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Obsessing about intimate-relationships: Testing the double relationship-vulnerability hypothesis

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A B S T R A C T

Background and Objectives: Obsessive preoccupation and doubts centering on one's intimate relationship may have a negative impact on the romantic dyad and lead to significant distress. In this research we investigated whether the co-occurrence of attachment anxiety and overreliance on intimate relationships for self-worth—what we call double relationship-vulnerability—is linked with relationship-centered obsessions and obsessive-compulsive tendencies.

Methods: Study 1 employed a correlational design to examine the link between double relationship-vulnerability and relationship-centered obsessions. Study 2 employed an experimental design to assess response to subtle threats to the relationship self-domain among individuals with double relationship-vulnerability.

Results: Study 1 supported the link between double relationship-vulnerability and relationship-centered obsessions. Study 2 showed that when confronted with subtle threats to the relationship self-domain, individuals with double relationship-vulnerability are more likely to experience distress and engage in mitigating behavior in response to relationship doubts and fears.

Limitations: Our studies were conducted with non-clinical samples.

Conclusions: These findings suggest that double relationship-vulnerability may make individuals more susceptible to the development and maintenance of relationship-centered obsessions and compulsions.

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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 considered a natural feature of intimate relationships that reflects changes in interdependence and interpersonal accommodation (Thompson & Holmes, 1996). Yet, recent findings suggest that common relationship concerns may become obsessive, leading to relationship dysfunction, distress, and disability (ROCD; Doron, Derby, Szepsenwol, & Talmor, 2012a, 2012b). In such cases, individuals are plagued by doubts and worries about their relationship, namely, whether it is the right relationship for them, whether they really love their partner, or whether their partner really loves them. These individuals are then driven to repeatedly check their own feelings, behaviors, and thoughts, and seek reassurance from others. Such obsessive-compulsive behaviors can be conceptualized as relationship-centered obsessive-compulsive symptoms (Doron et al., 2012a).

Although research over the last few decades has covered a variety of obsessional themes (e.g., contamination fears, harm, sexual and religious obsessions; Abramowitz, McKay, & Taylor, 2008), investigation of obsessions focusing on intimate relationships has just recently begun (e.g., Doron et al., 2012a, 2012b). This is surprising considering the increased appreciation within psychology of the fundamental importance of interpersonal relationships, particularly romantic relationships, for individuals' psychosocial functioning and well-being (e.g., Baumeister & Leary, 1995; Hendrick & Hendrick, 1992; Lopez, 2009; Ryan & Deci, 2001). We propose that common relationship concerns become obsessive in individuals with double relationship-vulnerability: strong fear of abandonment (i.e., attachment anxiety) and exaggerated reliance on intimate-relationships as a self-worth resource (Knee, Canevello, Bush, & Cook, 2008).

1. Relationship-centered obsessive-compulsive symptoms

Relationship-centered obsessive-compulsive phenomena are characterized by several distinctive features. First, they are experienced as especially unwanted and unacceptable by the individual. Second, relationship-centered intrusions often contradict the

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relationship experience (e.g., "I know I love her, but it doesn't feel right/perfect") and are therefore less self-congruent than common relationship worries. Third, relationship-centered intrusions are frequently perceived as interruption in one's flow of thoughts and actions. Fourth, like other types of obsessions, individuals tend to judge such intrusions as exaggerated or irrational reactions to the specific triggering event. Finally, relationship-centered obsessions often result in extreme anxiety and repetitive neutralizing behaviours such as checking and reassurance seeking (Doron et al., 2012a).

Clinical experience suggests that relationship-centered obsessive-compulsive symptoms often pertain to three relational dimensions: one's feelings towards a relationship partner (e.g., "Do I really love him?"), the partner's feelings towards oneself (e.g., "Does she really love me?"), and the "rightness" of the relationship (e.g., "Is he the right one?"). The Relationship Obsessive-Compulsive Inventory (ROCI; Doron et al., 2012a) was specifically designed to assess such OC phenomena. Items were generated to represent obsessions (i.e., preoccupation and doubts) and neutralizing behaviors (i.e., checking and reassurance seeking) related to each of the three relational dimensions. The ROCI showed the expected positive associations with OCD, mood and relationship measures. Moreover, the ROCI significantly predicted depression and relationship satisfaction over-and-above more common OCD symptoms, relationship ambivalence and other mental health and relationship insecurity measures (Doron et al., 2012a). These findings suggest that the ROCI captures a relatively distinct theoretical construct that has unique predictive value.

2. Double vulnerability to relationship-centered obsessions

According to cognitive-behavioral theories of obsessions, most individuals experience a range of intrusive doubts, thoughts, urges, and images (Rachman & de Silva, 1978). The personal significance attributed to the occurrence or content of such intrusive experiences (e.g., "I am bad for having such a thought", "I am responsible for preventing this from happening"), and their mismanagement (e.g., compulsive checking) eventually lead individuals to develop and maintain obsessions (Obsessive Compulsive Cognitions Working Group [OCCWG], 1997; Rachman, 1997; Salkovskis, 1985).

Indeed, several cognitive biases found to be associated with OCD, such as overestimation of threat, perfectionism and intolerance for uncertainty (OCCWG, 1997; 2005), were found to be linked with relationship-centered OC symptoms (Doron et al., 2012a). Such cognitive biases may lead to the misappraisals of relationship-related intrusions and the relationship experience. For instance, perfectionist tendencies may lead to extreme preoccupation with the "rightness" of the relationship (i.e., "Is this relationship the right one"). Intolerance for uncertainty (OCCWG, 2005) may increase doubts and concerns regarding one's feelings towards the partner (e.g., "Do I really love my partner?"). Overestimation of threat may bias individuals' interpretations of others' feelings toward them (e.g., "Does my partner really love me?"). Like in other forms of OCD, catastrophic interpretations of relationship intrusions lead to self-reinforcing neutralizing behaviors such as checking one's feelings towards the partner, comparing, and reassurance seeking. These behaviors may actually maintain the intrusions through increasing the salience of negative thoughts.

Recently, the transformation of common intrusive experiences into obsessions was suggested to be moderated by the extent to which such intrusions challenge core perceptions of the self (e.g., Aardema & O'Connor, 2007; Bhar & Kyrios, 2007; Clark & Purdon, 1993; García-Soriano, Clark, Belloch, del Palacio, & Castañeiras, 2012). Preexisting self-vulnerabilities were proposed to influence the specific theme of an individual's obsession. For instance, Doron and Kyrios (2005) proposed that thoughts or events that challenge highly valued self-domains (e.g., moral or relational self-domains) may threaten a person's sense of self-worth in this domain, and activate cognitions and behavioral tendencies aimed at counteracting the damage and compensating for the perceived deficits (e.g., Doron, Sar-El, & Mikulincer, 2012). For some individuals, such as OCD sufferers, these responses paradoxically increase the accessibility of negative self-cognitions (e.g., "I'm immoral and unworthy") that together with the activation of other dysfunctional beliefs associated with obsessions (e.g., inflated responsibility, threat overestimation; OCCWG, 1997) can result in the development of obsessions and compulsions. Most individuals, however, are able to adaptively protect their self-esteem from unwanted intrusions and restore emotional equanimity following challenges to sensitive self-domains. Hence, they are unlikely to be flooded by negative self-evaluations, dysfunctional beliefs, and obsessions following such challenges.

One psychological mechanism proposed to hinder such adaptive regulatory processes is attachment insecurity that may foster the activation of negative self-cognitions and a cascade of dysfunctional beliefs (Doron, Moulding, Kyrios, Nedeljkovic, & Mikulincer, 2009). According to 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 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 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). Parents are often the main attachment figures during childhood. However, romantic partners often take parents' place as main attachment figures later in life (Mikulincer & Shaver, 2007).

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. Individuals who score low on both dimensions are said to hold a stable sense of attachment security (Mikulincer & Shaver, 2003).

Among individuals who have chronic or contextually heightened mental access to attachment insecurities, aversive experiences and intrusions of unwanted thoughts may result in the activation of dysfunctional distress-regulating strategies and cognitive biases, which further exacerbate anxiety and promote ineffective responses (Doron et al., 2009). Anxiously attached individuals in particular tend to react to failure by exaggerating the negative consequences of the aversive experience, ruminating on it, and experiencing increased mental activation of attachment-relevant fears and worries, such as fear of being abandoned by

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