

Letting it Linger: Exploring the Longitudinal Effects of Relationship-Related Obsessive-Compulsive Phenomena

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### Highlights

- One year longitudinal links between two ROCD presentations were assessed.
- Partner-focused symptoms were linked with increased relationship-centered symptoms.
- Relationship-centered symptoms were linked with increased partner-focused symptoms.
- The latter links were found only among individuals in long-lasting relationships
- ROCD phenomena may self-perpetuate over time

## Abstract

Relationship obsessive-compulsive disorder (ROCD) symptoms are characterized by obsessive doubts and preoccupation centered on the relationship (i.e., relationship-centered) or the relationship partner (i.e. partner-focused). Such obsessions often lead to significant distress and are associated with compulsive behaviors (e.g., compulsive checking and reassurance seeking) aimed at mitigating this distress. The current study examined the reciprocal relationship between partner-focused and relationship-centered obsessive-compulsive (OC) symptoms over time. Participants ( $N = 141$ ) completed measures of partner-focused and relationship-centered OC symptoms at two time points one year apart. Partner-focused symptoms were associated with a relative increase in relationship-centered symptoms one year later. Relationship-centered symptoms were associated with the persistence of partner-focused symptoms one year later, but only among individuals in long-lasting relationships. The potentially detrimental effects of ROCD symptoms within romantic relationships are discussed.

*Key words:* ROCD; obsessive-compulsive; relationships; longitudinal

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Obsessive compulsive (OC) symptoms focusing on romantic relationships have recently attracted research attention (Doron, Derby, & Szepsenwol, 2014). This obsessional theme, commonly referred to as Relationship Obsessive Compulsive Disorder (ROCD), is associated with significant personal and dyadic distress (e.g., Doron, Mizrahi, Szepsenwol, & Derby, 2014). Two main ROCD symptom presentations have been identified. *Relationship-centered* ROCD symptoms involve doubts, preoccupation, and associated compulsive behaviors centered on the relationship itself (Doron, Derby, Szepsenwol, & Talmor, 2012b). *Partner-focused ROCD symptoms* involve doubts, preoccupation, and associated compulsive behaviors centered on perceived flaws of the relationship partner (Doron, Derby, Szepsenwol, & Talmor, 2012a).

Although previous studies have found moderate cross-sectional associations between relationship-centered and partner-focused ROCD symptoms in clinical and nonclinical samples (Doron, Derby, Szepsenwol, Nahaloni, & Moulding, 2016; Doron et al., 2012a, 2012b), the temporal sequence by which these distinct symptom presentations relate to each other has yet to be examined. In the present longitudinal study, we followed for one year a sample of nonclinical participants, all in romantic relationships, and examined the reciprocal longitudinal relations between their relationship-centered and partner-focused ROCD symptoms.

Similar to generic forms of relational worries (e.g., Knobloch & Solomon, 1999), relationship-centered obsessions often appear in relation to three types of common

relationship concerns: whether the individual's feelings toward the relationship partner are genuine and strong enough, whether the relationship partner's feelings toward the individual are genuine and strong enough, and whether the current relationship is the right one. Common triggers of relationship-centered ROCD symptoms may include seeing other "happy couples" and experiencing negative feelings (e.g., boredom and distress) in the presence of the partner. Relationship-centered compulsive behaviors often involve repeated monitoring of one's own feelings and internal states (e.g., love and attraction), neutralizing (e.g., visualizing being happy together), reassurance seeking (e.g., asking other people about the relationship), and repeated checking of the quality of the relationship (e.g., "am I satisfied?", "are we good together?") (Doron et al., 2012b).

Partner-focused symptoms are phenomenologically different from relationship-centered ROCD symptoms as they focus on the partners' perceived flaw. Such symptoms often appear in relation to six types of partner qualities: physical appearance, sociability, morality, emotional stability, intelligence, and competence. Triggering events of partner-focused ROCD symptoms mainly involve contact with the perceived flaw (or its expression) or encounters with other potential partners. Partner-focused compulsions include comparisons of the partner's characteristics with those of other potential partners, checking of the partner's behaviors or competencies, and repeated analyzing of the strengths and weaknesses of the partner (Doron et al., 2012a). These compulsive behaviors are aimed at alleviating the significant distress caused by relationship-centered and partner-focused obsessions (Doron, Derby, & Szepeswol, 2014).

Like other OCD symptoms (Abramowitz et al., 2014; McKay et al., 2004), both ROCD presentations appear at various degrees of severity, from mild preoccupation to a

severe and debilitating disorder (Doron, Derby, & Szepsenwol, 2014). Indeed, relationship-centered and partner-focused ROCD symptoms have been associated with mood difficulties (e.g. depression and anxiety) and dyadic distress, including relationship and sexual dissatisfaction (Doron et al., 2012a, 2012b; Doron, Mizrahi, et al., 2014). For instance, results from a recent study with clinical cohorts comparing OCD, ROCD, and community controls, indicated clients with ROCD show levels of interference in functioning and distress as severe as in other OCD presentations (Doron et al., 2016).

Clinical experience and empirical findings indicate that both presentations of ROCD often co-occur and may perpetuate one another. Several studies have shown how explicit and implicit negative attitudes toward one's romantic partner lead to poor relationship outcomes down the line (e.g., LeBel & Campbell, 2013; Lee, Rodge, & Reis, 2010). Such poor outcomes may foster doubts and worries about the relationship that some people may find hard to regulate effectively, leading to relationship-centered OC phenomena. Doron, Derby, and Szepsenwol (2014) suggested that partner-focused OC symptoms exacerbate relationship-centered OC symptoms by increasing doubts regarding the suitability of the relationship itself. For instance, ROCD clients interpret having an intrusion such as “she is not smart” as evidence that they may not love their partner, that they may be in the wrong relationships, or that the partner may not be the right one for them. In this way, preoccupations with the partner's perceived flaws may increase the likelihood of developing doubts regarding the relationship itself and one's feelings towards the partner.

The opposite route from relationship-centered to partner-focused symptoms is less obvious. This path suggests that obsessive doubts about the relationship as a whole

negatively color perceptions of one's romantic partner and prop up obsessive preoccupation about the characteristics of this partner. According to Doron, Derby, and Szepeswol (2014), such a process may occur when partner qualities are used as post-hoc reasoning for doubts regarding internal states. In such cases, initial doubts regarding the relationship or one's feelings towards the partner are exacerbated by focusing on alleged partner flaws. For instance, individuals preoccupied with their feelings towards their partner may focus on a characteristic of the partner they do not like to "justify" their doubts and worries about the relationship. This, in turn, reduces positive feelings towards their partner.

In a previous longitudinal examination, partner-focused OC phenomena predicted an increase in relationship-centered OC phenomena two months later and vice versa, providing initial empirical evidence that these two categories of relationship-related OC phenomena feed each other over time (Doron et al., 2012a). In the current investigation we were concerned with the persistence of such reciprocal effects over time. If these effects are enduring then any kind of ROCD phenomena will likely be exacerbated as the relationship progresses and significantly impact individuals and the relationship. This may be especially true for newer relationships, in which relationship-centered and partner-focused concerns are more likely to arise. Hence, our goal in the present study was to extend the findings of Doron et al (2012a) regarding a reciprocal relationship between relationship-centered and partner-focused OC phenomena to a longer time period of one year, and to explore whether these effects are moderated by relationship duration.

## **Method**

## Participants

The initial sample included 303 Israeli community participants (162 women ages 18 to 65,  $M = 39.47$ ,  $SD = 12.17$ ; and 141 men ages 18 to 65,  $M = 41.37$ ,  $SD = 12.10$ ) who were recruited via *Midgam.com*, an Israeli online survey platform. They received a small monetary compensation for their participation. All Participants were in a relationship at the time of the study (77.6% were married). Relationship duration ranged from one month to 44 years ( $M = 175.41$  months,  $SD = 137.54$ ).

These participants were contacted again one year after the first assessment (T1). A subgroup of 141 participants (63 women ages 19 to 66,  $M = 42.65$ ,  $SD = 11.34$ ; and 78 men ages 20 to 65,  $M = 44.94$ ,  $SD = 12.31$ ) who were still in the same relationship agreed to participate in the second assessment (T2). Most of these participants were married (82.4%). Relationship duration ranged from 16 months to 45 years ( $M = 223.65$  months,  $SD = 140.09$ ).

A logistic regression was performed in order to verify that T2 participation was not predicted by any of the study variables. While the regression suggested that participants involved in longer relationships were more likely to participate in T2, none of the other study variables outlined below predicted T2 participation.

## Materials and procedure

The study was administered online through *midgam.com*. In order to assess the progression of relationship-centered and partner-focused OC phenomena, participants completed at T1 and T2 the Relationship Obsessive-Compulsive Inventory (ROCI; Doron et al., 2012b) and the Partner-Related Obsessive-Compulsive Symptoms Inventory



(PROCSI; Doron et al., 2012a). The analysis included only participants who completed both time points.

The ROCI is a 12-item self-report measure of obsessions and compulsions centered on three relational dimensions: one's feelings towards one's partner (e.g., "I continuously reassess whether I really love my partner"), one's partner's feelings toward oneself (e.g., "I continuously doubt my partner's love for me"), and the "rightness" of the relationship (e.g., "I check and recheck whether my relationship feels right"). Participants rated the extent to which such thoughts and behaviors were descriptive of them on a scale ranging from 0 (*not at all*) to 4 (*very much*). The 12 items were averaged to create a total score for the T1 assessment (Cronbach's  $\alpha = .91$  for all T1 participants;  $\alpha = .90$  for T2 participants at T1) and for the T2 assessment ( $\alpha = .91$ ).

The PROCSI is a 24-item self-report measure of obsessions and compulsions centered on one's partner's perceived flaws. These include appearance flaws (e.g., "When I am with my partner I find it hard to ignore her physical flaws"), character flaws (e.g., "I keep looking for evidence that my partner is moral enough", "I repeatedly evaluate my partner's social functioning"), psychological flaws (e.g., "I find it hard to dismiss the thought that my partner is mentally unbalanced"), and intellectual flaws (e.g., "The thought that my partner is not intelligent enough bothers me greatly", "When I think of my partner I wonder whether he/she is the sort of person who can succeed in the modern world"). Participants rated the extent to which such thoughts and behaviors were descriptive of them on a scale ranging from 0 (*not at all*) to 4 (*very much*). The 24 items were averaged to create a total score for the T1 assessment ( $\alpha = .95$  for all T1 participants and for T2 participants at T1) and for the T2 assessment ( $\alpha = .93$ ).

In order to control for general affective symptoms, obsessive-compulsive symptoms, and attachment orientations, participants completed at T1 the short form of the Depression Anxiety and Stress Scales (DASS; Antony, Bieling, Cox, Enns, & Swinson, 1998), the Obsessive-Compulsive Inventory Revised (OCI-R; Foa et al., 2002), and the short form of the Experiences in Close Relationships scale (ECR-S; Wei, Russell, Mallinckrodt, & Vogel, 2007). Consistent with previous findings, these scales were related to ROCI and PROCSI scores (Doron et al., 2012a, 2012b). However, the inclusion of these scales in the analysis did not alter the results. Hence, for the sake of simplicity, they were excluded. The results including covariates and a correlation matrix are given in Supplemental Tables 1 and 2.

## Results

### Continuity and intercorrelations

PROCSI scores demonstrated a higher degree of continuity from T1 to T2 compared with ROCI scores ( $r_s = .76$  &  $.54$  respectively,  $p_s < .001$ ), suggesting that partner-focused phenomena are less likely to change over time than relationship-centered phenomena. In accordance with prior research (Doron et al., 2012a), PROCSI and ROCI scores were highly correlated at both T1 and T2 ( $r_s = .63$  &  $.66$  respectively,  $p_s < .001$ ). In addition, relationship duration was significantly correlated with ROCI and PROCSI scores ( $r_s = -.25$  &  $-.26$  respectively,  $p_s < .01$ ), suggesting that long-lasting relationships are characterized by less relationship-related OC phenomena.

### Mean differences

Mean ROCI and PROCSI scores did not differ significantly ( $t_s = 1.28$  &  $1.04$ , respectively) from T1 ( $M_s = 0.63$  &  $0.47$ , respectively) to T2 ( $M_s = 0.57$  &  $0.44$ , respectively).

### **Regression analysis**

In order to examine whether relationship-centered OC phenomena were associated with changes in partner-focused OC phenomena and vice-versa, two hierarchical regressions were performed. In the first analysis, ROCI scores at T2 were regressed on PROCSI scores at T1, controlling for ROCI T1 scores and relationship duration. Two-way interactions between these variables were entered in a second regression step, and the three-way interaction was entered in a third step. In the second analysis, T2 PROCSI scores were regressed on the same model (see Table 1).

As expected, PROCSI scores at T1 positively predicted ROCI scores at T2 over and above T1 ROCI scores, suggesting that partner-focused OC phenomena can lead to more relationship-centered OC phenomena over a one-year time span. In fact, whereas the ROCI score of an average participant in the sample decreased by 0.07 points after one-year, the ROCI score of a participant one SD above the mean in T1 PROCSI increased by 0.18 points. This effect was not moderated by relationship duration or T1 ROCI scores (see Table 1).

In contrast, the main effect of T1 ROCI scores on T2 PROCSI scores was not significant. There was, however, a significant T1 ROCI  $\times$  T1 PROCSI  $\times$  Relationship duration interaction (see Table 1). Simple slopes analyses showed that T1 ROCI scores significantly predicted T2 PROCSI scores only in participants who had relatively high PROCSI scores at T1 and were in a relatively long-lasting relationship (+1 SD on both

variables;  $\beta = .58, p < .001$ ). Although the PROCSI scores of such participants decreased on average by 0.315 points over one year, the PROCSI scores of those participants who were also high in T1 ROCI (+1 SD) decreased by only 0.03 points. All other simple ROCI slopes were nonsignificant. This finding suggests that relationship-centered OC phenomena can halt the decrease of partner-focused OC phenomena over a one-year time span, but only in individuals in long-lasting relationships.

### **Discussion**

People hold ideals about how romantic relationships and romantic partners should be like. When these ideals are perceived to have been met the relationship often benefits (e.g., Fletcher, Simpson, & Thomas, 2000; Overall, Fletcher, & Simpson, 2006).

Expectedly, intimates are motivated to perceive their relationships and their partners in a favorable light that is consistent with their ideals (Murray, Holmes, & Griffin, 1996; Rusbult, Van Lange, Wildschut, Yovetich, & Verette, 2000). Idealized relationship and partner perceptions have been linked with positive relationship outcomes such as greater satisfaction, less conflict, and persistence over time (e.g., Barelds & Dijkstra, 2011; Murray et al., 2011; Murray et al., 1996; Rusbult et al., 2000). Moreover, the fading of such idealized perceptions have been linked with relationship breakup (Caughlin & Huston, 2006).

The present study points to the potentially destructive role within romantic relationships of OC phenomena focused on the perceived characteristics of the relationship partner. Consistent with prior findings regarding the importance of maintaining positive partner perceptions (e.g., Lee et al., 2010; Murray et al., 1996), it appears that obsessing about the real or imagined flaws of one's partner can lead over

time to similar obsessive thoughts about the relationship itself. Moreover, it seems that such obsessive relationship concerns can shore up partner-focused concerns, thereby creating a vicious cycle by which OC phenomena centered on perceived partner flaws and the relationship itself are compounded over time.

Interestingly, we have found that relationship-centered OC phenomena halted the mitigation of partner-focused OC phenomena over time only among individuals in long-lasting relationships. Perhaps in the early stages of relationships doubts are considered more natural and do not lead the individual to reflect on the partner flaws that might have triggered them, whereas in long-lasting relationships the same doubts are considered a serious cause for concern and lead individuals to keep reflecting on the relationship partner as the cause of these doubts. Future research should look more closely into this possibility. Our findings are consistent with proposed ROCD assessment procedures emphasizing the importance of a clear understanding of the nature, pattern, and duration of the client's symptoms within current and past relationships (Doron & Derby, in press). Previous findings indicated that relationship-centered and partner-focused symptoms are associated with specific self-vulnerabilities (e.g., Doron & Szepsenwol, 2015; Doron, Szepsenwol, Karp, & Gal, 2013) and may have additive negative effects on mood and dyadic satisfaction (Doron et al., 2012a; 2012b). Therefore, a modular intervention approach may be warranted for preventing mutual exacerbation of these two ROCD presentations (Doron & Derby, in press).

### **Strengths and limitations**

Though frequently encountered in therapeutic contexts and having a wide web presence, ROCD has not been studied empirically until recently. The present study is the

first to our knowledge to conduct a longitudinal examination of ROCD over a one-year time period. It shows how partner-focused OC phenomena can develop into relationship-centered OC phenomena over time, and how relationship-centered OC phenomena can sometimes prop up existing partner-focused OC phenomena. Yet, the present study did not examine the processes through which partner-focused phenomena are transformed into relationship-centered phenomena and vice-versa. We leave that for future studies.

### **Conclusion**

Partner-focused OC phenomena are potentially destructive to romantic relationships as they involve obsessive preoccupation with partner flaws. Such preoccupation has a tendency to spread to the relationship itself over time.

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Table 1

*Standardized Regression Coefficients for T2 ROCI and PROCSI Scores Regressed on T1 ROCI and PROCSI Scores and Relationship Duration.*

	<i>ROCI one year later</i>			<i>PROCSI one year later</i>		
	$\beta$	$t$	$\Delta R^2$	$\beta$	$t$	$\Delta R^2$
<b>Step 1</b>			.38***			.58***
Duration	.07	0.95		-.05	-0.94	
ROCI	.32	3.61***		.09	1.29	
PROCSI	.38	4.33***		.68	9.44***	
<b>Step 2</b>			.03			.02
ROCI $\times$ Duration	.19	1.88		.20	2.45*	
PROCSI $\times$ Duration	-.02	-0.22		-.05	-0.72	
ROCI $\times$ PROCSI	-.04	-0.67		.01	0.18	
<b>Step 3</b>			.00			.02**
ROCI $\times$ PROCSI $\times$ Duration	.04	0.47		.17	2.78**	

*Note.* ROCI = Relationship Obsessive-Compulsive Inventory total score; PROCSI = Partner-Related Obsessive-Compulsive Symptoms Inventory total score.

\*  $p < .05$  \*\*  $p < .01$  \*\*\*  $p < .001$

Supplemental Table 1

*Standardized Regression Coefficients for T2 ROCI and PROCSI Scores Regressed on T1 ROCI and PROCSI Scores and Relationship Duration (including covariates).*

	<i>ROCI one year later</i>			<i>PROCSI one year later</i>		
	$\beta$	<i>t</i>	$\Delta R^2$	$\beta$	<i>t</i>	$\Delta R^2$
<b>Step 1</b>			.40***			.59***
ECR-S Anxiety	-.02	-0.21		-.08	-0.89	
ECR-S Avoidance	-.03	-0.33		.02	0.29	
OCI-R	.14	1.50		.03	0.41	
DASS depression	.19	1.57		-.05	-0.55	
DASS anxiety	-.13	-1.21		.10	1.19	
DASS stress	.05	0.45		.08	0.89	
Duration	.05	0.66		-.08	-1.33	
ROCI	.28	2.98**		.08	0.98	
PROCSI	.30	3.12**		.66	8.37***	
<b>Step 2</b>			.03			.03*
ROCI $\times$ Duration	.18	1.84		.22	2.79**	
PROCSI $\times$ Duration	-.03	-0.32		-.06	-0.81	
ROCI $\times$ PROCSI	-.07	-0.77		.02	0.27	
<b>Step 3</b>			.00			.02**
ROCI $\times$ PROCSI $\times$ Duration	.03	0.21		.27	2.86**	

*Note.* ROCI = Relationship Obsessive-Compulsive Inventory total score; PROCSI = Partner-Related Obsessive-Compulsive Symptoms Inventory total score; ECR-S = Short form of the Experiences in Close Relationships scale; OCI-R = Obsessive-Compulsive Inventory Revised total score; DASS = Depression Anxiety and Stress Scales.

\*  $p < .05$  \*\*  $p < .01$  \*\*\*  $p < .001$

## Supplemental Table 2

*Zero-Order Correlations between Study Variables*

	1	2	3	4	5	6	7	8
1. ROCI								
2. PROCSI	.63***							
3. Duration	-.25**	-.26**						
4. OCI-R	.36***	.44***	-.07					
5. DASS Depression	.42***	.37***	.02	.37***				
6. DASS Anxiety	.37***	.29***	.05	.45***	.72***			
7. DASS Stress	.32***	.33***	.05	.56***	.70***	.65***		
8. ECR-S Anxiety	.47***	.46***	-.09	.53***	.43***	.47***	.49***	
9. ECR-S Avoidance	.25**	.30***	.05	.42***	.45***	.40***	.37***	.60***

*Note.* ROCI = Relationship Obsessive-Compulsive Inventory total score; PROCSI = Partner-Related Obsessive-Compulsive Symptoms Inventory total score; ECR-S = Short form of the Experiences in Close Relationships scale; OCI-R = Obsessive-Compulsive Inventory Revised total score; DASS = Depression Anxiety and Stress Scales.

\*\*  $p < .01$  \*\*\*  $p < .001$