

Relationship-related obsessive-compulsive phenomena: The case of relationship-centred and partner-focused obsessive compulsive symptoms

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Abstract

Obsessive-compulsive disorder (OCD) is a disabling and prevalent anxiety disorder comprised of multiple symptoms and a variety of clinical presentations. Recently, research has begun to explore relationship-related obsessive-compulsive (OC) symptoms including relationship-centred and partner-focused OC symptoms.

In this paper, we introduce and discuss the theoretical construct of relationship-related obsessive-compulsive phenomena. We then present data supporting the validity of the two types of relationship-related OC symptoms and show findings pertaining to their associations with theoretically related constructs. We then discuss similarities and differences in the underlying processes that may be involved in the maintenance and development of these two types of relationship-related obsessional themes. Finally, we discuss the possible theoretical and clinical implications of the proposed model and suggest future research directions.

Keywords: *Cognitive theory, Obsessive-compulsive disorder, Relationships, ROCD.*

Riassunto

Fenomeni ossessivo-compulsivi correlati alle relazioni intime: il caso dei sintomi ossessivo-compulsivi centrati sulla relazione e centrati sul partner

Il disturbo ossessivo-compulsivo è un disturbo d'ansia invalidante e diffuso, che comprende una molteplicità di sintomi e di manifestazioni cliniche. Alcune ricerche hanno iniziato di recente a esplorare i sintomi ossessivo-compulsivi legati alle relazioni intime, in particolare i sintomi centrati sulla relazione e quelli centrati sul partner.

In questo articolo sono presentati e discussi i costrutti teorici dei fenomeni ossessivo-compulsivi correlati alle relazioni intime. Sono inoltre presentati i dati a sostegno della validità di questi due tipi di sintomi ossessivo-compulsivi e del loro legame con i costrutti teoretici correlati. Si discutono inoltre

somiglianze e differenze nei processi sottostanti che potrebbero essere implicate nello sviluppo e nel mantenimento di questi due temi ossessivi centrati sulle relazioni. Infine si illustrano le possibili implicazioni teoriche e cliniche del modello e si suggeriscono altresì sviluppi di ricerca futuri.

Parole chiave: *Teoria cognitiva, Disturbo ossessivo-compulsivo, Relazioni intime, DOC-R.*

INTRODUCTION

Karen, a 21-year-old woman, enters the office of the first author describing an obsessional preoccupation with a relationship terminated by her 18 months ago: «Was he the Right One? Did I make the biggest mistake of my life in leaving him? Should I go back to him or not? I know I shouldn't, because I remember why I left him, but maybe he is the right one? There is not one hour of the day that I don't obsess about this. It depresses me and ruins my life». Richard, a 28-year-old man, describes a different preoccupation: «Every time it is the same thing. I can't stop thinking about it. The thought that my partner isn't smart doesn't leave my head. I can't share this with her, because I don't really believe it. Anything that she does that is not perfect seems stupid to me. I know that it is my problem, I had it before with other women, but I still can't get rid of these thoughts».

Richard and Karen both suffer from what is commonly referred to as Relationship Obsessive Compulsive Disorder (ROCD) — obsessive-compulsive symptoms that focus on intimate relationships. Obsessive-compulsive disorder (OCD) is a severely disabling disorder (World Health Organization, 1996). It is characterized by the occurrence of unwanted and disturbing intrusive thoughts, images, or impulses (obsessions), and by compulsive rituals that aim to reduce distress or to prevent feared events (i.e., intrusions) from occurring (American Psychiatric Association, 2000; Rachman, 1997). The specific theme of OCD symptoms may vary widely from patient to patient, making it a highly heterogeneous and complex disorder (Abramowitz, McKay & Taylor, 2008; McKay et al., 2004). Indeed, Karen and Richard's symptoms focus on intimate relationships, an obsessional theme that has only recently begun to be systematically investigated.

In this paper we will begin with a brief description of relationship-centred obsessive-compulsive (OC) phenomena-preoccupation, doubts, and neutralizing behaviours related to one's feelings towards a relationship partner, the partner's feelings towards oneself, and the «rightness» of the relationship experience (ROCD Type I; Doron et al., 2012). We then describe an additional aspect of relationship-related OC phenomena-disabling preoccupation with the perceived flaws of one's relationship partner (ROCD Type II; Doron et al., in press). Findings from several studies will be presented and processes common to these OC relational phenomena will be discussed. Finally, theoretical and clinical implications are discussed and recommendations for future research are provided.

RELATIONSHIP-CENTRED OBSESSIVE-COMPULSIVE SYMPTOMS (ROCD TYPE I)

Previous research has indicated that, compared with the general population, OCD patients often report disturbances in relationship functioning, including lower likelihood of marrying and increased marital distress (Emmelkamp, de Haan & Hoogduin, 1990; Rasmussen & Eisen, 1992; Riggs, Hiss & Foa, 1992). Frustration with partners' ritualistic behaviours (e.g., repeated checking, washing) and anger associated with pressures to participate in OCD rituals may result in heightened relationship conflict (Koran, 2000).

Recently, Doron et al. (2012) proposed that OC phenomena affect intimate relationships more directly when the main focus of the symptoms is the relationship itself. In order to assess their hypothesis, Doron et al. (2012) developed and validated a new self-report measure — the *Relationship Obsessive-Compulsive Inventory* (ROCI). This new measure taps the severity of obsessive (e.g., preoccupation and doubts) and compulsive (e.g., checking and reassurance seeking) behaviours on three relational dimensions: one's feelings towards a relationship partner (e.g., «I continuously reassess whether I really love my partner»), the partner's feelings towards 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»). The new measure was found to have good psychometric properties and showed the expected positive associations with OCD, mood and relationship measures. Moreover, the ROCI significantly predicted relationship dissatisfaction and depression over and above common OCD symptoms, relationship ambivalence, and other mental health and relationship insecurity measures.

PARTNER-FOCUSED OBSESSIVE-COMPULSIVE SYMPTOMS (ROCD TYPE II)

Relationship-centred OC symptoms may be particularly detrimental to relationship quality. Yet, OC symptoms can affect relationships in additional ways. Some individuals, for instance, become increasingly focused on their partner's perceived deficits such that this preoccupation becomes time consuming, distressing, and a significant cause of dyadic distress (e.g., Doron et al., in press; Josephson & Hollander, 1997). Clinical experience suggests that such partner-focused obsessive-compulsive symptoms may relate to physical features (e.g., «her nose is too big»; see Josephson & Hollander, 1997, for such a case example), social qualities (e.g., «he is not social enough», «she does not have what it takes to succeed in life»), or personality attributes such as morality, intelligence, or emotional stability (e.g., «he is not intelligent enough», «he is not emotionally stable»).

In order to assess this construct and its impact on intimate relationships and mood, Doron & colleagues (in press) constructed an additional self-report measure — the *Partner-Related Obsessive-Compulsive Symptom Inventory* (PROCSI). This measure assesses the severity of obsessions (i.e., doubts and preoccupation) and compulsion (i.e., checking) relating to the perceived flaws of one's partner in six domains: physical appearance, sociability, morality, emotional stability, intelligence and competence. The PROCSI was found to be internally consistent, had good test-retest reliability, and showed theoretically-coherent

significant but moderate associations with existing measures of OCD symptoms and related cognitions, negative affect, low self-esteem, and relationship variables. Moreover, the PROCSI significantly predicted relationship dissatisfaction and depression, over and above relationship-centred OC symptoms and other mental health and relationship insecurity measures. As expected, moderate to high correlations were found between partner-focused OC symptoms and relationship-centred OC symptoms. Moreover, longitudinal analyses revealed a reciprocal relationship between the PROCSI and the ROCI such that both partner-focused OC symptoms at Time 1 predicted subsequent changes in relationship-centred OC symptoms, and relationship-centred OC symptoms at Time 1 predicted subsequent changes in partner-focused OC symptoms.

Findings also suggest that partner-focused OC symptoms may involve processes that are particular to this type of relationship-related OC phenomena. Specifically, the only additional significant unique predictor of the PROCSI (but not the ROCI) was a measure of dysmorphic body concerns (DCQ), suggesting that hyper-attention to one's own perceived flaws in appearance and catastrophic misinterpretation of such flaws may reflect a general predisposition to detect perceived deficits and overestimate their consequences, not only in the self, but also in relationship partners (see Josephson & Hollander, 1997, for case discussions of BDD by proxy).

THE COGNITIVE SUBSTRATE OF RELATIONSHIP-RELATED OC PHENOMENA

Cognitive behavioural models stipulate the central role of dysfunctional appraisals of internal or external stimuli in the development and maintenance of OCD related disorders. According to such models (e.g., Rachman, 1997; Storch, Abramowitz & Goodman, 2008; Wilhelm et al., 2010; Wilhelm & Neziroglu, 2002), naturally occurring phenomena become chronic preoccupation as a result of catastrophic misinterpretations of such stimuli. In the case of OCD, individuals catastrophically interpret commonly occurring intrusive thoughts as indicating danger that the individual is responsible for averting (Rachman, 1997; Salkovskis, 1985). Similarly, in the case of Body Dysmorphic Disorder (BDD), an OCD-related disorder, individuals catastrophically misinterpret visual input, aesthetic features and minor flaws in their own appearance, as well as the consequences of such flaws (e.g., «people will be disgusted of me»; Wilhelm et al., 2010; Veale, 2004).

Cognitive biases such as perfectionism and threat overestimation increase the likelihood of such catastrophic interpretations in OCD and related disorders (OCCWG, 2005; Storch et al., 2008). These interpretations, in turn, increase selective attention towards the potentially distressing stimuli (OCCWG, 1997; Veal, 2004). Moreover, ineffective affect regulation strategies such as repeated checking and reassurance seeking paradoxically exacerbate the frequency and impact of such preoccupations.

The cognitive processes underlying relationship-related OC phenomena may be similar to those involved in other forms of OCD and related disorders. The focus of attention, however, may be internal and/or external in the case of relationship-centred OC symptoms, but mostly external in the case of partner-focused OC symptoms (see figure 1). For instance, individuals presenting with relationship-centred OC symptoms may have heightened

perfectionist tendencies and be striving for «just right» experiences that are characteristic of OCD patients (Obsessive Compulsive Cognitions Working Group/OCCWG, 1997; Summerfeldt, 2004). Such tendencies and associated idealized perfectionistic standards of internal experience (i.e., feelings and sensations; e.g., «I should feel love and sexual attraction every time I see him») may exacerbate doubts and concerns regarding one's feelings towards the partner and the «rightness» of the relationship, particularly when coinciding with intolerance for uncertainty about one's own feelings and emotions (Lazarov et al., 2010; OCCWG, 2005). Threat overestimation bias and intolerance for uncertainty, which are common in OCD (OCCWG, 2005), may exacerbate a different aspect of relationship-centred OC symptoms (i.e., preoccupation with partner's feelings towards oneself), particularly when coinciding with an outward attention focus.

Partner-focused OC symptoms likely involve OCD-related biases with an external attention focus. For instance, threat overestimation bias may increase catastrophic interpretations of the severity and consequences of partners' perceived deficits (e.g., «he is extremely unstable, hence he will never be able to provide for our family»), particularly when associated with idealized standards of behaviour/aesthetics and other-oriented perfectionism (Hewitt & Flett, 1991; see table 1).

Table 1 – Hypothesized Similarities and Differences in Type I and Type II Relationship-Related OC Symptoms

ROCD types	Attachment insecurities	Self-perceptions	Attention and cognitive biases	Responses
Type I	High attachment anxiety	Contingency and sensitivity in the relational self-domain	Inward and outward attention OCD-related cognitive biases relationship biases	Checking (body sensations, feelings) Reassurance seeking Repeated analyses of current/past interactions
Type II	High attachment anxiety and avoidance	Contingency and sensitivity in the relational and other self domains (e.g., appearance, moral, social)	Outward attention OCD-related cognitive biases relationship biases	Checking (behaviour, looks, personality, competencies of others) Reassurance seeking Repeated analyses of current/past interactions

Recently, Doron and colleagues (in press) proposed additional cognitive biases that may contribute to the escalation of relationship-related intrusions into obsessional preoccupations. These include catastrophic interpretation of relationship-related thoughts, images and urges. For example, fears of entrapment may increase by focusing on the disastrous consequences of leaving an existing relationship (e.g., «If I leave this relationship, I will always regret it») and the catastrophic consequences of remaining in a less than perfect

relationship (e.g., «If I maintain a relationship I am not sure about, I will be miserable forever»), making intrusive thoughts regarding the partner's deficits and the rightness of the relationship more threatening. The attribution of importance to such intrusions would increase the attention afforded to them, the distress they elicit, and the reliance on dysfunctional neutralizing behaviours (e.g., thought suppression attempts).

SELF-PERCEPTIONS, ATTACHMENT INSECURITIES AND RELATIONSHIP-CENTRED OC 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 & O'Connor, 2007; Bhar & Kyrios, 2007; Clark & Purdon, 1993). For example, Doron and Kyrios (2005) proposed that thoughts or events that challenge highly valued self-domains (e.g., immoral thoughts) might impair a person's sense of self-worth, and activate cognitions and behavioural 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 & Moulding, 2007; Doron et al., 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.

There is growing evidence for the role of self-structures in the transformation of intrusive thoughts into OCD symptoms. For example, Rowa, Purdon, Summerfeldt and Antony (2005) found that individuals with OCD rated more upsetting obsessions as more meaningful and contradictory of valued aspects of the self than less upsetting obsessions. Ferrier and Brewin (2005) reported that, compared to individuals with other clinical anxiety disorders, as well as normal controls, individuals with OCD were more likely to draw negative moral inferences about themselves from their intrusive thoughts (e.g., perception of self as dangerous by virtue of being bad, immoral, or insane). In three experimental studies using the *Subtle Priming Computer Task* (SPCT; Doron et al., 2012), Doron and colleagues (2012) have recently shown that subtle cues of threat to the morality self-domain (vs. a morality-irrelevant domain) led to heightened reported urge to act and likelihood of acting in response to contamination-related scenarios in a nonclinical sample.

We suggest that self-sensitivity in the relational domain may be linked with relationship-related 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»; «My partner is acting foolishly»). 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 behaviours (e.g., reassurance seeking and checking). Individuals showing strong partner-focused OC phenomena, however, may have additional self-sen-

sitivities (e.g., in the appearance domain). Such sensitivities will draw more attention to intrusions relating to their partners (Doron et al., in press; Josephson & Hollander, 1997). This may ensue a similar cycle of escalation such that catastrophic relationship appraisals (e.g., «I can't be with such a person») are followed by maladaptive appraisals (e.g., «others will always put us down») and neutralizing behaviours (e.g., thought suppression).

However, it is unlikely that every person experiencing such self-challenging events will be flooded by negative self-evaluations, dysfunctional beliefs, and obsessions. In fact, for most people, experiences challenging sensitive self-domains would result in the activation of distress-regulation strategies, which can dissipate unwanted intrusions, reaffirm the challenged self, and restore emotional composure.

Doron, Moulding, Kyrios, Nedeljkovic and Mikulincer (2009) proposed that attachment insecurities could disrupt the process of coping with experiences that challenge sensitive self-domains, and thereby contribute to OCD. According to the attachment theory (Bowlby, 1973; 1982; Mikulincer & 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 who 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 & Shaver, 2003; 2007).

Research indicates that attachment orientations can be organized around two orthogonal dimensions, representing the two insecure attachment patterns of anxiety and avoidance (Brennan, Clark & Shaver, 1998; reviewed by Mikulincer & 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. Avoidant people set high, unrealistic, and rigid standards of excellence and project negative self-attributes on others as a way of convincing themselves and others that they do not have any imperfection or weakness and that they can rely on their strong and perfect self while coping with stress (Mikulincer & Horesh, 1999; Mikulincer & Shaver, 2007). People who score low on both dimensions are said to hold a stable sense of attachment security (Mikulincer & 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 & Pinard, 2004). For example, attachment anxiety and avoidance were 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 et al., 2012).

Attachment insecurities may exacerbate pre-existing self-sensitivities in several important ways. Anxiously attached individuals' hypervigilance towards 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 behaviours, particularly in the context of intimate relationships.

High attachment avoidance, however, may be more strongly associated with partner-focused OC symptoms. Avoidantly attached individuals tend to project negative self-attributes and characteristics on others. This tendency may increase preoccupation with partners' flaws, particularly in sensitive areas to the self. Finally, as 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 in the relational domain and insecure attachment orientations may be associated with relationship-centred obsessions such that self-sensitivity in the relational domain is increased by insecure individuals' vigilance of relationship threats on the one hand, and impairs their capacity for adaptive coping with such challenging experiences on the other hand. In our view, some individuals perceive themselves as incompetent in domains that they view as extremely important for their self-worth (i.e., sensitive self-domains), such as the domains of morality and intimate relationships. Experiences challenging such self-domains (e.g., doubts about one's capacity to provide others with help, not being sure about one's partner's love) may lead to an increase in negative self-cognitions (e.g., «I'm bad», «I'm incompetent») and subsequently to the development of obsessive intrusions. Attachment insecurities can exacerbate this cascade of unpleasant mental events by impairing adaptive coping. Conversely, attachment security may protect a person against the adverse effects of these experiences.

CONCLUDING REMARKS AND FUTURE DIRECTIONS

In this paper, we presented two relationship-related OCD themes — relationship-centred (ROCD Type I) and partner-focused (ROCD Type II) OC phenomena. We reviewed findings supporting the importance of a systematic investigation of these phenomena and proposed several similarities and differences in the underlying mechanisms that are involved in the development and maintenance of these two types of relationship-related OC symptoms. Taken together, the reviewed theory and findings expand our understanding of the ways in which previously identified cognitive biases associated with OCD, relationship-related cognitive biases, self-sensitivity, and attachment insecurities are involved in the development and maintenance of relationship-related OC symptoms. Intrusions related to

intimate relationships are more likely to activate dysfunctional beliefs and trigger OCD symptoms in insecurely attached individuals who are sensitive in specific self-domains.

Future research would benefit from studying these phenomena in both clinical and non-clinical samples and assessing the links between relationship-related symptoms, more common OCD presentations, and other obsessive-compulsive disorders such as BDD. It will be important to evaluate links between relationship-related OC symptoms and disorders previously shown to have strong associations with OCD (e.g., depression), or that have similar thought content (e.g., General Anxiety Disorder). Thus, a systematic investigation of relationship-related OC phenomena is likely to advance our understanding of the maintaining factors and etiological processes involved in these phenomena, reduce misdiagnosis of this potentially disabling OCD theme and increase the effectiveness of treatment interventions.

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