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## Partner-focused obsessions and self-esteem: An experimental investigation



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### ABSTRACT

**Background:** Relationship-related obsessive-compulsive phenomena (ROCD) are encountered frequently in the clinic, and involve severe consequences to personal and relational well-being. One common presentation of ROCD involves disabling preoccupation and doubts focusing on intimate partner's flaws (partner-focused obsessions). It was previously suggested that individuals perceiving their partner's failures or flaws as reflecting on their own self-worth may be more sensitive to intrusive thoughts pertaining to their partner's qualities and characteristics. In the current studies, we assessed the link between partner-focused OC symptoms and self-esteem contingent on partner-value.

**Methods:** In two studies we assessed the impact of experimentally induced partner-focused intrusions on self-esteem. In Study 1, we assessed individuals' self-esteem after one of three primes: (a) intrusion about one's partner comparing unfavorably with others of the same sex (i.e., alternative partners), (b) intrusion about one's partner comparing unfavorably to oneself, (c) and a neutral prime. In study 2, we tried to replicate Study 1 using a pre-post design and also examine whether favorable intrusions of one's partner would have an opposite effect on self-esteem than unfavorable intrusions.

**Results:** Compared with the other groups, participants who were primed with intrusions of their partner being unfavorably compared to others reported lower self-esteem, but only if they had high levels of partner-focused symptoms. Favorable intrusions of partner to others did not have a positive effect on self-esteem among individuals with high levels of partner-focused symptoms.

**Conclusions:** Partner-value self-sensitivity may be one of the perpetuating mechanisms involved in partner-focused OC phenomena.

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Obsessive Compulsive Disorder (OCD) is a complex and heterogeneous disorder with a variety of obsessional themes (Clark & Beck, 2010; McKay et al., 2004). Exploring the implications of obsessional themes on etiology, maintenance, and treatment may promote insights of understudied processes of OCD and related disorders (Doron, 2014). Indeed, we have recently witnessed a surge in theory and research pertaining to the role of common and specific factors associated with specific OCD themes, including scrupulosity (Abramowitz & Jacoby, 2014), repugnant obsessions (Moulding, Aardema, & O'Connor, 2014), moral and physical contamination fears (Elliott & Radomsky, 2013) and preoccupation with physical-appearance (Veale, 2004; Wihlem & Neziroglu, 2002).

An obsessional theme receiving increasing empirical and theoretical attention is close interpersonal relationships (Doron, Derby, & Szepeswol, 2014). This obsessional theme has often been referred to as Relationship Obsessive Compulsive Disorder (ROCD; Doron, Derby et al., 2014; Doron, Derby, Szepeswol, & Talmor, 2012a, 2012b). ROCD research has focused on two related, but conceptually distinct symptom presentations (Doron, Derby et al., 2014). The first presentation, coined relationship-centered obsessive compulsive (OC) symptoms, involves obsessive doubts and preoccupation centered on the relationship itself. These symptoms often revolve around the strength of one's feelings towards the partner, the feel of the relationship (does it feel right), or the nature of one's partner's feelings towards oneself (Doron et al., 2012b).

The second presentation, coined partner-focused OC symptoms, involves obsessive doubts and preoccupation centered on perceived flaws of the relationship partner (Doron et al., 2012a). These flaws are often physical features (e.g., "his/her nose is too big"), social qualities (e.g., "s/he is not social enough", "s/he does

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not have what it takes to succeed in life”), or personality attributes such as morality, intelligence, or emotional stability (e.g., “s/he is not intelligent enough”, “s/he is not emotionally stable”). Although similar in some ways to what has been referred to in the literature as Body Dysmorphic Disorder by Proxy (i.e., obsessional focus on perceived physical flaws; see Greenberg et al., 2013; Josephson & Hollander, 1997), partner-focused OC symptoms extend beyond the physical and encompass a larger range of partner-focused obsessional themes (e.g., morality, sociability, success, etc.; Doron, Derby et al., 2014).

OCD symptoms have been previously linked with thematically relevant self-vulnerabilities (Aardema et al., 2013; Doron, Sar-El, & Mikulincer, 2012; García-Soriano, Clark, Belloch, del Palacio, & Castaneiras, 2012). Relationship-centered OC symptoms, in particular, were found to be associated with heightened vulnerability in the relational self-domain and attachment anxiety (i.e., double-relationship vulnerability; Doron, Szepsenwol, Karp, & Gal, 2013). In the current studies, we focus on self-vulnerabilities that may be associated with partner-centered OC symptoms. Specifically, we examine whether partner-focused OC symptoms are associated with amplified self-sensitivity to the perceived value of one's partner.

### 1. Phenomenology and correlates of partner-focused OC symptoms

Partner-focused OC symptoms may come in the form of thoughts (e.g., “Is she beautiful or smart enough?”) and images (e.g., memory of a specific act), but can also occur in the form of urges (e.g., to leave one's current partner). Such intrusions are generally ego-dystonic, as they contradict the individual's personal values (e.g., “appearance should not be important in selecting a relationship partner”) and/or subjective experience of the relationship (e.g., “I know she is not stupid, but I can't stop questioning her intelligence”). Hence, they are perceived as unacceptable and unwanted, and often bring about feelings of guilt and shame regarding their occurrence and/or content.

Like other OCD symptoms, partner-focused compulsions involve a wide range of compulsive behaviors including repeated comparisons (e.g., of the partner's characteristics with those of other potential partners), checking (e.g., of the partner's behaviors or competencies), neutralizing (e.g., visualizing being happy together), analyzing the pros and cons of the current situation, and reassurance seeking. These compulsive behaviors are aimed at alleviating the significant distress caused by the unwanted intrusions, but paradoxically exacerbate the frequency and impact of such preoccupations (Doron, Derby et al., 2014).

Partner-focused OC symptoms have been linked with significant personal (e.g., mood, anxiety, other OCD symptoms; Doron et al., 2012a) and dyadic difficulties (e.g., relationship and sexual dissatisfaction; Doron et al., 2012a; Doron, Mizrahi, Szepsenwol, & Derby, 2014). For instance, results from a recent study comparing OCD, ROCD, and community controls, indicated similar levels of interference in functioning, distress, resistance attempts and degree of perceived control in both clinical groups (Doron, Derby, Szepsenwol, Nahaloni, & Moulding, under review).

### 2. Self-vulnerabilities and partner-focused OC symptoms

According to cognitive-behavioral theories of obsessions, most individuals experience a range of unwanted intrusive thoughts, urges, and images (Clark et al., 2014; Moulding, Coles et al., 2014; Rachman & de Silva, 1978; Radomsky et al., 2014). Obsessive-compulsive (OC) behaviors are a result of misinterpretations of such common intrusions based on maladaptive beliefs (e.g., inflated

responsibility, importance of thoughts) and the resulting mismanagement of such intrusions (Obsessive Compulsive Cognitions Working Group [OCCWG], 2005; Rachman, 1997; Salkovskis, 1985).

Several scholars have proposed that preexisting self-vulnerabilities contribute to the development of specific obsessive content (e.g., Aardema et al., 2013; Aardema & O'Connor, 2007; Clark & Purdon, 1993; García-Soriano et al., 2012). For instance, Doron and Kyrios (2005) have argued that thoughts or events that challenge highly valued self-domains (e.g., moral self-domain) may threaten a person's sense of self in this domain, and activate cognitions and behavioral tendencies aimed at compensating for the perceived deficits. In the case of individuals with OCD, these coping responses may further increase the occurrence of unwanted intrusions and the accessibility of “feared self” cognitions (e.g., I'm bad, I'm immoral, I'm unworthy; Aardema et al., 2013). In this way, for such individuals, common aversive experiences may activate overwhelmingly negative evaluations in sensitive self-domains (Doron, Moulding, Kyrios, & Nedeljkovic, 2008).

Consistent with this proposal, recent research has shown that information threatening one's moral self-perceptions leads to an increase in contamination-related tendencies (Doron et al., 2012) and to the activation of OCD related maladaptive beliefs (e.g., importance and control of thoughts; Abramovitch, Doron, Sar-El, & Altenburger, 2013).

In ROCD, sensitivity of self may also increase vulnerability to relationship-centered and partner-focused OC symptoms (Doron, Derby et al., 2014). For instance, two recent studies have linked the co-occurrence of self-esteem contingent on intimate relationships and attachment anxiety (i.e., double relationship-vulnerability) with relationship-centered obsessions and behavioral tendencies (Doron et al., 2013). Similarly, partner-focused OC symptoms may be linked with self-esteem contingent on the perceived value of one's partner. When one's self evaluation is impacted by perceived failures or flaws of the partner, thoughts or events that challenge such perceptions may lead to momentary decreases in one's self-esteem, and activate cognitions and behavioral tendencies aimed at counteracting this deficit (e.g., Doron et al., 2012).

Like in other forms of OCD, however, such responses may further increase the occurrence of unwanted intrusions and the activation of relationship-related and OCD-related dysfunctional beliefs (e.g., catastrophic perceptions of relationship separation, inflated responsibility; Doron, Derby et al., 2014; OCCWG, 2005) exacerbating common intrusive thoughts into obsessional preoccupation. Indeed, individuals presenting with partner-focused obsessions often fear missing a better partner and report their most distressing triggers to be potential partners that are more successful, smart, or good looking than their current partners.

The goal of the current research was to assess the link between partner-focused OC symptoms and self-esteem contingent on partner-value. In Study 1, we examined whether the impact of experimentally induced unwanted negative partner-focused intrusions on self-esteem is contingent on the level of partner-focused symptoms. In Study 2, we tried to replicate Study 1's results with a pre-post experimental design and also examined whether positive partner-focused intrusions would have a positive effect on self-esteem contingent on the level of partner-focused symptoms.

### 3. Study 1

In Study 1, we hypothesized that after being primed with an intrusion of their partner unfavorably compared to others of the same sex (i.e., alternative partners), individuals with high levels of

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