity to negative life events and the psychological distress accompanying menstrual cycles (Howell et al., 2001). According to the results of a study in which the anxiety levels experienced due to the Covid-19 pandemic were investigated in the sample of Turkey, the state anxiety and trait anxiety levels of women were higher than that of men, and it was determined that the difference between the genders was statistically significant in terms of state anxiety and trait anxiety levels (Çölgeçen & Çölgeçen, 2020). In this study, the finding that women's anxiety in romantic relationships, personal anxiety, and communication anxiety levels are higher than men during the pandemic is compatible with the literature.

According to our research findings, it has been determined that individuals aged 20-29 and those aged 40 and over have higher romantic relationship anxiety and sexual relationship anxiety levels compared to individuals aged 30-39. In addition, it was determined that the personal anxiety levels of individuals aged 20-29 were higher than those aged 30 and over, but the level of anxiety related to communication was lower. In a study conducted to examine the state anxiety and trait anxiety levels of the participants, the anxiety levels of the students between the ages of 18-22 were found to be higher. On the other hand, it was commented that the participants' anxiety levels over the age of 30 were high due to advancing age and economic factors (Öz-Ceviz et al., 2020). It was determined that individuals with high school and undergraduate degrees had higher romantic relationship anxiety, personal anxiety, and sexual relationship anxiety levels compared to graduate students. Research shows that people with a lower education level experience more intense anxiety than people with a higher education level during the pandemic process. It can be interpreted that high school graduates, who cannot experience the ways of accessing scientific data in the education process, are more afraid and anxious due to the possibility that they have difficulty in sorting out information, news, and comments that are not based on scientific basis compared to undergraduate graduates (Doğan & Düzel, 2020). It was determined that individuals who received psychiatric treatment in the past had higher romantic relationship anxiety and sexual relationship anxiety levels compared to individuals who stated that they did not receive psychiatric treatment in the past. In a study on the levels and predictors of anxiety, depression, and health anxiety in the Turkish population during the COVID-19 pandemic, it was revealed that the groups most affected psychologically by the COVID-19 pandemic are those with previous psychiatric illness, women living in urban areas, and those with concomitant chronic diseases. (Özdin & Özdin, 2020).

According to the findings obtained in this study, it was determined that the levels of personal anxiety and anxiety in romantic relationships of non-working individuals were higher than those of working individuals. It has been determined that the personal anxiety levels of individuals who think that the social isolation process will negatively affect their future income status are higher than those who think that it will not. The economic effects of COVID-19 have been far-reaching. While the economic change in the pandemic process affects everyone, it has been shown that individuals with low income have higher levels of anxiety than individuals with high income (Mann et al., 2020). Studies have shown that economic anxiety is on the same level as health anxiety during the pandemic process. It has also been found that economic anxiety is quite common among young individuals at the developmental stage of their lives. (Bereket-Bojmel et al., 2020). In a study, when the state and trait anxiety levels were evaluated according to whether or not to continue to work during the pandemic process, it was determined that the state anxiety and trait anxiety score averages of those who did not continue to work were higher than those who continued to work and those who worked from home. Trait anxiety mean scores of those who continue to work are lowest compared to other groups. The state anxiety mean scores of those working from home are lower than the other groups. Continuing to work from home during the pandemic has made individuals feel less anxious in reducing the risk of contamination and not having the risk of unemployment. The difference between the groups in terms of trait anxiety level is significant. The difference in trait anxiety means scores are those who do not attend work and those who continue to work, those who do not continue to work, and those who work from home. The loss of income experienced by those who do not continue to work, worrying about the future causes the average score of trait anxiety to be high (Çölgeçen & Çölgeçen, 2020).

According to the findings obtained in this study, it was determined that individuals who stated that they gained weight during the social isolation process had higher levels of anxiety, personal anxiety, and communication-related anxiety in romantic relationships compared to individuals who stated that they did not gain weight. Many precautions were taken to prevent the risk of transmission during the COVID-19 process. One of these measures is social isolation. With social isolation, individuals are locked in their homes. Studies have found a general decrease in physical activity and walking during the social isolation process (Alfawaz et al., 2021). Increased anxiety and depression symptoms in the COVID-19 pandemic have been reported in many studies (Rajkumar, 2020). In a study conducted with 14,259 people in Brazil, it was shown that 19.7% of the participants gained ≥ 2 kg before and 6 months after the pandemic (Costa et al., 2021). Food choice can be affected by psychological parameters such as anxiety. Pre-pandemic data show that negative emotions predict malnutrition and increased saturated fat intake, energy-dense and

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salty foods (Anton & Miller, 2005). Stress can cause binge eating and changes in the types of food eaten (Sominsky & Spencer, 2014). Pandemic data revealed that higher stress scores predicted increased calorie intake (Rolland et al., 2020). A systematic review study revealed that stress might be associated with weight gain and loss (Haidar et al., 2008). A study conducted in Kuwait showed that those who experienced anxiety during the day during the COVID-19 pandemic gained more weight than those who had less or no anxiety (Robinson et al., 2021). Another study determined that people who gained weight during the pandemic process had higher depression and anxiety levels than other individuals (Deschasaux-Tanguy et al., 2021). A study of 889 participants in China showed that anxiety caused by social isolation during the pandemic was a strong predictor of eating and weight gain (Zhu et al., 2021).

It was determined that individuals with a romantic relationship duration of less than 1 year had higher romantic relationship anxiety and sexual relationship anxiety levels compared to individuals whose relationship duration was longer than 1 year. However, it was determined that the communication anxiety levels of individuals with a relationship duration of 7 years or more were higher than those with a relationship duration of fewer than 7 years. There was no statistically significant difference between personal anxiety, romantic relationship anxiety, sexual relationship anxiety, and having a child during the pandemic. However, it was determined that the communication anxiety levels of individuals with children were higher than those who did not have children. Stressors, such as individuals experiencing losses due to COVID-19 and having to comply with measures such as social isolation, have the risk of lowering the quality and stability of relationships. In a study conducted with 157 couples who were compulsorily quarantined with their children during the pandemic process, the increased stress associated with staying in quarantine increased the problems between the couples and caused a decrease in their problem-solving skills. While problems increased within the family, adjustment decreased (Overall et al., 2021). While practices such as the pandemic process and quarantine can increase parents' stress and disrupt the parent-child relationship, it has been found that spousal support and parent cooperation have a reducing effect on this stress. It has been shown that those who perceive less support from their spouses during the pandemic process exhibit a harsher parenting attitude than those who do not (McRae et al., 2021). Parents who experienced higher levels of COVID-19 anxiety during the COVID-19 pandemic were found to have more distress in their parenting roles (Taubman-Ben-Ari & Ben-Yaakov, 2020).

According to the findings of this study, it was seen that the anxiety levels of single individuals about sexual intercourse were higher than those of married individuals, but the level of communication anxiety was lower. It was determined that individuals who lived with their partners before the social isolation process had higher communication anxiety levels than individuals who did not live together, but their anxiety levels about sexual intercourse were lower. It was determined that individuals who did not have sexual intercourse with their partners during the social isolation process had higher levels of anxiety in romantic relationships, anxiety related to communication, and anxiety related to sexual intercourse than individuals who did. A cross-sectional study conducted with individuals in romantic relationships at the beginning of the pandemic investigated how the lifestyle changes caused by the pandemic and the perceived fear of infection affect sexual desire and relationship functioning. It has been determined that individuals who experience radical changes in their life practices experience more deterioration in their sexual lives and that lifestyle changes mostly have negative consequences on the individual, relationship, and sexual functionality (Rodrigues & Lehmler, 2021). Psychological and relationship stress also plays an essential role in sexual desire and sexual function. It has long been known that sexual desire, orgasm, and pleasure are often supported by a foundation of relaxation, low stress. Studies have also shown that stressors outside the relationship domain can permeate relationships (Bodenmann et al., 2006). Pre-pandemic research shows that being married or living together may protect against adverse mental health outcomes such as loneliness (Bruce et al., 2019). However, a recent study in China found that while married people had a higher overall level of emotional well-being than unmarried people during the COVID-19 pandemic, their well-being dropped significantly. These results showed that specific dynamics of the COVID-19 pandemic and related mitigation measures could cause an increase in relationship conflict and lead to worse feelings between partners (Yang & Ma, 2020). However, some people reported increased sexual desire and made new additions to their sex life (Rodrigues & Lehmler, 2021). In their study, Lehmler et al. (2021) showed that one in five participants tried sexual intercourse and added new activities while having sex with their partners. This has been associated with an increase in one's sexual life (Lehmler et al., 2021).

CONCLUSIONS

This study aimed to reveal the effect of the social isolation process caused by the COVID-19 pandemic on the romantic relationships of individuals. In order to measure this effect, the Anxiety Scale in Romantic Relationships was developed by the researchers during the Covid-19 Pandemic Period. Validity and reliability analyzes of the scale were made. Romantic relationships of the Covid-19 pandemic process have been determined that it affects women more than men, those with low education levels more than those with higher levels, and those with short relationships than those with long-term relationships. At the same time, it was concluded that those who live separately are more affected than those who live together, those who avoid sexuality are more affected than those who do not, and those who apply social distance rules at home are more affected than those

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who do not apply social distance rules at home. The research has some limitations. The scale was applied online to 540 people and reached a limited number of people. The results need to be supported by different studies.

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