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Maladaptive beliefs in relationship obsessive compulsive disorder (ROCD): Replication and extension in a clinical sample

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ABSTRACT

Obsessive-compulsive symptoms focusing on interpersonal relationships may include obsessive doubts and preoccupation centered on the relationship (i.e., relationship-centered) or the relationship partner (i.e. partner-focused). Although general obsessive beliefs have been associated with relationship obsessive-compulsive disorder (ROCD), perfectionism and catastrophic relationship beliefs may particularly relevant to the maintenance and development of such symptoms. We assessed the unique contributions of specific perfectionism dimensions and catastrophic relationship beliefs to relationship-centered and partner-focused ROCD symptoms. Participants included 124 individuals recruited online reporting that they had received a diagnosis of ROCD by a qualified clinician completed a battery of questionnaire tapping maladaptive beliefs previously associated with obsessive-compulsive disorder (OCD), multidimensional perfectionism and catastrophic relationship beliefs. Perfectionistic concern over mistakes and doubts about actions, catastrophic beliefs regarding being in the wrong relationship and of being alone were found to be unique predictors of relationship-centered ROCD symptoms over and above mood symptoms. Only catastrophic fears of being in the wrong relationships predicted partner-focused ROCD symptoms. Perfectionistic tendencies as well as specific relationship-related beliefs may be more strongly implicated than OCD-related maladaptive beliefs in the development and maintenance of relationship-centered ROCD symptom. More research is needed to identify more specific beliefs associated with partner-focused ROCD symptoms.

1. Introduction

Obsessive-Compulsive Disorder (OCD) is a disabling disorder characterized by the occurrence of distressing intrusive thoughts, images or impulses (i.e., obsessions), and/or by repetitive behaviors or mental acts (i.e., compulsions) aimed to alleviate distress or to prevent feared events from occurring (American Psychiatric Association, 2013). OCD is a heterogeneous disorder, with specific symptom dimensions including dirt/contamination, order/symmetry, doubt/checking, and repugnant or unacceptable thoughts (Bloch, Landeros-Weisenberger, Rosario, Pittenger, & Leckman, 2008).

Relationship obsessive compulsive disorder (ROCD) refers to a disabling dimension of OCD focused on close interpersonal relationships such as romantic and parent-child relationships (e.g., Doron, Derby, & Szepsenwol, 2014, 2017). Within romantic relationships, ROCD symptoms include two main presentations: relationship-centered and partner-focused ROCD symptoms. Relationship-centered ROCD symptoms comprise doubts and preoccupations relating to one's feelings towards the partner, the partner's feelings towards oneself, and the 'rightness' of the relationship (Doron, Derby, Szepsenwol, & Talmor, 2012a). Relationship-centered ROCD symptoms are often triggered by seeing "happy couples" or when experiencing negative feelings (e.g., boredom and distress) in the presence of the partner. Compulsive behaviors associated with this presentation may include compulsive monitoring of internal states (e.g., love and attraction), neutralizing (e.g., visualizing being happy together), reassurance seeking (e.g., asking other people about the relationship), and repeated checking of the quality of the relationship (e.g., "Is our relationship good?"; Doron & Derby, 2017; Doron, Derby, Szepsenwol, & Talmor, 2012b).

Unlike relationship-centered ROCD symptoms, partner-focused ROCD symptoms refer to disabling preoccupation with perceived flaws of one's partner in a wide variety of domains, such as intelligence, morality, sociability and appearance (Doron et al., 2012b). In this presentation, symptoms and associated distress focus on the partners' perceived flaws. Partner-focused ROCD symptoms are often triggered by contact with the perceived flaw (or its expression) or encounters

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with other potential partners. Compulsions associated with this ROCD presentations often comprise comparisons of the partner's characteristics with those of other potential partners, checking of the partner's behaviors or competencies, and repeated analyzing of the strengths and weaknesses of the partner (Doron, Derby, et al., 2014).

Findings suggest that both presentations of ROCD often co-occur and may maintain and perpetuate one another (Doron et al., 2012b; Szepsenwol, Shahar, & Doron, 2016). Both ROCD symptoms presentations are often ego-dystonic as they contradict the subjective experience of the relationship and individual's personal values. For instance, an individual disavowing appearance as a personal value may feel shame and guilt about being preoccupied with their partners' appearance (Doron, Derby et al., 2014). Indeed, ROCD symptoms have been associated with significant personal and relational distress in both clinical and non-clinical samples (e.g., Doron, Derby, Szepsenwol, Nahaloni, & Moulding, 2016; Doron, Mizrahi, Szepsenwol, & Derby, 2014).

1.1. Cognitive processes in ROCD

Cognitive-behavioral models of OCD emphasize the role of catastrophic appraisals of intrusive doubts, thoughts, urges, and images in the development and maintenance of these disorders (see Moulding et al., 2014; Radomsky et al., 2014). OCD-related maladaptive beliefs such as threat overestimation, importance of thoughts and their control, inflated responsibility, intolerance of uncertainty and perfectionism increase the likelihood of catastrophic appraisals of common intrusive experiences (Obsessive Compulsive Cognitions Working Group, 1997, 2005). Such catastrophic appraisals may then trigger the use of ineffective strategies in response to their occurrence (e.g., thought suppression), which may paradoxically exacerbate the frequency and the emotional impact of the intrusions (Hooper & McHugh, 2013; Lambert, Hu, Magee, Beadel, & Teachman, 2014).

Among OCD-related beliefs, perfectionism may be particularly relevant to the development and maintenance of ROCD symptoms. Currently considered as a multidimensional construct (Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991), particular aspect of perfectionism may increase maladaptive interpretations of relationship-related intrusive experiences. For instance, characteristics associated with perfectionism such as being overly critical with ones' own evaluations may increase doubts following mundane relationship disaccord. Similarly, excessive preoccupation with one's own actions may promote doubts and preoccupations relating to one's choice of a partner. Indecisiveness (Hollender, 1965) and high personal standards may further escalate doubts by increasing vigilance and distress relating to relationship or partner inadequacies. Striving for 'just right' experience (OCCWG, 1997; Summerfeldt, 2004) may increase doubts regarding the 'rightness' of the relationship (e.g., "Because I do not feel always perfect with him, he is not the one").

Indeed, research has linked ROCD symptoms with OCD-related maladaptive beliefs and particularly perfectionism (e.g., Doron et al., 2012a, 2012b; Doron et al., 2016). For instance, Doron et al. (2012a, 2012b) found moderate correlations between OCD-related beliefs including perfectionism/intolerance of uncertainty and relationship-centered partner-focused ROCD symptoms. These studies, however, measured perfectionism as a unidimensional construct using the 7-item Perfectionism/Intolerance for uncertainty scale of the short form of the Obsessive Beliefs Questionnaire (OBQ-20; Moulding et al., 2011). A more recent study (Melli & Carraresi, 2015) with non-clinical participants assessed the links between ROCD symptoms, OCD-related beliefs and a multidimensional measure of perfectionism – the Frost Multidimensional Perfectionism Scale (FMPS; Frost et al., 1990). Consistent with previous studies, findings from this study showed small-moderate correlations between relationship-centered, partner-focused ROCD symptom and OCD-related beliefs (as measured by the OBQ-20). In this study, relationship-centered ROCD symptoms show somewhat stronger correlations with the FMPS 'concern over mistakes' subscale than partner-focused ROCD symptoms. Small size correlations were found between both ROCD symptoms presentations and the FMPS 'personal standards' and 'parental expectations' subscales.

One previous study investigated the link between ROCD symptoms and OCD-related beliefs using a clinical sample (Doron et al., 2016). In this study, clients diagnosed with ROCD, with OCD and community controls were compared on levels of OCD-related beliefs. Findings suggested that ROCD clients report stronger responsibility and importance/control of thought beliefs than OCD clients and community controls. Inflated responsibility beliefs were suggested to intensify negative emotional responses (e.g., guilt and self-blame) to ROCD related intrusions and importance to thoughts beliefs were proposed to increase vigilance to negative thoughts about one's partner and the relationship. Importantly, both ROCD and OCD clients showed higher levels of perfectionism/intolerance for uncertainty and over-estimation of threat than community controls. Again, however, this study measured perfectionism as a unidimensional, rather than multidimensional construct.

The latter study was also the only one which assessed the link between ROCD symptoms and more specific relationship-related maladaptive beliefs. Catastrophic beliefs regarding future consequences of relationship-related decisions (e.g., staying in the wrong relationship, ending a relationship or being alone) are expected to increase negative interpretations of relationship-related intrusive experiences. Indeed, ROCD patients reported higher levels of relationship-related maladaptive beliefs – as measured by the Relationship Catastrophization Scale (RECATS; Doron et al., 2016) – than other OCD patients and community controls. Specifically, ROCD patients showed higher levels of beliefs related to the negative consequences of staying in the wrong relationship (e.g., making the wrong romantic decision leads to great misery) than OCD patients and community controls. ROCD patients were also more likely to overestimate the negative consequences of being alone (e.g., living without a romantic partner is not living at all) compared with community controls, but not compared with OCD clients. The authors of this study suggested that higher endorsement of beliefs about the negative consequences of being alone together with catastrophic evaluations of being in the wrong relationship may work in opposition, leading to simultaneously doubting the relationship but also fearing being alone.

Thus, previous findings suggest moderate links between ROCD symptoms and OCD-related beliefs such as overestimation of threat, responsibility importance/control of thoughts and perfectionism/intolerance of uncertainty (Doron et al., 2012a, 2012b, 2016; Melli & Carraresi, 2015). Most of these studies, however, used a unidimensional measure to evaluate the associations between ROCD symptoms and perfectionism (Doron et al., 2012a, 2012b, 2016) or non-clinical participants (Melli & Carraresi, 2015). Only one clinical study assessed ROCD symptoms, OCD-related beliefs and relationship beliefs. This study, however, used a unidimensional measure of perfectionism and did not assess the unique contribution of all the proposed cognitive factors (OCD-related beliefs, multi-dimensional perfectionism and relationship-related beliefs) in the predictions of ROCD symptom.

1.2. The current study

The aim of the current study was to assess the relative contribution of previously identified general and specific maladaptive beliefs in the maintenance of ROCD symptoms. Specifically, we examined the unique contribution of OCD-related beliefs, multidimensional perfectionism, and relationship beliefs to relationship-centered and partner-focused ROCD symptoms. Although relationship-centered and partner-focused ROCD symptoms are related, the factors uniquely contributing to each ROCD presentation may differ. Relatedly, we wanted to replicate previous findings regarding the contribution of relationship-related maladaptive beliefs to ROCD symptoms using a large clinical sample.

Consistent with previous findings, we expected inflated