Relationship OCD

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Structure for Today

- In depth look at Relationship OCD (ROCD)
- ERP and ROCD
- ROCD Case Examples
- ROCD Fear Ladder Construction

Brief Review

- Obsessive Compulsive Disorder in DSM V requires the presence of obsessions, compulsions or both
- Exposure with Response Prevention (ERP or EXRP) is based on the idea that repeated exposure to the anxiety trigger and a change in the ritual response will lead to habituation either within the exposure or over time

Brief Review, Cont'd.

- Inhibitory Learning Model is based on the idea that the trigger may always be present and habituation may not occur, but the ritual can be reduced or eliminated
- Acceptance and Commitment Therapy (ACT) is often used to supplement OCD treatment

What is an Obsession?

- More than just an unwanted thought/feeling/urge
- An obsession is an unwanted experience:
  - Pulled into the imagination: “feeling” like something is really happening
  - Tunnel vision: completely fixated on the concern and unable to see the big picture
  - Intense emotion: at risk, in danger, a feeling of gloom, depressed, angry, panicked
  - Somatic symptoms: dizziness, decreased mental and sensory functions, nausea, arousal
  - Uncertainty and doubt: fears of never being able to be sure and disprove the thought

What is a Compulsion?

- Almost anything can be a compulsion
- Anything that becomes a repetitive strategy of neutralizing and avoiding the intense uncomfortable experience of an obsession is a compulsion
- Can be physical behaviors or mental ones
- Can be the act of avoiding triggers
- It is usually creating the ‘illusion of control’ for the client

What is Relationship OCD?

- Relationship OCD is when OCD symptoms focus on intimate, personal relationships.
- Common presentations:
  - Relationship centered: individual with OCD feels overwhelmed by doubts about their feelings related to the relationship, their partner's feelings related to the relationship, or the relationship itself
  - Partner focused: individual with OCD is constantly focused on evaluating partner's qualities, assets and struggles to have positive view of the partner
  - Avoidance: figuring out relationships is so overwhelming that it is avoided altogether

Causes

- There has not been a single, identified “cause” of OCD
- The following most likely play a role:
    - **Genetics:** no specific gene found. Monozygotic twins=over 80% concordance. Dizygotic twins=50% concordance (Arnold et al, 2006)
    - **Environment**: Infections. Sometimes reports of a specific trigger such as a divorce or major life change. Family accommodation worsens OCD.

Causes Cont'd

- **Biology:** Communication between front of the brain (orbital cortex) and deeper structures (basal ganglia). The serotonin system is involved. (Stein, 2002).
- **Behavior:** Anxiety gets attached to a stimulus, and through avoidance/escape the anxious response to the stimulus is maintained (Mowrer, 1960)
- **Cognitions:** Mistaken beliefs affect appraisal of events, and inform behavioral responses to events (Rachman, 1998).

What We Do Know About ROCD

- There is no research indicating that ROCD impacts one gender more than others, nor is the duration of a relationship a factor.
- Even those who have not been in an intimate or romantic relationship can experience ROCD, as it can be experienced in ANY interpersonal relationship.
- OCD latches onto the things that we value the most and the things we find most disturbing/unthinkable.

What We Do Know, Cont.'d

- People are essentially being taught that there is a "right vs wrong" way of doing things in relationships by their interactions with/in society, their religious beliefs, their friend and family constellations, etc.
- ROCD is associated with distress, depression, and anxiety.
- ROCD symptoms are associated with decreased sexual satisfaction.

Assessment Tools (from Doron, et al 2012)

- Relationship Obsessive Compulsive Inventory: created to measure the severity of obsessions and compulsion on three relational dimensions: feelings towards relationship partner, the partner's feelings towards the individual, and the "rightness" of the relationship
- Partner Related Obsessive Compulsive Symptom Inventory: designed to measure obsessions and neutralizing behaviors(rituals) focused on the perceived flaws of one's partner in 6 character domains (physical appearance, sociability, morality, emotional stability, intelligence, and competence)

Common ROCD Obsessions: Relationship Centered

- Content of relationship--is the relationship headed in the “right” direction?
- Do I really love my partner?
- Are we sharing/moving at the right pace?
- Does my partner/friend really want to be with me?
- Are we sharing in the relationship equally?
- Is this the partner I should be spending the rest of my life with?
- What if I’m not good enough for my partner/friend?

Common ROCD Obsessions: Partner Focused

- My partner is not smart.
- My friend is physically unattractive to everyone.
- My significant other is not religious enough.
- My friend is too social and out all the time.
- My best friend is incompetent.
- My spouse doesn’t really love me.

Common ROCD Obsessions: Avoidant

- Fear of mistake in relationship
- Preference of being alone over being with others to avoid relational confusion
- Thoughts of judgment from others
- Concern that one may be inappropriate in the relationship
- Worries that people are friends with you for what they can access through you

What ROCD Obsessional Thinking Looks Like...

- Relationship focused:

  “I just went on a first date--it was amazing. I could see myself marrying him! But I don’t know if he is thinking about marriage at all. What if I am only thinking about marrying him to compensate because he isn’t thinking about any thing long term at all? It can’t be a good relationship if only one of us is thinking about getting married. How will I know for sure if this is the relationship I should be pursuing or not?”

What ROCD Obsessional Thinking Looks Like...

- Partner centered:

  “I can’t stop thinking about the fact that my partner likes to go out while I prefer to stay in. The thought that she is embracing going out makes me question whether or not we’re a good match for each other--her needing to go out shows me that I am not enough for her.”

What ROCD Obsessional Thinking Looks Like...

- Avoidant:

  “It’s so hard to figure out how people perceive you; it’s much easier to just avoid them altogether than have to think about it!”

Common Behavioral ROCD Compulsions

- Reading about relationships
- Seeking reassurance from partner, friends, family members, online forums, etc.
- Constantly comparing your relationship to those of others in conversation
- Engaging in relationship after relationship to find the “right” fit
- Engaging in sexual activity to assess accuracy of obsessional thoughts
- Creating rules for your partner, the relationship or yourself to create certainty

Common Behavioral ROCD Compulsions

- Confessing about the relationship
- Creating pro/con lists for the relationship
- Watching movies, shows, media to seek understanding of perfect relationships
- Interviewing others about their feelings related to their relationships
- Avoiding relationships altogether
- Reassurance questions

Common Mental ROCD Compulsions

- Ruminating about the relationship compared to others
- Thinking about perfect feelings in relationships
- Testing yourself to determine your “true” attraction
- Checking of feelings, arousal, thoughts related to relationship participation
- Reviewing how the relationship got started
- Analyzing ins/outs of each conversation for reassurance

Beware of the OCD “Waves”

- Most people with OCD experience at least 2 waves of obsessive/compulsive thoughts. These waves are unhelpful, and ultimately trigger more doubt, guilt, and shame.

Beware of the OCD Waves

- Wave 1: The initial obsession (thought/feeling/urge) followed by the compulsion used to decrease anxiety. Typically more straightforward and easy to identify.
  - “In that show, she was so dumb because she didn’t realize he was cheating on her. What if I’m like her and I don’t know if my partner is cheating?”
  - **Obsession** = thoughts of partner cheating
  - **Compulsion** = calling partner in efforts to obtain reassurance that they really are just where they said they would be, and with who they said they would be with

Beware of the OCD “Waves” Cont’d

- Partner answers the FaceTime call and it’s obvious that they are at the grocery store on their own, not someone else’s house.
- Given that rituals only provide temporary relief, it is just a matter of time before the 2nd wave crashes in.

Beware of the OCD "Waves" Cont'd

- Wave 2: More insidious set of obsessions begin to generate intense doubt/questions regarding the 1st wave of obsessions and compulsions.
  - "Well, he answered the phone but I could only see what as on screen. What if someone else was really with him but they were just off screen? Maybe he was looking uncomfortable because he had to have a whole conversation with me while he is really interested in the person he was at the store with; maybe he was looking at her and not at the lemons like he said he was!"
  - **Obsession** = Doubts regarding quality of explanation and accuracy of report
  - **Compulsion** = mental reviewing in efforts to "figure out" partner's investment in the relationship

ROCD vs. Normative Relationships?

- How to delineate ROCD from normal relationships?
  - Relationships come with periods of uncertainty which is generally normatively accepted.
  - ROCD thinking often seeks “the one” and will question any shift in passion or evolution of the relationship rather than accepting change as part of a growth process.
  - ROCD can be focused on seeking a constant state of emotion (passion, “true love”) rather than accepting the inherent variances in emotional state.
  - ROCD is unable to move past real or perceived flaws in a partner and focuses on these issues 100% of the time, limiting ability to see the other characteristics in the partner.

ROCD Case Example

Jane struggles in her relationship with Peter because she constantly feels like she does not belong with him, and is convinced that he wants to be with someone else. When they first met, Jane was confident that he was a great match for her--they had a lot of shared interests and spent much of their free time together. Now that they have been together for 6 months, they both have been spending more time apart, and with their individual friends. Due to this shift, Jane has been focusing on the idea that she often includes Peter when making plans with her friends, but that he does not do the same. She has begun asking him about this almost daily, and will text to “check in” when he is out without her.

So, How Do We Show Jane That...

She should expect relationships to change over time (normalize an infatuation period where lots of time is spent together, but also the health of maintaining individuality over time)

&

That her constant reassurance seeking and checking in are making it difficult for her to grow in her relationship and creating more uncertainty for her.

Exposure Response Prevention (ERP)

- Exposure = purposefully exposing yourself to triggering stimuli
    - Step into a safe, but reasonably triggering situation
    - Let yourself feel threatened and scared
    - Welcome the fear and sensations. Say “This is what I want.”
    - Hang out
- Response Prevention = learning to lean into and tolerate discomfort without completing unhelpful compulsions/rituals that continue to perpetuate anxiety.

ERP Psychoeducation

- Anxiety is not fatal and can be lived through; it's transient and passes away
- How to identify/externalize obsessions and compulsions
    - Externalization: *treating ROCD as something separate from themselves*
- Compulsions strengthen fear; exposure weakens fear
- OCD constantly leads to misappraisal of threats
    - In other words, OCD is a liar. It is constantly setting off false alarms in the brain indicating danger when there are no real threats present.

Goals of ERP

- Increase tolerance of uncertainty
- Practice accepting risks
- Reduce reliance on others
- Challenge doubts = increase confidence
- Increase distress tolerance
- Retraining brain to do something different

What Makes a Good Exposure?

- 3 components to an exposure:
  - Exposure to a trigger
  - Ritual Prevention
  - Habituation- waiting for the bad feelings to go away on their own
- Distraction is neither good or bad. It doesn't make OCD worse but it also does not make it better.
- Treatment should be uncomfortable
- Repetition and consistency

Goal of ERP and ROCD

The goal is **not** to figure out if you are in the right or wrong relationship or with the right or wrong person. The goal is to re-train the brain to react differently in the presence of triggering OCD stimuli.

Integrating ACT into ERP

- Acceptance and Commitment Therapy (ACT): encourages people to embrace their thoughts and feelings instead of fighting them and allowing them to trigger intense emotional responses.
- Incorporating ACT into ERP can be extremely useful in treating OCD intrusive thoughts. It helps patients engage in difficult exposures while also learning to manipulate thoughts and “drain the fear/power” from them.
- The goal of ERP and ACT is never to try and rid yourself of the intrusive thoughts or try to feel better, but rather to reduce the unhelpful impact the thoughts have on your emotions/behaviors.

Basic ACT Psychoeducation & Interventions

- Welcome the thoughts in, do not fight them.
  - “Ice cream, pink elephant”
- “Thoughts are just thoughts, thoughts are NOT facts”
- “Thoughts are not commands, we do not have to obey them”

Basic ACT Psychoeducation & Interventions

- Manipulate or “defuse” intrusive thoughts
  - Say thoughts in an accent or sing them
  - Imagine your favorite characters saying the thoughts
  - Learn to say your thoughts in a different language
  - “Thank your brain” or sarcastically “agree with your brain/thought”
    - Brain/Intrusive Thought: Peter definitely doesn’t want to marry me
    - Response: Yup, brain. You’re so right---after A date EVERYONE knows how the relationship ends. Really, I’m sure we all know before we’re even 5 minutes into the first encounter.

When, and how to involve others in treatment?

- While not the job of the OCD therapist to intervene in the relationship itself, it is the job of an OCD therapist to involve those that participate in rituals in treatment.
- This can mean providing partners/friends with the same psychoeducation as the client and helping to guide their participation in exposures, with consent of the client.

Applying ERP (Steven)

Steven met Lucy through a singles group at church, and felt confident enough in their shared religious beliefs to ask her out to dinner.

At dinner, Lucy ordered a glass of wine with her meal and Steven found himself questioning whether or not they had the similar religious views: “if she’s getting a glass of wine, that must mean she is not as much of a Christian as she has led me to believe.”

Applying ERP (Steven) Cont'd

Steven had struggled with this thought before in relationships and decided to engage in an exposure. He resisted the urge to ask about the wine/her religious beliefs and instead focused on the conversation they were having with one another.

He didn't disregard that ROCD said Lucy may be a heathen and unworthy of his time or energy, but chose to focus on the present instead of quizzing her religious beliefs. He utilized some boss back when his ROCD thoughts became intense: "I can handle not knowing and I can make my own decisions" instead of relying on OCD thoughts and feelings.

ROCD Fear Ladder Example

4-Say grace, with intent of thanks for all on the table
4-Ask only once for Lucy to talk about her faith
4-Look at image of glass of wine, image of Lucy
¾- Say “some Christians drink wine”
3-Read passage about turning water into wine in Bible
3-Look at image of glass of wine

ROCD Fear Ladder Example

10-Take a sip of her drink if offered
9-Go to a liquor store
6-Resist seeking reassurance from Lucy about how often she drinks
6-Suggest a date at a pub
5-Try a different church that serves wine as part of communion
5-Ask Lucy only once about her faith and drinking

Concluding Reminders

- As a therapist treating OCD, sometimes you find yourself having to discuss topics that seem “taboo,” extreme, bizarre, uncomfortable or sensitive. New OCD therapists often question their approach when having to navigate topics such as OCD in relationships since they shouldn’t be influencing the relationship itself, just the OCD that is making things difficult.
    - It is important to make it clear that your job is to work on the OCD, not the relationship itself.
    - The goal is never to change their belief system, but rather to target and reduce OCD symptoms that have impacted their ability to fully and authentically connect in their relationships.

Additional Resources

- Papers by Dr Guy Doron, et al. Almost all are available @ rocd.net
- International OCD Foundation @ iocdf.org
- Our website @ pittsburghocdtreatment.com