

# Exploring Relationship Obsessive-compulsive Disorder (ROCD) symptomatology in the parent-child context

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## INTRODUCTION

- ROCD is a disabling obsessive compulsive disorder presentation that involves obsessive-compulsive symptoms centering on interpersonal relationships.
- Within romantic relationships, findings have shown that ROCD symptoms are associated with significant personal and dyadic distress (Doron et al, 2012a; Doron et al, 2012b).
- More recently, ROCD related research has started to explore partner- focused symptoms within the parent-child context.

» Parents' preoccupation with their children's perceived flaws (parent-child ROCD symptoms) may have significant impact on parental mood, OCD symptoms and experience of parenting (Doron, 2015).

» Parental efforts to avoid future harm and distress form the child may lead some parents to focus on particular characteristics of the child. Increase in the parent's reactivity to such domains may accentuate the child attention and excessive preoccupation with specific aspects of the child's character, appearance or behaviors (Levy, Sheps, & Doron, 2016).

- In this study we examined the associations between parent-child ROCD symptoms and children's self-obsessions.
- We hypothesized that parental preoccupations relating to a specific self-domain of the child (e.g., appearance) will be associated with the child's obsession with his own perceived flaws in this area (e.g., BDD like symptoms).

## METHOD

**Participants:** The sample consisted of 63 parents and their children (ages 8-15; Mdn=10.95). The experimental group consisted 35 children with TS or CTD and their parents from a baseline sample of a clinical trial at Ichilov-Dana-Dwek Children's Hospital. The control group consisted 28 children and their parents from a community sample, recruited by personal request on the base of acquaintance. Participants were informed of their rights and complete an informed consent form in accordance with the IDC ethical standards.

**Materials:** All parents completed a battery of self-report questionnaires including The Parent-Child Related Obsessive Compulsive Inventory for Parents (PROCSI-PC; Doron et al., in process), a self-report measure which evaluate the extant of obsessions and compulsions relating to one's child perceived flaws (e.g., "I question whether my child is smart or intelligent enough"). Also, they completed The Beck Depression Inventory (BDI-II; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). Additionally, all the parents were asked to instruct their child to fill the main self-report measures for children: The Parent-Child Related Obsessive Compulsive Inventory for Children (PROCI-SELF; Doron et al., in process), a self-report measure which evaluate the extant of obsessions and compulsions relating to the child's perceived flaws (e.g "I question whether I'm smart or intelligent enough"), The Children Depression Inventory (CDI; Kovacs & Beck, 1977), and The Screen for Child Anxiety Related Emotional Disorders (SCARED; Birmaher et al., 1999).

**Procedure:** The study was administered online using the web-based survey platform *tfasim.org.il*. All parents were contacted via email with two links to the online battery of questionnaires, one for them and one for their child. All measures were completed in Hebrew.

## RESULTS

### Correlations between Study Variables

- Preliminary analysis in overall sample (N=63) showed a moderate positive correlation between the PROCSI-PC total score to the PROCSI-SELF total score,  $r = .33$ ,  $p < 0.01$ .
- As seen in table 1, Preliminary analysis also shown to show positive correlations between PROCSI-PC and PROCSI-Self subscales in four specific domains: **physical appearance** ( $r = .53$ ,  $p < 0.01$ ), **morality** ( $r = .57$ ,  $p < 0.01$ ), **intelligence** ( $r = .25$ ,  $p < 0.05$ ), and **competence**. A non-significant correlation was found between PROCSI-PC social and emotional domain to PROCSI-SELF sociability ( $r = .01$ , n.s) and PROCSI-SELF emotional stability ( $r = .12$ , n.s).
- Affective symptoms: non-significant correlations between the BDI to PROCSI-PC ( $r = .25$ , n.s) and PROCSI-Self ( $r = .09$ , n.s). A significant negative correlation between the CDI to PROCSI-PC ( $r = -.46$ ,  $p < 0.01$ ) and the PROCSI-Self ( $r = -.39$ ,  $p < 0.05$ ). Non-significant correlations between the SCARED to PROCSI-PC ( $r = -.08$ , n.s) and PROCSI-Self ( $r = -.11$ , n.s).

**Table 1.**

Correlations between the parents obsessions regarding their child's perceived flaws (PROCSI-PC total score), the child's obsessions regarding their own "flaws" (PROCSI-Self total score) and their subscales: morality, appearance, intelligence, competence, social and emotional, in overall sample (N=63).

	PROCSI-Self: total	PROCSI-Self: morality	PROCSI-Self: appearance	PROCSI-Self: intelligence	PROCSI-Self: competence	PROCSI-Self: social and emotional
PROCSI-PC: total	.33**	.54**	.45**	.27*	.27*	.24
PROCSI-PC: morality	.31*	.57**	.41**	.34**	.28*	.35*
PROCSI-PC: intelligence	.35**	.61**	.53**	.27*	.34**	.20
PROCSI-PC: appearance	.26*	.50**	.39**	.25*	.25*	.20
PROCSI-PC: competence	.29*	.34**	.29*	.11	.25*	.17
PROCSI-PC: social and emotional	.19	.31*	.27*	.16	.14	.10

Notes: (1) Spearman's correlations were conducted due to small sample size.

\* $p < 0.05$

\*\* $p < 0.01$

### Between Group Differences

As seen in table 2, the clinical group (Tic related disorders; N=35) differed from the community controls (N=28), in both the parent's obsessions regarding their child's perceived flaws (PROCSI-PC;  $t(61) = -7.10$ ,  $p < 0.001$ ,  $d = 1.76$ ) and the child's obsessions regarding their own perceived flaws (PROCSI-Self;  $t(61) = -4.91$ ,  $p < 0.001$ ,  $d = 1.24$ ). Surprisingly, parents in the community controls ( $M = 1.71$ ,  $SD = .65$ ) reported higher levels in the PROCSI-PC, than the parents in the clinical group ( $M = .74$ ,  $SD = .45$ ). Moreover, children in the community controls ( $M = 1.66$ ,  $SD = .63$ ) also reported higher levels in the PROCSI-SELF, than children from the clinical group ( $M = .84$ ,  $SD = .67$ ).

**Table 2.**

Group differences in parent-child ROCD symptoms in parent's obsessions regarding their child's perceived flaws (PROCSI-PC) and the child's obsessions regarding their own "flaws" (PROCSI-Self)

	Community controls			Clinical group			t	d
	M	SD	N	M	SD	N		
PROCSI-PC	1.71	.65	28	.74	.45	35	-7.07**	1.76
PROCSI-SELF	1.66	.63	28	.84	.67	35	-4.91**	1.25

\* $p < 0.05$

\*\* $p < 0.01$

## DISCUSSION

- Parent-child ROCD symptoms may be associated with children's preoccupation with their own perceived flaws. In most domains assessed, parent-child ROCD symptoms were associated with increased child self-obsessions. In some domains, high correlations were found between matching parent and child obsessional domains (e.g., morality and appearance) suggesting the content of parental obsessions may be important. Increase in parental preoccupation may lead to elevated levels of parental reactivity to such OC symptoms and accentuate the child attention to such domains. Hence, the child may develop the same preoccupation with one domain and overlook other obstacles he/she may experience.
- Parents to children with Tic related disorders, may attribute different obstacles their child experience as tic related. Hence, the parent may focus his/hers attention on addressing the child Tic associated symptoms and perceive other obstacles one's child experience as difficulties associated with the disorder or overlook such difficulties altogether. Future investigations may consider potential limitations of the study: take larger groups and/or other clinical sample into account.

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