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Relationship-centered obsessive-compulsive phenomena

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Summary

Obsessive-compulsive disorder (OCD) is a disabling and prevalent anxiety disorder comprised of multiple symptoms and a variety of clinical presentations. Research had examined obsessional themes and compulsive behaviors such as contamination fears, pathological doubt, a need for symmetry or order, and sexual or aggressive obsessions. However, absent from current literature of OCD is the investigation of obsessive-compulsive symptoms relating to romantic relationships. In this paper, we introduce and discuss the theoretical construct of relationship-centered obsessive-compulsive phenomena. We then present preliminary data supporting the validity and structure of this construct. Consistent with recent models of OCD, we then propose a model integrating OCD related cognitive beliefs, catastrophic relationship biases, self-vulnerability and attachment insecurities in the maintenance and development of relationship-centered obsessive-compulsive symptoms. Finally, we discuss the possible theoretical and clinical implications of the proposed model and suggest future research directions.

Keywords: *obsessive-compulsive disorder, response inhibition, romantic relationship.*

Riassunto

I sintomi ossessivo-compulsivi centrati sulle relazioni

Il disturbo ossessivo-compulsivo (DOC) è un disturbo d'ansia disabilitante e prevalente che comprende diversi sintomi e una varietà di presentazioni cliniche. La ricerca ha esaminato i temi ossessivi e i comportamenti compulsivi come la paura della contaminazione, il dubbio patologico, il bisogno di ordine e simmetria e le ossessioni sessuali o aggressive. Tuttavia, assente dalla letteratura sul disturbo ossessivo-compulsivo, è l'indagine sui sintomi ossessivo-compulsivi legati alle reazioni sentimentali. In questo lavoro introdurremo e discuteremo il costrutto teorico dei fenomeni ossessivo-compulsivi centrati sulle relazioni. Presenteremo poi dati preliminari a favore della validità e della struttura di tale costrutto. In linea con i recenti modelli del disturbo ossessivo-compulsivo, proporremo un modello che integri le credenze cognitive legate al disturbo, i bias relazionali catastrofici, la vulnerabilità personale, l'attaccamento insicuro nel mantenimento e nello sviluppo dei sintomi ossessivo-compulsivi centrati sulla relazione. Infine discuteremo le possibili implicazioni teoriche e cliniche del modello proposto e suggeriremo nuove linee di ricerca.

Parole chiave: *teoria cognitiva, disturbo ossessivo-compulsivo, relazioni, relazione romantica.*

Sarah,¹ a 28-year-old married woman, arrives at the clinic and describes her problem:

I don't know what to do. I am afraid my husband will leave me. Every time he comes home, I start questioning him about where he's been, whom he's talked with, for how long, and many other silly details. By knowing all this information, I try to assess how much he loves me. This has been going on for years. I am sure he loves me but the thought that he may not, drives me crazy. I know that I am pushing him away with all my interrogations — I can see it in his face — but I just cannot stop. I ask him if he loves me and he replies that he does, but I am not sure if it is true or if he is just afraid of me.

Sarah suffers from obsessive-compulsive disorder (OCD), a heterogeneous and complex anxiety disorder characterized by the occurrence of repeated and distressing intrusive thoughts, and compulsive actions that are performed in order to lessen distress or prevent the negative outcome associated with the intrusions from occurring (American Psychiatric Association, 2000; Rachman, 1997). However, Sarah's OCD symptoms focus on intimate relationships, a yet little examined obsessional theme. Unlike other OCD sufferers who benefit from the systematic investigation of specific OCD manifestations, Sarah's OCD took years to be diagnosed.

In this paper we explore obsessive-compulsive (OC) phenomena centering on romantic relationships. We begin the paper with a brief description of OCD and its association with relationship impairment. We then proceed to describe cognitive processes that may be common to relationship-centered OC phenomena and other OCD presentations. Next, we review initial findings exploring the structure of relationship-centered OC phenomena, and introduce catastrophic relationship biases, self-sensitivity and insecure attachment as possible vulnerability factors that may have a significant role in the development and maintenance of relationship-centered OC symptoms. Finally, theoretical and clinical implications are discussed and recommendations for future research are provided.

OBSESSIVE-COMPULSIVE DISORDER AND RELATIONSHIP IMPAIRMENT

Obsessive-compulsive disorder (OCD) is an incapacitating anxiety disorder with a lifetime prevalence of 1 to 2.5 percent (Kessler, Berglund, Demler, Jin and Waters, 2005). The specific manifestation of OCD symptoms varies widely from patient to patient, and shows differential treatment responsiveness (McKay et al., 2004). Systematic exploration of obsessive symptoms' manifestations that center on distinct themes has assisted in promoting further refinement in the treatment of OCD and has reduced misdiagnosis of obsessive and compulsive phenomena (Clark and Beck, 2010).

One theme of OCD that has yet to be systematically explored is relationship-centered obsessive-compulsive phenomena. The lack of research on this topic stands in sharp contrast to the increased appreciation among psychology scholars of the fundamental importance of interpersonal relationships, particularly intimate relationships, for individuals' well-being (e.g., Hendrick and Hendrick, 1992; Ryan and Deci, 2001). Research over the

¹ A pseudo name.

past few decades has consistently shown that enduring emotional bonds with others affect psychosocial functioning and growth across the life span, serving as a general resilience factor against life's adversities (Lopez, 2009; Mikulincer and Florian, 1998). Conversely, an unfulfilled need for interpersonal closeness and intimacy has been shown to lead to meaningful negative psychological and physical outcomes (Baumeister and Leary, 1995).

OCD patients may be particularly vulnerable to impaired interpersonal relationships. They often report disturbances in relationship functioning, including lower likelihood of marrying (Emmelkamp, de Haan and Hoogduin, 1990; Rasmussen and Eisen, 1992; Riggs, Hiss and Foa, 1992) and increased marital distress in comparison to the general population (Emmelkamp et al., 1990; Riggs et al., 1992). Although OCD symptoms might indirectly impair relationship quality by eliciting partner's anger about the continuous pressure to participate in OCD rituals (Koran, 2000), they are likely to affect relationships more directly when the main focus of the symptoms is the relationship itself. In such cases, obsessive doubts, compulsive checking and exaggerated reassurance-seeking behaviors focused on the relational experience and partners' feelings toward one another may bring to deterioration of the relationship, causing significant relational dysfunction and distress.

Jeffery,² a 28-year-old man, describes the impact such symptoms had on his daily life during his recently ended relationship:

My partner was great — beautiful, intelligent, and all. I loved her, but sometimes it just didn't feel «right» and then I wouldn't be able to let go of the thought — «should I or should I not stay in this relationship». I tried very hard not to think about the doubts, because I knew it is something I'm inventing and it depressed me very much. I would remind myself of all the reasons I love her so much, but the obsessions didn't stop. The feelings wouldn't go away and my partner saw how unhappy I was. I thought to myself — «I will never be happy, she will never be happy, our kids won't be happy. This is a catastrophe».

In both Sarah's and Jeffery's cases, OC symptoms regarding their romantic relationships take a significant toll on their and their partners' well-being. Relationship-centered OC symptoms may be particularly disabling as they involve maladaptive, chronic doubts regarding the relationship itself. Specifically, repeated doubting about one's feelings towards a partner or the «rightness» of a relationship may directly destabilize the relationship bond (e.g., «I can't trust her/him to stay with me»), escalating already existing fears and doubts, and resulting in increased relationship distress.

In addition, the specific theme (i.e., relationship content) of the symptoms may compound both individual and couple distress by affecting relationship structure. For instance, continuous preoccupation with a partner's love may increase clinging and dependent behaviors resulting in the development of a hierarchical relationship structure. For one partner, this may increase fear of abandonment, which may be generalized to broad negative self-evaluations, guilt, and shame. For the other partner, such relationship structure may reinforce feelings of anger and frustration as well as withdrawal and rejecting behaviors.

² All names in the manuscript have been replaced for privacy reasons.

Thus, OC symptoms centering on relationships may paradoxically promote relationship insecurities by challenging mutual trust and increasing fears of abandonment. As such, relationship-centered OC symptoms undermine one of the main resources for individuals' resilience and wellbeing: fulfilling intimate relationships.

RELATIONSHIP-CENTERED OBSESSIVE COMPULSIVE PHENOMENA AND COGNITIVE-BEHAVIORAL MODELS OF OCD

Doubts and fears regarding romantic relationships are common, especially during the initial stages of a relationship or during relational conflict. Experiencing some ambivalence — inconsistent or contradictory feelings and attitudes towards a romantic partner (Brickman, 1987) — is perceived to be a natural feature of intimate relationships that reflects changes in interdependence and interpersonal accommodation (Thompson and Holmes, 1996). Moreover, personality factors such as attachment insecurity have been shown to exacerbate relationship doubts and concerns (Mikulincer and Shaver, 2007). We propose, however, that relationship-centered obsessive-compulsive phenomena may be different from normative relationship doubts and concerns in some key distinctive features, including the intrusiveness, intensity, ego-dystonicity, and functional impairment caused by the intrusions and related responses.

Indeed, clinical experience suggests that in comparison with common relationship worries, relationship-centered intrusions are experienced as less wanted and more unacceptable by the individual. The intrusions often contradict the relationship experience (e.g., «I know I love her, but it does not feel right/perfect»; «I know he loves me, but I have to check») and are therefore less self-congruent than common relationship worries. Similar to other forms of OCD, relationship-centered intrusions are frequently experienced as interruption in one's flow of thoughts and actions triggered in particular situations. Similar to obsessions they tend to be perceived by the individual as exaggerated or irrational reactions to the specific triggering event, yet result in extreme anxiety and repetitive neutralizing behaviours (e.g., checking and reassurance seeking), impairing the affected individual's daily life and relationship quality.

The cognitive processes underlying relationship-centered obsessive-compulsive phenomena may be similar to those involved in OCD, such that the cognitive biases found to be associated with OCD may influence the perception of relationship concerns, and consequently, the relationship experience. For instance, perfectionist tendencies and striving for «just right» experiences that are characteristic of OCD patients (Obsessive Compulsive Cognitions Working Group [OCCWG], 1997; Summerfeldt, 2004) may lead to extreme preoccupation with the «rightness» of the relationship (i.e., «Is this relationship the right one? Is s/he THE ONE?»). Similarly, uncertainty about one's own feelings and emotions (the tendency to question and monitor one's own emotional experiences) and intolerance for such uncertainty that is prevalent in OCD (Lazarov, Dar, Oded and Liberman, 2010; OCCWG, 2005) may lead to doubts and concerns regarding one's feelings towards the partner (e.g., «Do I really love my partner?»). Finally, overestimation of threat and intolerance for uncertainty, key aspects of OCD (OCCWG, 2005), may

bias individuals' interpretations of other's feelings toward them (e.g., «Does my partner really love me?»).

Such cognitive biases may lead to misinterpretation and enhancement of commonly experienced relationship-related intrusions. This, in turn, may lead to intense relational distress and anxiety. A person with relationship-centered obsessions may then take extreme measures to reduce distress, such as repeated reassurance seeking from the partner or from others (e.g., «Do you think he loves me?»), frequent checking behaviors (e.g., «Do I feel in love?»), or avoiding situations that evoke doubts (e.g., with parents or friends). This course of events is similar to the one identified in the OCD literature, in which obsessions are followed by momentary anxiety-reducing compulsive rituals, which in the long run maintain and escalate the obsessional cycle.

INITIAL EXAMINATION OF RELATIONSHIP-CENTERED OBSESSIVE COMPULSIVE PHENOMENA

Recently, we conducted two independent studies using non-clinical cohorts to assess relationship-centered OC phenomena and its links with related constructs. The use of non-clinical populations within OCD research is a common practice. Studies of OCD (e.g., Haslam, Williams, Kyrios, McKay and Taylor, 2005; Rachman and de Silva, 1978) have found that OCD symptoms and OC-related beliefs are best conceptualized as continuous dimensional rather than categorical.

In the first study, we used Confirmatory Factor Analysis to assess the validity and structure of our newly constructed measure – the Relationship Obsessive Compulsive Inventory (ROCI; Doron, Derby, Szepsenwol and Talmor, 2011). This 12-item self-report measure evaluates the severity of obsessive (e.g., preoccupation and doubts) and compulsive behaviors (e.g., checking and reassurance seeking) on three relational dimensions: one's feelings towards his or her partner (e.g., «I continuously reassess whether I really love my partner»), the partner's feelings towards the individual (e.g., «I continuously doubt my partner's love for me»), and the «rightness» of the relationship («I check and recheck whether my relationship feels right»). Results from this study support a 3-factor structure of the ROCI above two alternative measurement models, good to moderate fit on most goodness of fit indices and high reliability scores on all three subscales (ranging from .84 to .89).

In the second study, we replicated the findings of Study 1 and assessed the link between relationship-centered OC phenomena, OCD symptoms and cognitions, mood, self-esteem, and relationship variables such as relationship ambivalence and attachment insecurity. The findings from Study 2 showed the expected positive associations with these related measures. Moreover, the ROCI significantly predicted relationship (dis)satisfaction and depression, over and above common OCD symptoms, relationship ambivalence, and other mental health and relationship insecurity measures. These findings indicate that the ROCI captures a relatively distinct theoretical construct and has unique predictive value.

The moderate associations that were found between relationship-centered OC symptoms and cognitive dysfunctional beliefs, however, suggested that additional factors may

contribute to the development and maintenance of relationship-centered OC phenomena. Since effective treatment of particular OCD presentations involves improved understanding of both common OCD mechanisms and more specific mechanisms that are adjusted to each manifestation (Abramowitz, Huppert, Cohen, Tolin, and Cahill, 2002; McKay et al., 2004), further exploration should be devoted to the unique etiology processes involved in the formation and preservation of relationship-centered OC symptoms. In the following section we propose three such factors: catastrophic relationship biases, self-vulnerability in the romantic domain, and insecure attachment.

CATASTROPHIC RELATIONSHIP BIASES

According to Rachman (1997) intrusive thoughts which are perceived by the individual as endangering their view of self and/or imply catastrophic consequences will trigger an escalation in dysfunctional behaviors, or cause a more intense use of neutralizing (e.g., thought-suppression). Consistent with this and based on clinical experience, we propose that such biases may include catastrophic beliefs regarding the future consequences of relationship related decisions. Obsessional preoccupation with one's feelings towards the partner or with the «rightness» of the relationship may include beliefs involving the disastrous consequences of leaving an existing relationship (e.g., «If I leave this relationship, I will always regret it») and/or remaining in a less than perfect relationship (e.g., «If I maintain a relationship I am not sure about, I will be miserable forever»). Beliefs regarding the devastating consequences of remaining alone (e.g., «Anything is better than being alone») may be linked to obsessional preoccupation with the partner's feeling towards the individual.

SELF-SENSITIVITY AND ATTACHMENT INSECURITY IN OBSESSIVE-COMPULSIVE PHENOMENA

Several authors have recently proposed that the transformation of intrusive thoughts into obsessions is moderated by the extent to which intrusive thoughts challenge core perceptions of the self (e.g., Aardema and O'Connor, 2007; Bhar and Kyrios, 2007; Clark and Purdon, 1993). For example, Doron and Kyrios (2005) proposed that thoughts or events that challenge highly valued self-domains (e.g., immoral thoughts) may impair a person's sense of self-worth, and activate cognitions and behavioral tendencies aimed at repairing the damage and compensating for the perceived deficits. In the case of individuals with OCD, these responses may paradoxically increase the accessibility of negative self-cognitions (e.g., «I'm immoral and unworthy»). Therefore, for such individuals common aversive experiences may activate overwhelmingly negative evaluations in highly valued self-domains (Doron, Kyrios and Moulding, 2007; Doron, Moulding, Kyrios and Nedeljkovic, 2008), which, together with the activation of other dysfunctional beliefs (e.g., inflated responsibility, threat overestimation), can result in the development of obsessions and compulsions.

Attachment insecurity has been argued to further exacerbate sensitivity to intrusive thoughts by disrupting functional coping with experiences that challenge sensitive self-domains (Doron, Moulding, Kyrios, Nedeljkovic and Mikulincer, 2009). According to attachment theory (Bowlby, 1973, 1982; Mikulincer and Shaver, 2007), interpersonal interactions with protective others («attachment figures») early in life are internalized in the form of mental representations of self and others («internal working models»). Interactions with attachment figures that are available and supportive in times of need foster the development of both a sense of attachment security and positive internal working models of the self and others. When attachment figures are rejecting or unavailable in times of need, attachment security is undermined, negative models of self and others are formed, and the likelihood of self-related doubts and emotional problems increases (Mikulincer and Shaver, 2003, 2007).

In Doron et al.'s (2009) view, a sense of attachment security acts, at least to some extent, as a protective shield against OC-related processes, such as the activation of negative self-cognitions and dysfunctional beliefs following events that challenge sensitive self-domains. Conversely, it is proposed that for people who have chronic or contextually heightened mental access to a sense of attachment insecurity, aversive experiences and intrusions of unwanted thoughts result in the activation of dysfunctional distress-regulating strategies and cognitive biases, which further exacerbate anxiety and promote ineffective responses.

Research indicates that attachment orientations can be organized around two orthogonal dimensions, representing the two insecure attachment patterns of anxiety and avoidance (Brennan, Clark and Shaver, 1998; reviewed by Mikulincer and Shaver, 2007). The first dimension, attachment anxiety, reflects the degree to which an individual worries that a significant other will not be available or adequately responsive in times of need, and the extent to which the individual adopts «hyperactivating» attachment strategies (i.e., energetic, insistent attempts to obtain care, support, and love from relationship partners) as a means of regulating distress and coping with threats and stressors. The second dimension, attachment avoidance, reflects the extent to which a person distrusts a relationship partner's good will and strives to maintain autonomy and emotional distance from him or her. An avoidantly attached individual relies on «deactivating» strategies, such as denial of attachment needs and suppression of attachment-related thoughts and emotions. People who score low on both dimensions are said to hold a stable sense of attachment security (Mikulincer and Shaver, 2003).

Recent investigations reveal that high scores on dispositional measures of attachment insecurities are associated with OCD phenomena (e.g., Doron et al., 2009; Myhr, Sookman and Pinard, 2004). For example, attachment anxiety and avoidance was found to contribute to OCD symptoms via OC-related dysfunctional beliefs in a large non-clinical sample (Doron et al., 2009). In a clinical study, attachment anxiety was found to be significantly higher in individuals with OCD than in individuals presenting with other anxiety disorders and in non-clinical participants, even when controlling for depression (Doron, Moulding, Nedeljkovic, Kyrios, Mikulincer and Sar-El, in press).

RELATIONSHIP-CENTERED OC PHENOMENA: A PROPOSED MODEL

We suggest that self-sensitivity in the romantic domain, catastrophic relationship beliefs and attachment insecurity may be particularly important in the development and maintenance of relationship-centered OC phenomena. Specifically, perceptions of incompetence or vulnerability in the romantic domain may enhance sensitivity to intrusions challenging self-perceptions in this self-domain (e.g., «I do not feel right with my partner at the moment»). Such intrusions may then trigger catastrophic relationship appraisals (e.g., «being in a relationship I am not sure about will make me miserable forever») and other maladaptive appraisals (e.g., «I shouldn't have such doubts regarding my partner»), followed by neutralizing behaviors (e.g., reassurance seeking and checking).

Attachment insecurities, and especially attachment anxiety, may exacerbate this cascade of unpleasant mental events in several important ways. Anxiously attached individuals' hypervigilance toward real or imagined relationship threats may make them especially vulnerable to intrusions in this domain. The reliance of anxiously attached individuals on «hyperactivating» strategies such as insistent, repetitive attempts to obtain love from relationship partners may predispose such individuals to compulsive reassurance seeking and checking behaviors, particularly in the context of intimate relationships.

Insecurely attached individuals may also fail to find inner representations of security or external sources of support, and may therefore experience a cascade of distress-exacerbating mental processes. For instance, anxiously attached individuals tend to react to such failure with catastrophizing, exaggerating the negative consequences of the aversive experience, ruminating on these negative events, and hyper-activating attachment-relevant fears and worries, such as the fear of being abandoned because of one's «bad» self (Mikulincer and Shaver, 2003). Similarly, avoidant people tend to react to such aversive events by attempting to suppress distress-eliciting thoughts and negative self-representations. However, these defenses tend to collapse under an emotional or cognitive load (Mikulincer, Dolev and Shaver, 2004), leaving the avoidant person flooded with unwanted thoughts, negative self-representations, and self-criticism. Finally, since adulthood attachment figures are likely to be current relationship partners, the tendency to draw on 'attachment figures' or their representations in times of distress may refocus individuals on their relationship experience (i.e. the initial trigger of the obsessional cycle), reactivating the above dysfunctional coping pattern.

Thus, we propose that self-sensitivity, catastrophic relationship beliefs and insecure attachment orientations contribute to the development of relationship-centered obsessions by increasing insecure individuals' vigilance to relationship threats on the one hand, and impairing their capacity for adaptive coping with such challenging experiences on the other hand.

CONCLUDING REMARKS AND FUTURE DIRECTIONS

The aim of this paper was to explore an area in OCD research that is yet to be systematically examined despite its potentially debilitating effects — obsessive-compulsive

phenomena centering on romantic relationships. Preliminary research suggests that obsessive preoccupation and compulsive behaviors may center on three relational dimensions: one's feelings toward his or her partner, the partner's feelings toward the individual, and the «rightness» of the relationship. Based on theoretical considerations and initial findings we proposed a model implicating factors common to other OCD presentations, such as intolerance for uncertainty and perfectionism, as well as additional factors that are believed to play a unique role in this form of OCD, such as self-vulnerability, catastrophic relationship beliefs, and attachment insecurity.

Future research would benefit from studying these phenomena in both clinical and non-clinical populations, in relation to more common OCD presentations and in relation to other disorders such as depression and General Anxiety Disorder (GAD). Thus, a systematic investigation of relationship-centered OC phenomena is likely to advance our understanding of maintaining factors and etiological processes involved in the phenomenon. This, we hope, will assist in reducing misdiagnosis of this potentially disabling OCD theme and increase the effectiveness of treatment interventions.

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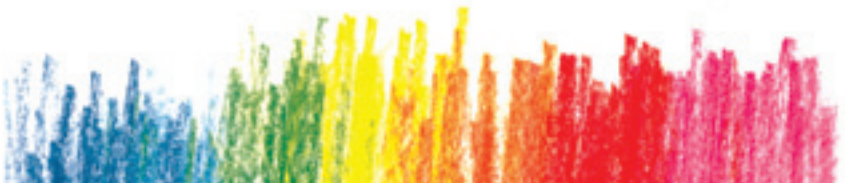
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