
Love you,
Love you not

BREAKING FREE FROM RELATIONSHIP OCD



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“The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern. Beautiful people do not just happen.”

Elizabeth Kubler-Ross

Disclaimer

This book is the result of my personal experiences with relationship Obsessive-Compulsive Disorder (rOCD). These experiences came about in two ways: firstly, as a personal ordeal and secondly, through my experience of creating and maintaining a blog on the subject (relationshipocd.com).

This book is not intended to replace sound professional advice. I strongly advocate rOCD sufferers to look for competent help from medical and spoken therapy professionals.

Hannah's Foreword

When my husband asked me to write a few words for the book's foreword I knew I had many things to say. Hopefully, these same things that I have carefully selected would be of some value for someone that reads them. Two and half years into our marriage we are happily married and have a beautiful baby boy.

When I first met Bruno it was love at first sight for both of us and we enjoyed a few months of what seemed like romantic bliss. When we began to date more seriously, however, I began to notice a big change in Bruno. He no longer seemed happy, began to be distant and struggled deeply with any form of intimacy (such as holding hands or kissing). I sensed he's feelings for me had begun to change and he struggled to put into words what he was going through as he still was attempting to process it. It was a very challenging time for both Bruno and I.

One evening when Bruno and I were discussing his distance to me he quickly rushed to be on his way out my door forever. I told him to wait and phoned up my sister. After explaining what was going on my sister mentioned that she thought Bruno's symptoms sounded like he was suffering from extreme anxiety. This was a breakthrough. Before this Bruno had suffered in silence and was afraid to even mention his symptoms to anyone out of the fear that they would say he was crazy. After discussing with Bruno what anxiety was, his demeanour began to change. For the first time in weeks he became hopeful that he could be happy again.

Although his journey to manage his illness has been long and hard I am in awe of his great courage. He was and is proactive in seeking help for his troubles both online as well as from professional therapists. One of the therapists he saw diagnosed him with rOCD. After Bruno found out he had rOCD the puzzle pieces seemed to fall into place and his journey to recovery could finally begin.

This book discusses practical and theoretical knowledge that Bruno used to get better from his illness. Today, he still has rOCD and will probably live with the con-

dition for the rest of his life. However, having a chronic condition does not make us less happy. In fact, it has helped us to better communicate with each other.

I am so thankful that Bruno sought help for this condition, without it I would probably not have married him or had our beautiful child. I love you Bruno and I will forever be proud of you and your courage to share your experiences with others. I know you will impact so many peoples lives with your words.

Preface

If someone would have told me years ago that I would be writing a book about OCD, I would not have believed them. I could never have imagined then that I would be writing a book about my journey with rOCD. But here I am. Ready to share what I have learned in the hope it will benefit someone else.

In this book I have intentionally avoided spending too much time writing about rOCD suffering, symptoms and deep reflection regarding possible causes for rOCD. My reasons for doing this is that I feel that there is much more value in discussing the present and how to move forward rather than dwelling unnecessarily on the past. Although exploring causes and symptoms can be of value, in my opinion, it can be time consuming and distract from the real aim which is recovery. By recovery I do not mean you will cure your rOCD, rather it signifies learning skills enabling one to cope with rOCD and develop the right resolve to enjoy a fuller and happier life. This book will therefore focus on the present and the future and include some of the tools that personally has helped me better manage my rOCD illness. Had I not learned to manage my illness I would probably not enjoy my current life with an amazing wife and beautiful son. Fortunately though rather than being a victim of the disease I found tools to apply and I learned how to better love my family because of it.

This book also tries to complement and summarise most of the material that I have shared in my personal blog (www.relationshipocd.com). This blog has been somewhat successful (by my own standards at least) and has been read and is followed by many people around the world. As a result of the blog I have been contacted by many other rOCD sufferers and I have shared with them the precious

lessons that has helped me move forward with the illness. In order to make this knowledge and my experiences more readily available I will include them in this book. As a side note I would like to mention that I strongly advocate seeking professional help. This includes seeking and receiving help from professionals such as medical doctors, therapists, psychologists and psychiatrists etc. Although this book will include my journey with OCD and how I learned to cope with and manage the illness it should never replace the advice from professionals.

There are various ways of writing and structuring a book. I prefer books that are structured in a practical way that makes it easy for a reader to follow along. With this in mind, I have divided this book into 4 main sections (and several subsections):

1. Understanding rOCD
2. Understanding Love
3. Questions and Answers
4. Planning your Recovery

The “Understanding rOCD” section includes a definition and information regarding how the brain can “break” or malfunction like any other organ. Other topics that will be covered here are the 3 brains, cognitive distortions, negative behaviours etc. This section will increase your knowledge on our common enemy rOCD and how this enemy can be beaten. It is very difficult to fight against an enemy that you do not know or understand. Once you know your enemy better, it becomes easier to fight your battles and eventually win the war. If you fight from an ignorance position, most likely you will be caught on a destructive and demoralising self-reinforcing loop.

The “Understanding Love” section consists of information regarding what love is and what it is not. Here topics such as expectations, unrealistic hollywood love, finding “the one,” falling out of love are discussed. As sufferers with rOCD tend to be filled with doubt and questions whether their relationship or love is “true” love or meant to be, this chapter will shed further light on this subject.

The following section “Questions and Answers” is a compilation of several questions that rOCD sufferers have asked on the rOCD blog and includes my best attempt at answering these from my limited experience. My answers are not intended to be “definitive” or “final” but rather as a starting point in understanding.

In the last chapter, “Planning your recovery” I share various resources and strategies that can be used to move forward. My aim is to help sufferers like me to confidently live their life despite having rOCD. Topics discussed in this section includes looking for professional help, develop a recovery plan and review your progress.



Prologue

Imagine the following. You are in a very loving and caring relationship with your partner. You share many things in common and have common goals. You might have been together for weeks, months or many years. Everything seems to be going your way. You might have friendly disagreements from time to time but you both normally work things out and there is no emotional or physical abuse. Life is great...

One day, out of nowhere, your “perfect” world is rocked to the core. You start to have doubts about the relationship and ask yourself questions such as “Do I really love this person?” “Is this really how love should feel?” “Why do I not feel the same anymore?” “Is this really the person for me?” Also, the more you try to solve these questions the more questions seem to arise.

The constant doubting starts to have a toll on you. You are not sleeping well anymore. You are not eating well either, you seemed to have lost your appetite. You have stopped enjoying your partner’s companionship and have begun to feel anxiety when you are around them or thinking about them.

When you seek advice from friends, family and strangers, they advise you that “it is time for you to move on” as well as “if you were with the right person, you would not be asking these questions.” Your well meaning loved ones say many other things to persuade you that the anxiety and the other symptoms you are experiencing are signs that something is very wrong with the relationship. Rather than help, their advice only seems to complicate things further and leads you to more questioning or anxiety.

A part of you wants to stay in the relationship. Another part wants to run away. “I love him but I do not really love him” Confusing things like this come out of your mouth. Then you proceed to recall all of the good memories and feelings that you initially had to prove that you still love the person. But you still have anxiety and the only thing that seems to relieve it (even if only for a few minutes) is the thought of breaking up. “This is the logical conclusion” you tell yourself. But there is something still keeping you in the relationship, that you cannot really understand. And then the cycle restarts again – trying to look for reasons to stay in the relationship.

These are some of the many emotions and thought experienced by people that suffer from rOCD. It can be very confusing and debilitating for both the sufferer as well as their partner. These vicious cycles of doubt and anxiety sadly leads many healthy and good relationships to quickly become discarded only to have the symptoms reappear at the next serious relationship.

As mentioned, many relationships are discarded because of how this dreadful condition fills the sufferers life with doubt, anxiety and depression regarding a perfectly healthy relationship. As there are no obvious "visual" compulsions associated with the illness those around have a difficult time understanding what is going on inside the minds and how we feel. It takes both a physical and psychological toll.

In most cases depression and anxiety are also present which makes treatment more difficult but not impossible. In fact, I have not met yet a rOCD sufferer that does not struggle with anxiety and/or depression.



Understanding rOCD

For some the abbreviation rOCD may have little meaning, however, if you are reading this book you may already know that rOCD is an abbreviation for Relationship Obsessive-Compulsive Disorder. As the name implies, sufferers with rOCD tend to cognitively obsess regarding their romantic relationship. The illness can include strong feelings of doubt regarding ones partner, their flaws, their feelings towards you or the “rightness” of their relationship.

The DSM V (the Diagnostic and Statistical Manual of Mental Disorders) is a manual that contains definitions and descriptions of all recognised mental illnesses yet it fails to include a entry on rOCD (the manual does however contain a rather lengthy section on Obsessive-Compulsive Disorders). As a result of it not containing a specific section on rOCD many mental health professionals are unaware of the illness’ existence and are unfamiliar with how to treat it. This is important for you to be aware of when seeking professional help for your rOCD. However, I can strongly attest to that rOCD is a very real illness and that there are many tools available to help you cope with the illness.

I will use two definitions below that I personally thought explained rOCD quite well. Although there are different definitions for rOCD and what it “really is” I found the following definitions the most useful (found on <http://www.ocduk.org/rocd>):

ROCD is commonly used to refer to fears associated with Relationship OCD, where sufferers obsessively question whether their current partner is really the right person for them, and whether they actually love their partner or not, even in the most loving of relationships. The term ROCD

can also lead to confusion over the type of OCD being referred to because some use it to describe other forms of OCD, for example religious OCD.

This confusion leads to delays in treatment where a person will seek specialists in ROCD but are unable to find any, as ROCD is not a medically recognised term. It is also possible that thinking of the illness to be something other than Obsessive-Compulsive Disorder (OCD) may also hinder progress in understanding and tackling the illness, especially if the OCD later changes guise chameleon-like.

I like this definition for many reasons:

1. The definition recognises rOCD as a real condition (not something imagined).
2. It states that rOCD is a subset of OCD (in other words it is a form of the OCD illness).
3. The statement mentions that the obsessive questioning is the root of the rOCD problem.
4. That the sufferer's mental state is the problem rather than the relationship.
5. It mentions the issue of "rightness" in the relationship.
6. The definition also refers to a mental confusion regarding what love is (I will cover this topic in the next main section).
7. That rOCD is not a medically recognised term (meaning that many medical professionals will doubt its existence).
8. The definition states that thinking about the condition as R OCD and not rOCD might be harmful for progression and recovery.
9. It warns about the ever changing nature of OCD and the importance of sorting the root cause and not the symptoms.

When I first read this definition, I did not immediately pick up all these 9 points regarding the illness that I have outlined above. However, I now believe all of these points from the definition are essential to gain a good understanding on

how to move forward in life with the rOCD illness. Another definition and explanation regarding rOCD is found on the same website mentioned earlier (OCD-UK). This definition provides some more details to the symptoms experienced by rOCD sufferers:

Relationship Intrusive Thoughts - Obsessive doubts over the suitability of a relationship... Obsessional thoughts include... Constantly analysing the depth of feelings for one's partner, placing the partner and the relationship under a microscope and finding fault. The constant analysing and questioning of the relationship and partner often places immense strain on the relationship and the result is a person with OCD will often end the relationship to rid themselves of the doubt and anxiety, which is usually often repeated with any subsequent relationship.

The 9 rOCD principles

I also believe that in order to get better from rOCD, it is important to understand how rOCD works and what helps a sufferer on the recovery journey and what delays it. Once we understand this and start adopt more positive behaviours we have a better chance of moving forward and enjoy life more with our partners.

On the following pages I will explore in greater detail what I call the 9 basic rOCD principles of understanding rOCD. Here is a and list of these principles:

1. The brain can “break” or malfunction like any other organ.
2. We all have 3 brains.
3. The problem is OCD not rOCD.
4. Be aware of cognitive distortions.
5. Avoid internet junk food.
6. Overthinking will only make things worst.
7. How we react is more important than the thought we have.
8. Understand NJREs.
9. rOCD is fuelled by negative behaviours.

The “broken” brain

The brain is like any other organ in the body. Sometimes, like the heart, liver or lungs it malfunctions. And for some reason, we tend to forget about this in our society. We are a lot more understanding and compassionate to someone that has an heart attack than to someone that suffers from depression or anxiety. I think that part of this is because we cannot measure and analyse the brain in the same way we that we measure the heart (e.g. EEG), liver (e.g. blood tests) or lungs (e.g. spirometry). So there is no concrete “evidence” that something is wrong. The other reason is that most of the suffering is done inside rather than outside.

We also tend to look for a quick fix or someone tells us that it is all about will-power when it comes to mental illnesses or conditions. Especially in rOCD, we look for that “magic thought or answer” that would solve all our rOCD problems straightaway. But it never comes.

The truth is that the brain sometimes needs to be treated like any other organ that is malfunctioning or suffered some sort of injury. Sometimes rest is needed. Sometimes medication is needed. Sometimes rehabilitation or physiotherapy is needed. But above all patience because as we cannot expect someone that suffered an heart attack to run a marathon the next day. So we cannot expect a rOCD suffer to be back “on his feet” quickly or any short fixes available .

Our global mental health ([link](#)):

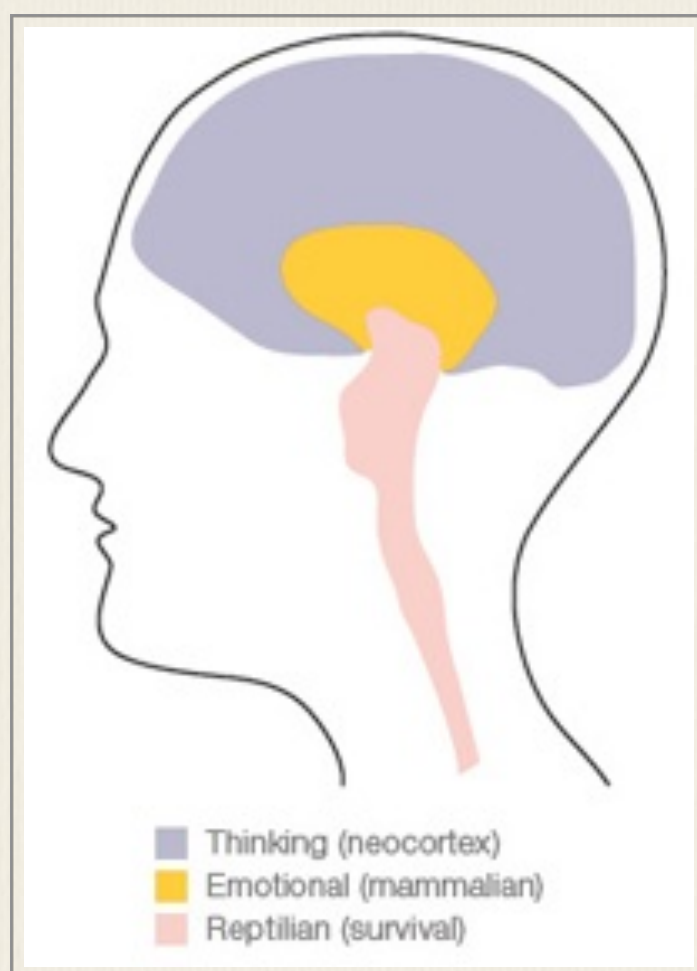
- 1 in 4 people will suffer from a mental or neurological disorder during the course of their life
- 14% of the global burden of the disease is related to a neuropsychiatric disorder.
- People lose more time in their lives fighting against a mental disorder than fighting against cancer or cardiovascular disease.

The 3 brains

Certain theories state that the human brain can be divided into 3 distinct parts according to function: the reptilian brain, the mammalian brain and the thinking brain. Each of these components “behaves” differently and shape our (re)actions and ultimately makes us what we are. Why is this distinction between these three components important? Because it help us understand what we can control and what we cannot. We cannot control the processes that occur in the mammalian and reptilian brain but we can control the processes in the thinking brain.

In rOCD (and other anxiety disorders), most of the unpleasant thoughts are generated in the part of the brain that we cannot control. So trying to use our thinking brain (problem solving part) to bring some order to this part of the brain is not going to work. The emotional and reptilian brain do not respond to logic and reason very well. The only thing we can do is to use our thinking brain to de-fuse the signals from our reptilian and emotional brains.

You can find out more about these three brains [here](#).



Example of rOCD dialogue in these three brain parts:

Reptilian brain – Feels anxiety and thinks - “I better watch out. Something is wrong here. Why do I feel anxious? I need to run away. This feel uncomfortable. My stomach hurts. Better sound the alarm” Passes the message to the emotional brain.

Emotional brain – ” Why can’t I hear anything (feel any love)? Where is that annoying sound coming from?” Passes the message to the thinking brain.

Thinking brain – ” Hmm, there must be something wrong with the relationship because I am not feeling love or in love. I feel anxious now. Passes the message to the reptilian brain and the anxiety increases.

Can you see the cycle here? A better mindful response could be something like this:

Thinking brain - ” This is my experience in this particular moment. It just is.” Passes the message to the reptilian brain and over time the anxiety decreases.

This last response defuses any need for overanalysing (feeding the reptilian and mammalian brain), for reassurance and for certainty. In practice, this teaches the part of the brain that we cannot control to feel less anxious and not to sound the alarm every time.

The good news is that this works. The not so good news is that it will take time. You will have to go through this process of rewiring many times before you start seeing some improvement.

The bottom line is that we cannot use our problem solving skills to make us feel less anxious or more or less emotions of a certain type.

OCD is the main problem not the relationship

Sometimes it is very hard for other people to understand what goes on inside a rOCD sufferer's mind. Sometimes it is even harder for us to understand it. But there are common elements to OCD everywhere. Here is an excellent excerpt from an article found on the [PsychCentral blog](#):

What if? What if... were constant questions in his mind. Sometimes he felt as if his brain were going to explode because it was racing a thousand miles per hour. He was sure about one thing: he needed 100 percent assurance regarding his thoughts and doubts. He spent countless hours looking for evidence to erase his doubts. It was never enough. He could never arrive at a feeling of peace.

Do you recognise this one?

Individuals with mental obsessions will try to pick apart their thoughts in order to figure them out and resist them. They can spend hours scrutinising the answers. It doesn't matter how long they search through their mind for reassurance or how long it takes them to find the answer on the Internet. The answers will not satisfy the uncertainty they experience.

And what about this one?

And I really really really like how they ended the article:

When OCD tries to creep in, they will learn to recognise it and use the skills to keep it at bay. And lastly, they will learn that living with uncertainty is okay — because the truth is, uncertainties surround us all. Once people with OCD learn to accept this truth, they know they don't have to be slaves to their OCD ever again.

Summing up, getting better from rOCD means getting better from OCD.

Cognitive distortions - Setting ourselves to fall

When we hold on to exaggerated or irrational thought patterns this might make rOCD worst or last longer. Psychologists call these preconceived ideas cognitive distortions. Some of the rOCD brain's favourite lies and exaggerations are:

“If I am attracted to other people, then I do not love my boyfriend/girlfriend”

Attraction is part of human nature. It is not like a switch that can be switched on and off. Choice is what makes us love our partners.

“If I find the right person, I will not feel anxiety anymore” or “I always feel anxiety when I am around my boyfriend/girlfriend so there must be a problem with our relationship”

The anxiety is not caused by the other person. It is caused by how our brains interpret a possible danger.

“I can't feel anything anymore, this means I do not love her/him.”

Feelings of infatuation will run its course over time. In addition, it is not unusual for people with high levels of anxiety to become emotionally drained or numb.

“Why can't I feel that special feeling. Maybe this is not right anymore”

Wanting to feel a certain way whenever something happens is not realistic. For example, the first kiss will not be the same as the tenth kiss as the excitement might be gone.

These replies are an example of how cognitive restructuring can be used to “fix” cognitive distortions. You can read more different types of cognitive distortions [here](#) and [here](#).

In summary, understanding our cognitive distortions better is a great way to understand what types of thoughts fuel our rOCD.

Avoid internet junk food

The Internet is great. It is one of the greatest tools of our time and for many generations to come. But it can also be very bad when it comes to fuelling rOCD symptoms. People normally engage in two types of behaviours to try and solve the rOCD riddle:

1. Googling symptoms such as “do I really love my partner?” “how to know that you have fallen out of love?” etc.
2. Sharing their personal experiences in forums or Facebook groups, “trading spikes” e.g. “this what makes me spike and what about you?”, cross-matching symptoms, etc.

The problem with no.1 is that it will only lead to more questioning and very little answers and in some cases sufferers develop a compulsion for googling which will only make rOCD worst.

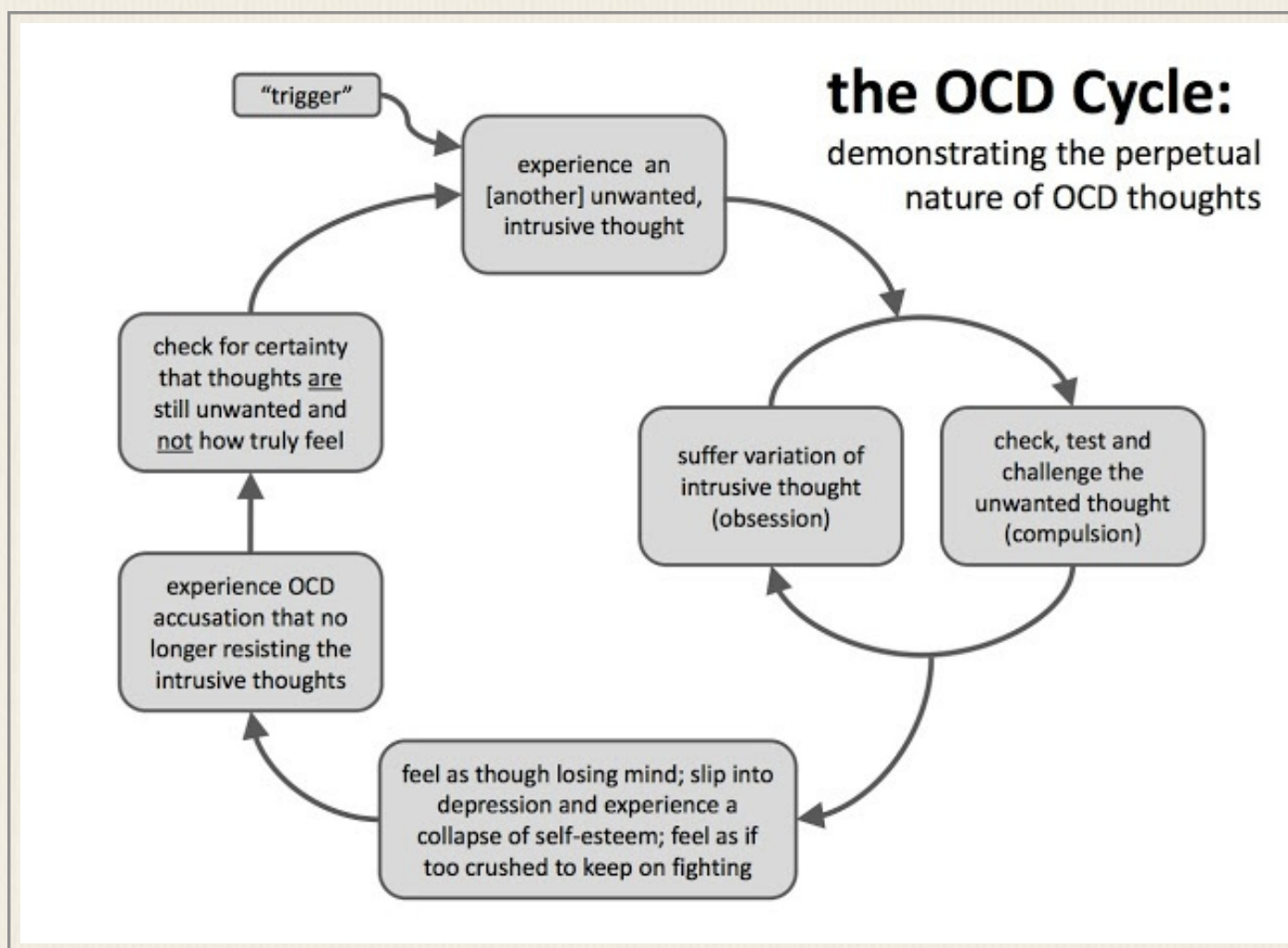
The problem with no.2 is that in most instances when rOCD sufferers get together online, they talk 99% of the time about the problem and spikes and 1% of the time about solutions. In the long run, you are better off just watching a movie to lift up your mood.

There is definitely a benefit of getting together with other rOCD sufferers and sharing coping strategies, positive behaviours and positive experiences with OCD treatments. If you are going to share something share positive things. Use the 1/99 rule.

Spend 1% of the time talking about the problem and 99% of the time talking about possible solutions.

Overthinking will only make things worst

In order to get better from rOCD and anxiety, we need to recognise when we are over-thinking. You will not feel better or find “the answer” by thinking too much. In fact, it is only going to make things worst. Overthinking will only increase our anxiety levels and once our anxiety levels increase we tend to overthink. This a very destructive cycle and will lead to obsessive thinking (rumination). You will start to feel better when you learn to STOP over-thinking. I would say that if we are spending more than 20-30 minutes a day thinking about a particular obsession or worry, we are overthinking. Here is an excellent slide from the [OCD-UK website](#) that explains the OCD cycle.



Learning how to break this cycle is one of the most important steps that you will take in your recovery journey from rOCD.

How you react is more important than the thought you are having

In rOCD, the content of the thought does not really matter. What do I mean by content? That specific worry that keeps you up at night e.g. “Do I really love my partner?” IF it wasn’t that particular thought it would be something else to annoy you e.g. “My partner is not intelligent (or something else) enough”.

The rOCD brain is always looking for something to captivate and hold your attention. And it uses the content of the thought to do that. Our brains generate thousands of different thoughts each day. Most of them are very random. But when you suffer from rOCD certain thoughts like these tend to “stick”.

These thoughts normally stick because they bother the most or are the ones that one holds dearest. And the more you pay attention to it the more attention it wants. And once that thought stops bothering you, the brain will go and look for something else. The solution is to try and attach no meaning to the thought. Once you attach meaning to the thought it gets “marked” in the brain and the brain will check at a certain time if it is still important to you or not. Of course, once it checks again the thought will come into your mind and therefore you think it is important and the cycle continues.

It is not really the content of the thought that is important. It is how we react to the thought that is important. And this is what a lot of people with rOCD fail to get better: because they fight the thought and not the process that fuels it.

To get better, we need to let go of the question that is driving our rOCD and focus on re-educating our brain to respond better to these thoughts. Everyone without rOCD has these thoughts as well...but they react differently!

If you want to be “normal”, you need to start reacting “normal”.

Understand Not just right experiences (NJREs)

From this [link](#):

Individuals with obsessive-compulsive disorder (OCD) frequently report uncomfortable sensations of things not being just right (“not just right experiences”; NJREs) and a need to ritualise until they quiet these sensations.

In other words, even though you start to feel better, something just feels “off” or “quite not right”.

Imagine this – You started your rOCD recovery, things are starting to improve and you are obsessing a lot less. But there seems to be an issue – something kind of feels “off”, something is quite not right. You can’t pinpoint what it is. But it is there. What does this mean? How can you “fix” this feeling?

As with all feelings, there is nothing you can do change them straight away. Your experience in that particular moment is your experience. Nothing more, nothing less. By this I mean, there is no need for interpretation or trying to associate this phenomenon with some other things.

CBT teaches us that you can change the way you feel by changing the way you think. I think this is partly true. However, there are some processes that you can influence and others that you can’t. If you feel cold or hot – no amount of “thought changing” is going to fix this. I believe it is the same with NJREs. These are so characteristic of OCD that it becomes futile and tiring to try and change them. We should focus instead on changing what we can e.g. develop better mindfulness and acceptance habits.

The other thing about NJREs, is that they are a “great” way for our brains to bring us back to old rumination habits. Which in turn worsens our OCD and slows down our progress.

The best course of action is just to ignore them, resist the temptation of engaging and do something else.

rOCD is fuelled by negative behaviours

A lot of people are exposed to a lot of different psychological techniques to get better but for some reason they decide (consciously or unconsciously) to take what I call – negative action. Negative action is expressed in some of the following behaviours:

- 1) Focusing on the problem rather than solution
- 2) Giving up too easily and wanting results quickly or in their own way
- 3) Not willing to give it a try and experience some discomfort
- 4) Indulging in self-destructive behaviours e.g. drinking, drugs, short-lived physical-based relationships, etc
- 4) Adopting self-pity as a best friend...and many others...

The direct result of this negative action is that they bury the problem deeper. Or ignore it, hoping it will go away. The sad truth is that it is impossible to get better by doing this. Some people are able to adopt more positive (action) behaviours. In the face of a problem they are able to do what is needed to solve or minimise the problem, patiently. Psychologists refer to this as psychological resilience.

Some people have it more than others. It is an inner strength that can be developed and grows over time even if you think you do not have it. Here is a [link](#) by the American Psychological Association that talks a little bit more about resilience and gives practical tips.

In the end, you get what you put in. Prioritise your mental health above other non-important pursuits.



Understanding Love

One of the main questions rOCD sufferers ask themselves and others is: “do I really love my partner?” or a variation of that: “Is this real love?”. But in order to honestly answer this question, we need to understand what love is and what it is not. Armed with this understanding we will be in a much better position to answer these types of questions and many others that plague us during our worst rOCD periods.

First of all, I must say that I am not a “love expert”. Love can take many shapes and forms and it means different things to different people. What I do know is that replacing our distorted views of love can greatly help in the rOCD recovery road. This is what I hope to achieve in this chapter. If there is one positive thing that I take from my experience with rOCD, is that it helped me gain a more wholesome and healthy view of what love is and what is not. Previously to that, I realised that in many instances I was clinging on to non-realistic views and to hollywood type ideas of how relationships should be.

Our brain wants to fix this rOCD dilemma (e.g. “is this love? is love gone?”) and then it thinks that the anxiety problem will be fixed. But it does not work this way. In fact it works in the opposite way. We need to fix the anxiety problem first to be able to feel love again. Living with anxiety constantly can make you emotionally numb and exhausted, so do not feel surprised if it is hard to feel again during your anxiety period. So where do we start? By looking at our expectations in regards to our relationship.

Building expectations

Every time we want to feel a certain way when we are with our partners we are building unrealistic expectations. If we expect to feel love all the time in their presence, it will not happen. If we expect the same feelings of infatuation and discovery that we had in the beginning of the relationship to be present all the time or continue throughout the relationship, it will not happen.

The truth is that we have no power or control about the way we want to feel in a particular moment. The only power or control we have is to put ourselves in a situation where the desired outcomes or feelings will happen “naturally” or over time. And this is more likely to happen when we forget about it.

Confusing? Let me put this into context. You have rOCD. You had intense feelings for your partner in the beginning of your relationship. You do not feel those feelings anymore. That makes you spike badly. You are **CONSTANTLY** checking to see if you have those feelings back. From my personal experience, this sort of behaviour did not bring my feelings back. In fact it only made my anxiety worst. I had to be patient, try to solve my anxiety through a combination of medication, self-help exercises, therapy and deciding to love my partner throughout my high anxiety periods.

More often than not, unrealistic expectations are also built when we start comparing our relationship to the “ideal” relationships or to other people we know. What do I mean by comparison? I mean benchmarking our relationship against other relationships. Sometimes we look for clues that our relationship is a “good” relationship and that it is according to the “standard”. Of course that for rOCD sufferers, that standard is perfection. And what we see in movies only serves to reinforce that standard. So very little room is left for human imperfections.

The “virtual” relationship problems usually start when we do not realise certain things:

- Every relationship is different.

- When we observe others we only see the tip of the iceberg. We do not know what goes behind closed doors.
- Good and strong relationships are built over time and requires effort from both partners.
- Our ability to love our partners is not dependant on how we feel in a particular moment.
- Being loved up, infatuated and in love is not the same as loving someone (mature love).

How we let Hollywood take away our responsibility for love

I am not sure if there are any more harming preconceptions about love than “falling out of love” and “finding the right one”. These two are pretty damaging specially in a rOCD context. I am also convinced that even outside rOCD many good relationships ended because of these beliefs about love.

The first one, falling out of love, completely takes any responsibility away from one or both parties. “It just happened” or “we grew apart” is the preferred excuse to justify selfishness in the relationship. A better excuse would have been: “I was too busy with x to put any effort into the relationship”.

The second one, finding the one, also takes any responsibility away from becoming *the one* in the relationship, through hard work. Furthermore, more often than not, we just expect things to happen on their own, without any real effort on our part.

The interesting thing is that we tend to forget that the Hollywood writes about the 1% and not the 99%. A “good” romantic movie seems to play on serendipity (the occurrence and development of events by chance in a happy or beneficial way) rather than any other aspect of the relationship.

I will examine more closely these two preconceptions next, in a rOCD context.

Falling out of love

Why do we hear about people falling out of love? Because in most cases (excluding abuse), people at a certain time stopped giving love and doing the things that **NURTURE** the relationship. Routines settled in, bills to pay, other interests, etc. The bottom line is that if you want to have a solid and long-lasting relationship you have to put effort in everyday. What starts as seed can only grow stronger if you water and feed it everyday.

One of the biggest mistakes in any relationship is assuming that love is a static entity. What do I mean by this? That love requires no effort and it just happens if the relationship is right. This could not be farther away from the truth. Love is not a static entity. Love is a moveable or flexible entity. **LOVE IS HARD WORK**. If we want to feel more love for someone else then we need to give more love unconditionally than we normally give. This is very hard for someone that suffers from rOCD as they need to feel love first. In a way it is counterintuitive but it works.

With rOCD the centre of our anxiety is our relationship. But the anxiety is not in our partner. The anxiety is inside ourselves. In certain cases our partners go blissfully unaware of our internal struggles and are very happy in the relationship. The first mistake we make is to try and “force” feelings back. We put ourselves into two different situations. For example, we kiss our partner and wait to see how we feel. Or we imagine or see our partner with someone else and see how we react. We do these mental tests that normally do more harm than good because we do not understand a basic principle: We cannot fill a cup that is already full! If we want to regain our ability to feel, first we must get rid of the anxiety that fills our cup.

So the concept of falling out of love is mostly a Hollywood concept and out of touch with the real world. People do distance themselves through choices they make. This is where we need to start taking responsibility for our own actions and not blame it purely on feelings.

Finding the one

One of the big misconceptions that gets exaggerated in rOCD is that if you meet the right person, everything will be OK. The type of love that Hollywood sells. You meet “the ONE” and everything is perfect. You will never have any doubts for one second. Needless to say that this is part of the unrealistic expectations that other people and WE put on ourselves.

Have you ever wondered, how it would feel like to find “the ONE”? Maybe you think that because you feel the anxiety and question everything, then the person you are with is not “the ONE”...and that if you just meet “the ONE”, you will have no more anxiety and the questioning will stop.

Now ask yourself this question: “How many people have found “the ONE”, only to split up a few months later? Had a dream wedding and relationship only to be divorced soon after?” Yes, just look at any Hollywood tabloid paper...

So relying on a feeling of “rightness” to make a good choice is not the best strategy. Especially, when we know that people with OCD are driven by this feeling of something not being quite right. Remember that OCD person that washes their hands 50 times a day because something is just not right?

The cause of this is in our brains. That “not quite right” feeling or that something is wrong. The uneasiness that we cannot explain. The answer that we must constantly find and validate. Then in order to relieve this feeling we develop compulsions. Most common being the CHECKING compulsion. Checking your feelings constantly. The irony here is that the more you check the less you will feel. The more you pay attention to the nagging the more nagging you will get. It is like an hunger that can never be satisfied. I guess that is why there is an “O” that stands for obsession in ROCD.

Being in love

When I started to struggle with rOCD and shared it with my girlfriend (now my wife) she was wise enough to see that my understanding of love was not mature enough. She then went to share something from C.S. Lewis' book *Mere Christianity*. This really opened my eyes in regards to what *being in love* is. It did not solve my rOCD problem but helped shift my attention from focusing on the relationship to seeking ways of reducing my own anxiety. Here is the valuable excerpt:

Being in love is a good thing, but it is not the best thing. There are many things below it, but there are also many things above it. You cannot make it the basis of a whole life. It is a noble feeling, but it is still a feeling. Now no feeling can be relied on to last in its full intensity, or even to last at all. Knowledge can last, principles can last, habits can last; but feelings come and go.

And in fact, whatever people say, the state called "being in love" usually does not last. If the old fairy-tale ending "They lived happily ever after" is taken to mean "They felt for the next fifty years exactly as they felt the day before they were married," then it says what probably was never was or ever could be true, and would be highly undesirable if it were. Who could bear to live in that excitement for even five years? What would become of your work, your appetite, your sleep, your friendships?

But, of course, ceasing to be "in love" need not mean ceasing to love. Love in this second sense — love as distinct from "being in love" is not merely a feeling. It is a deep unity, maintained by the will and deliberately strengthened by habit; reinforced by (in Christian marriages) the grace which both partners ask, and receive, from God. They can have this love for each other even at those moments when they do not like each other; as you love yourself even when you do not like yourself.

They can retain this love even when each would easily, if they allowed themselves, be "in love" with someone else. "Being in love" first moved them to promise fidelity: this quieter love enables them to keep the promise. It is on this love that the engine of marriage is run: being in love was the explosion that started it.

There are at least 4 different themes in each of these 4 different paragraphs (maybe even more!): value-based living, setting realistic expectations, power to make our own choices despite circumstances and keeping our promises and commitments.

True love is a choice and true love is what you do

One thing that Hollywood does not teach us is that true love is a choice. Feelings come and go. It is a biological thing. Not a bad thing but as we should not expect feelings of love to be there 24/7. We can't choose how to feel as this is a biological process. Infatuation and physical attraction is the result of biology. Although these are important aspects for the initiation of love, these are not enough for maintaining love. Maybe this is why divorce rates are so high. People rely on their feelings rather than anything else.

Maintaining love is choosing when, whom, why and how to love. This is a choice. It took me a long time to even understand and realise this as truth but I am glad I finally understood it. Many times when I speak with people with rOCD, they mention that they find someone else other than their partners attractive. And the problem arises when they take this as a sign that they have "fallen out of love". The sad thing is that this could not be farther from the truth. It is true that we can find someone else attractive as this is part of our biology and it is a something that we cannot simply switch off. But it is also true that we have the choice to love our partners and maintain that love for the very simple reason that we cannot love someone we do not know very well. Even if we think we know the person very well, there are aspects that will only be discovered once we are in a relationship. And even after that, we can still find out new things about our partners after many years of being together.

One of my favourite quotes is by Thomas S. Monson - "***Choose your love and love your choice***". We only have to choose once. Maybe this might be a bit scary for someone with rOCD but I am sure it is also scary for someone without. The other question that people ask me often is "how do I know I have made the right choice?" My answer is normally the same. No one can predict the future but this should not stop us from making a conscious and weighted choice. In the end, choosing to love someone is choosing to have faith in someone as well.

If we think that the "perfect" relationship is feeling good or infatuated about the other person all the time, no relationship is going to be good enough.

Love, when done right, evokes positive feelings, but you have to do the selfless work to produce that. Love is not about what you get, or how you feel. Love is what you do. It's a verb, an action, not a feeling.

Love is not something you feel, it is **SOMETHING YOU DO**, to another person, day in, day out. Love is a verb, to love, not a noun. If we are looking for the type of love that will last through thick and thin and through the ages then surely we must be willing to put the necessary work in. Here are some of my favourite quotes taken from a book called the Art of Loving by Erich Fromm. This should really put love in perspective.

“Love is a decision, it is a judgment, it is a promise. If love were only a feeling, there would be no basis for the promise to love each other forever. A feeling comes and it may go. How can I judge that it will stay forever, when my act does not involve judgment and decision.”

“Immature love says: 'I love you because I need you.' Mature love says 'I need you because I love you.’”

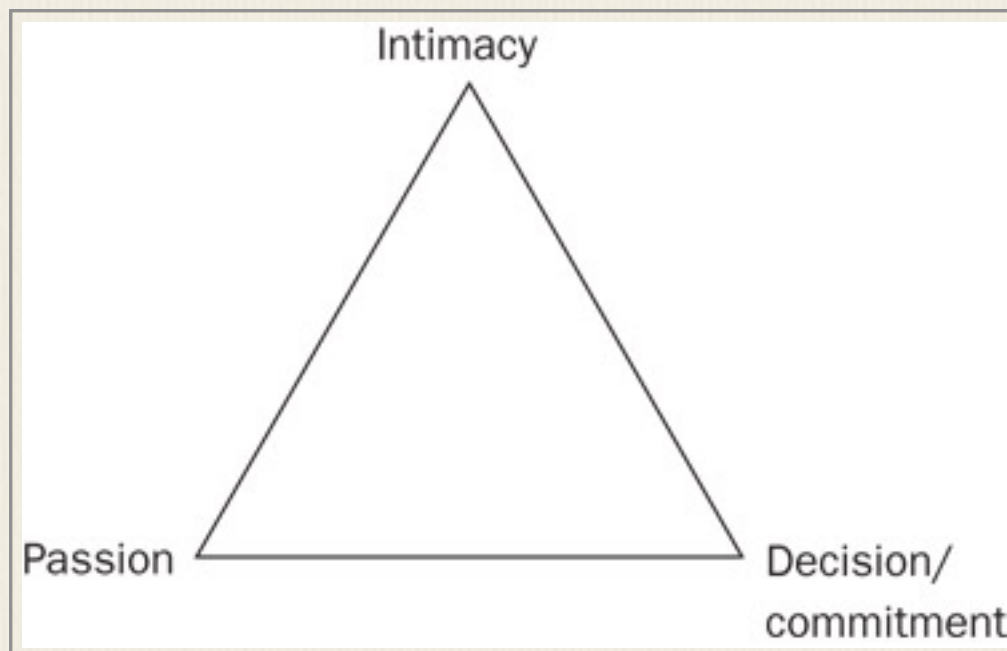
“Love isn't something natural. Rather it requires discipline, concentration, patience, faith, and the overcoming of narcissism. It isn't a feeling, it is a practice.”

“Love means to commit oneself without guarantee, to give oneself completely in the hope that our love will produce love in the loved person. Love is an act of faith, and whoever is of little faith is also of little love.”

These are really great quotes to think about and apply in our lives. If we are suffering from rOCD it is important to realise that just because we do not have the butterfly feelings anymore that our relationship is doomed. In the end, these butterfly feelings are not supposed to last forever! And if we put infatuation feelings at the forefront of the relationship than what is stopping our partners to find someone else when their infatuation feelings are exhausted as well?

Triangular theory of love

Psychologists have developed many theories in regards to what love is and the different kinds of love in existence. One of my favourites is by a psychologist named Stenberg. I say it is one of my favourites because it fits very well in a rOCD context. According to Stenberg, there are three distinct components to love: intimacy, passion and commitment. Intimacy relates to liking or “connecting” with someone. Almost like sharing something very strong in common. Passion relates to the physical aspect of the relationship, the more biological or hormonal driven. The decision or commitment aspect relates to the more logical or value based aspect of the relationship. You can read more about it [here](#).



So what does all of this mean to people with rOCD? It means many things. I will start by deconstructing the triangle.

1. The highest form of love (consummate love) is when all of these components are together in a relationship. So, we start to realise that love is actually a multi-dimensional entity and cannot be reduced to a single component.

2. Most of the time when people contact me on the blog and want to know if they have fallen out of love, one of the components from the triangle is missing. And in most instances it is the passion component (feelings). “I can’t feel anything more for my partner”. It is no surprise, as this component is mostly biologi-

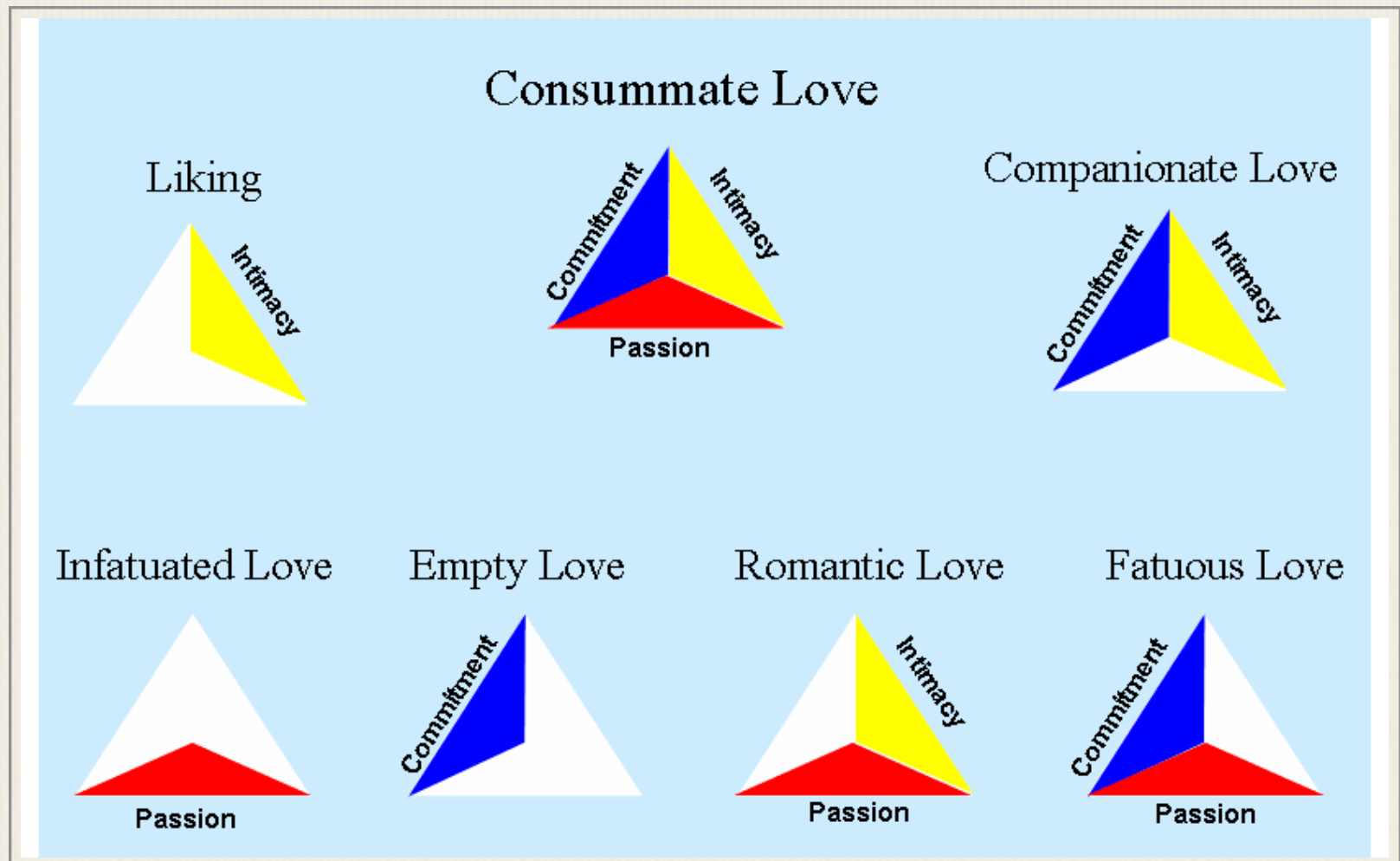
cal. And if you are suffering from anxiety or depression, your passion feelings will be “buried” under all these other feelings of anxiety and depression.

3. Sometimes, I have also been contacted by people who say that they feel a connection (intimacy) or attracted (passion) to someone else they know. And they take this as a sign that they do not love their partners anymore. This is not the highest form of love at all. Commitment makes the triangle complete.

4. Passion is the product of biology. Intimacy and commitment are the product of time. We cannot really love someone at a deeper level, if we have not spent time with that person.

5. Overall, there needs to be a balanced approach to love in rOCD. If we focus too much on just one side, we tend to forget the other sides. All of them require work. And as a knife, if you do not keep on sharpening it, it will become dull.

You can see below the different combinations of the components of love.



The 5 love languages

Another theory that is worth mentioning is that of the “5 love languages”. This particular theory helped me to understand that different people have different ways of expressing love as well as feeling loved. Whereas the triangular theory of love looks at what goes on inside of us, the 5 love languages look at what goes on outside of us or our expressions of love.

The 5 love languages are: words of affirmation, acts of service, receiving gifts, quality time and physical touch. You learn more about them and take a test to find out your or your partners love language [here](#). The author of the book Gary Chapman insists that people can feel loved one way (for example through words affirmation) but prefers to show love in another way (perhaps by gift giving). In a romantic relationship, according to Chapman, the key for a successful relationship is to discover how YOU best feel loved and how YOUR PARTNER feels loves and then to express it or have your partner express it to you in one of the 5 love languages. In other words Chapman encourages us to discover our love language.

So how does this apply in a rOCD context? There are three things that we can do with this information:

1. **Learn more about our partner’s way of expressing love.** When rOCD sufferers question the rightness of the relationship, sometimes they question the ability of their partners to love them. And this happens because they are not being loved in the way that they expect to be loved. For example, they might expect their partners to be affirming (give compliments, etc) and once that need is not fulfilled they question their partner as being “the one”. What they fail to realise is that their partners might be expressing their love in a different way (e.g. helping out with the house chores).

2. **Learn more about our way of expressing love.** Once we learn how we expect to be loved, we can share this with our partners. But we should not expect an overnight change either. We can also start to understand that different people have different relationships because their needs are different. This is espe-

cially important when in our rOCD periods we start comparing our relationship to other relationships.

3. Plan for a more fulfilling relationship. Unfortunately, learning how to love has become a lost art. In this fast love age, most of the time is more about fulfilling our own needs than someone else's. In rOCD, also unfortunately it becomes more about how the sufferer is feeling. Some of the most fulfilling and balanced relationships are those that each partner is concerned about the other's needs before their own. If we want to be loved right, we need to love right first.

How to relate to a person with this love language...	COMMUNICATION	ACTION	WHAT TO AVOID
Words of Affirmation	Compliments Affirmations Kind words	Send notes or cards.	Criticism
Quality Time	One-on-one time. Not interrupting. Face-to-face conversation.	Take long walks together. Do things together. Take trips.	Long periods of being apart. More time with friends than with partner.
Receiving Gifts	Positive, fact-oriented information.	Give gifts on special occasions and also on not so special occasions.	Forgetting special days.
Acts of Service	Action words like "I can," "I will," "What else can I do?"	Helping with house and yard chores. Repair/maintenance. Acts of kindness.	Ignoring partner's requests while helping others.
Physical Touch	A lot of non-verbal. Verbal needs to be "word pictures".	Touches Hugs Pats Kisses	Physical neglect or abuse.

(From Chapman's 5 love languages book.)

Building a value based relationship

It is true that every relationship should have a foundation. Hopefully by now, I have done enough to demonstrate that feelings alone are not a good foundation for building and maintaining a long lasting relationship. While feelings can act as the the fire starter or spark that can initiate a relationship you cannot expect these sparks alone to keep you warm in the coldest winters. We have to look for good and reliable firewood. In other words our romantic relationships needs to be based on much more than feelings alone. It needs to be built on a much stronger foundation in order for it to last.

When my wife and I began to date we talked about some core foundations that would be important in our relationship. My favourites foundation principles to any romantic relationships are: *trust, respect, friendship, commitment, patience, flexibility and love*. There are many other values that we can build on but if we have these has foundations, instead of comparisons against “perfect” relationships our chances of being successful in the long term are far greater. Here are some of my 7 values in greater detail:

Trust is important in a relationship and can establish some predictability and reliability to both of you. When trust is present it can make your partner and the relationship feel like a safe haven. Trust also builds a sense of security and confidence. The presence of trust means that you and your partner are dedicated to being honest and upfront with one another and present and resolve issues in a loving manner. A trusting relationship allows thoughts regarding your desires and struggles to be shared and welcomed. Having a relationship filled with trust also means believing in and having confidence in yourself, your partner and your relationship.

Respect in a relationship can be shown by respecting both yourself and your partner. This value can be displayed by choosing your words carefully and by being willing to compromise. Considering yours and your partners personal boundaries is another important aspect of respect. Whereas some may feel loved by being kissed in public your partner could feel disrespected by the very same lovingly act.

It is therefore important to learn, honour and respect your partners boundaries and to require them to do the same to you.

Friendship is another one of my core values. I believe it is essential to have a strong friendship with your partner. I consider my wife my best friend and we enjoy doing activities together such as going snowboarding, biking, talking or simply watching a movie on the sofa. We feel like we can tell each other anything and we laugh a lot together. A strong and close friendship does not develop overnight, rather it develops over time as the two of you spend time together, communicate, listen and show a keen interest in your partners thoughts and interests.

Commitment in a relationship means to build and keep it strong and healthy. To verbally say you are committed to a relationship is insufficient, rather it requires actions from both partners. It means staying dedicated to your partner and you relationship when facing challenges. It requires exclusivity, honesty and openness between the partners.

Patience is also, in my opinion, much needed in a relationship. Patience can allow you to maintain your composure and stay calm even under the most emotional intensity. For people with rOCD it is important to not only be patience with your partner and relationship but most importantly with yourself and your progress. This is something that can be practiced and mastered over time. You will need to practice patience and to mentally recite affirmation that you can and will stay patient with yourself and your partner.

Flexibility can be another important value in a relationship. Relationships change over time and so does you and your partner as you gain life experiences. By being flexible you and your partner are willing to compromise with one another rather than needing things to constantly go your way. This is a trait that develop over time and require patience with yourself and in your partner as you learn to become more flexible.

Love is my last value for my foundation of a value based relationship. In a relationship love can mean many different things. For Chapman (the 5 love languages) love meant to serve, give gifts, give words of affirmation, quality time or physical touch. Love can mean many other things as well. you need to love yourself then

you can try to love your partner. With that I mean that you need to be patient, accepting and kind to yourself. A lot of times we are our own worst enemies.

It is important to realise that no one possesses all of these attributes in a perfect state. In other words, it is OK to see yourself as a “work in progress” rather than the “finished article.” These attributes will also grow as the relationship grows.



Questions and answers

There is no such thing as absolute certainty, but there is assurance sufficient for the purposes of human life.

John Stuart Mill

This section is based solely on emails from people that asked me specific questions about rOCD and their condition. It has more than a year's worth of weekly emails swapped between me and them. The personal details have been left out and only the rOCD specific questions are addressed. The reason why I find this section important is because a lot of the time questions overlap and I found myself answering the same questions to different people.

I also think that it is important for every rOCD sufferer to realise that they are not alone. There are many people in the world suffering from the same condition. So there is some sort of relief knowing that there are other people fighting the same condition. There is no reason to fear either as fear comes mostly from ignorance. Once we educate ourselves better, we start to fear less.

I also must responsibly say that these answers are solely based on my personal experience and understanding of rOCD and should not replace any professional advice. OCD, anxiety and depression are medical conditions and as such should be referred to a physician and any other appropriate therapist.

1. How do I know if I have rOCD?

The real question should not be if you suffer from relationship obsessive compulsive disorder but rather if you suffer from obsessive compulsive disorder. So the question should be “how do I know if I suffer from OCD?”. OCD is a clinical diagnosis and as such should be made by an appropriate professional.

2. How can I be sure that it is rOCD?

Once a diagnosis of OCD has been made the same professional should be able to see if you are obsessing about your relationship. .

3. How can I accept that is rOCD?

Looking for certainty is a well known hallmark of OCD. Even when a diagnosis is made, many sufferers doubt the diagnosis. Acceptance might well be one of the hardest steps in the recovery process. But once you get there it is much easier to move forward. Some people accept that they have rOCD earlier than others. There is no formula for acceptance other than education, introspection and time. Change does not happen overnight.

4. Why is it difficult for me to accept that I have ROCD?

OCD is also known as the doubting disease. Once we think that we have found an answer, our brain will try to find an exception to our answer. This is what the brain does when it is anxious.

5. What should I say to my doctor when I ask for help?

You should definitely talk about the way you feel and physical symptoms associated with this. If you have done some reading and you think it might be OCD, you can also bring a list of OCD related symptoms. In the end, you should feel that you had a frank and open discussion with your doctor.

6. What is the best treatment for rOCD?

In regards to medical treatment, sometimes anti-depressants can be prescribed and this should be discussed with your family doctors as not all types of medication will be beneficial. In regards to therapy, certain therapists prefer different methods depending on their professional background and preferences. The standard method of choice for OCD is Exposure therapy. Other people (and myself) have reported good results with CBT and Mindfulness.

7. How do I start treatment for rOCD?

The best way to start treatment is to look for medical and therapy support as there might be other areas of your life that will need to be addressed. This can be easier said than done as very few therapists are aware of rOCD. The other problem is that treatment can sometimes be unaffordable and some people look for self-help sources of support. In both instances, a structured approach or plan is preferred.

8. Will I ever feel normal or cured from rOCD?

It all depends on what you consider “normal” or “cured”. In my opinion, it is always best not to think in terms of cure but rather in terms of recovery. This is the healthier approach as any setbacks experienced will not be as disheartening and we are not putting ourselves under a lot of pressure. The important thing is that if we adopt the right approach we can fully enjoy life again.

9. How long is it going to take until I start to feel better?

This is very difficult to predict as it depends on many factors such as biology, mental attitudes and behaviours. It does take time for the medication to take effect and for the brain to be re-trained.

10. Why am I not getting better from rOCD?

Many people find themselves stuck because it is difficult to move from focusing on the problem to focusing on possible solutions and they give up after a while. Re-

covering from rOCD is a lifelong commitment of changing and developing a more positive approach to life.

11. Is it normal for rOCD to come and go?

Some people report some periods where rOCD is quiet (sometimes because they are very busy with life and do not have much time to ruminate) and other times where rOCD is very active. There are also instances where OCD sufferers see shifts in their obsessions. For example rOCD turning into hOCD.

12. I have rOCD, how can I know if my feelings for my partner are real or not? Is this really love?

Sometimes rOCD sufferers experience a lack of feelings for their partner or have doubts that make them doubt their feelings. OCD is also known as the “doubting disease” as the need for certainty or constant uncertainty drives the disease. These doubts should be seen as part of the symptoms of the disease rather than a sign that there is a problem with the relationship.

13. What should I do when I do not feel love for my partner anymore?

Sometimes when rOCD sufferers experience a lack of feelings for their partners, they feel they would be cheating if they express love in any way. So they refrain from doing things that would nurture the relationship (e.g. physical contact). We do not need to feel love all the time to express love. And sometimes it is easier to feel love if we express love.

14. If this is rOCD, why do I feel the urge to split up from my partner?

Due to the high anxiety, an overwhelming feeling of wanting to run away might develop. This is the survival parts of our brains that gets triggered and is sometimes known as the “flight or fight” response.

15. If I really love my partner, why do I find other people attractive?

Unfortunately or fortunately, finding other people attractive is part of our nature. This is not something that gets switched off once we are in a relationship. It is true that sometimes during the infatuation stage this is not very common but once routine sets in these feelings will resurface again. The important thing to remember is that finding other people attractive and actively engaging in flirtatious behaviours are different things.

16. I worry that I will never get my feelings back...

This might be a common worry for many rOCD sufferers but what you have to remember is that the more you pay attention to these thoughts, the more anxious and stressed you will be and making it more difficult for the warm and loving feelings to come back. In a way, this can become a self-fulfilling prophecy if we pay too much attention to it.

17. If I do have rOCD, why do my thoughts feel so real?

For the brain there is no distinction between an imagined thought and reality as they are both generated in the same place. So thoughts can always feel real. The more importance we give to thoughts, the more real they become. This is very true, specially in a high anxiety state. Sometimes, a high anxiety state can bring a “premonition” thought such as the certainty that something bad is going to happen. This is all part of the OCD.

18. What are intrusive thoughts and how do they relate to OCD?

Intrusive thoughts are characteristic of certain types of OCD and are obsessional thoughts that tend to repeat themselves and are disturbing or disgusting in nature. In rOCD, the intrusive thought might be “do I really love my partner”. Research shows that everyone has intrusive thoughts, the difference being that “normal” people do not pay much attention to them and people with OCD pay extreme importance to them.

19. What can I do to stop these (intrusive) thoughts?

Our brains automatically generate thousands of different thoughts everyday, some being more important than others. This is a natural process that we have very little to no control over. However, we do have control over whether or not we entertain the thought. Someone once said that we cannot stop birds flying over our heads but we can stop birds from building a nest on them.

20. What if ____ (insert fear here) ____ ?

Our brains are very good at creating “what if’s”. Sometimes questioning is healthy, sometimes questioning is very unhealthy. In rOCD, constant questioning can lead to rumination and this can trigger even more anxiety. The important thing is to bring awareness to how much time we are spending on these “what if’s”. If we spend an enormous amount of time and energy, most likely these are connected to the OCD process. As we cannot predict future, there is ALWAYS going to be “what if’s” in our lives.

21. What are reassurances and reassurance seeking and why are they bad?

Reassurances are certain types of behaviours that we engage in an attempt to ease some of our uncomfortable anxiety related symptoms. This might offer some short term relief but it is not very good in the long term as it does not address the real problem and creates another OCD cycle. An example of this would be questioning our love for our partners and then remind ourselves their qualities straight-way. If we start to do this every time we have a rOCD thought, soon it will not work anymore and we will start to question things even more. It is best to not pay attention to the rOCD thought and move on to another task.

22. I know reassurance seeking is bad. But how do I know the difference between reassurance seeking and education?

I had this question asked many times in relation to the blog. The blog serves an educational purpose. The educational purpose should lead to people understanding rOCD better and prompt them to some sort of action and change in their lives. It is true that using the internet (including the blog) can be a form of reassurance seeking and sometimes it is very difficult to make a clear distinction between that and education. The key is if we are using the information not to relief symptoms but rather to move forward and instigate positive action.

23. Why do I find faults in my partner if I really love him/her?

There is no perfect partner. A relationship is the coming together of two very imperfect people that are willing to work together towards a common goal. Every partner will have faults and shortcomings. In the context of rOCD, our brains are looking for every possible source of danger. In this case our partners' faults. Our partners' faults will also become greatly exaggerated in the process due to our anxiety and black and white thinking.

I am not saying that we should ignore instances of abuse either. Abuse can be psychological, physical or emotional. In these cases, very clear boundaries should be set independently of rOCD. This is applicable to both rOCD sufferers and their partners.

24. How do I know it is truly rOCD and not me falling out of love with my partner?

As explained previously, falling out of love is a Hollywood idea. People can become distant in the relationship when there is a lack of nurturing. But not all is lost as relationships can be rekindled. In the case of rOCD, sufferers tend to interpret intrusive thoughts and anxiety as part of the “falling out of love” process. In most cases love is there but is buried deep under a sea of anxiety that it is very difficult to feel anything else.

25. Should I share that I have rOCD or not with my partner?

I think it is a good idea to do this as this constitutes sharing in the relationship. There is also a good and bad way of doing it. The good way is to explain rOCD in terms of OCD and obsessive questioning. The bad way of doing it is explaining rOCD in terms of personal doubts in the relationship.

26. Why can't I stop questioning or thinking about my relationship?

This is the obsessive side of the disease. It is not easy to switch off. Sometimes it will require medication, other times just therapy. It seems to increase or get worse when people are depressed or anxious. So recovering from rOCD will most likely also require recovering from depression and anxiety.

27. Why can't I feel the same way anymore when I want to feel the same again?

Over-thinking has a funny effect on the brain. Your emotions get depleted. It is much harder to feel something. When we feel depressed it is very hard to feel anything else. We just feel down. In addition, the more you want to feel something, the more we are aware when that same something is not there. So to start feeling something again, we need to stop wanting feelings to be there when we want them to be there and stop the over-thinking.



Planning your recovery

Recovery means different things for different people. So what do I mean by recovery? Let me start by saying what recovery is not: it is definitely not cure. Why is this distinction important? For different reasons a) Because OCD can be a chronic condition with bad and good spells. b) Once we focus on a cure and suffer a relapse, things will be much harder to bear. c) The purpose is not to eliminate the uncomfortable but rather learn how to live with it.

When we do not build any expectations around timelines, we will be much more pleasantly surprised and will take setbacks with a much more positive mental attitude. Recovery is a lifelong process, just like self-improvement. This does not mean that we will not be able to enjoy life but rather the opposite because in this recovery process we are learning to be happy with what we have and not with what we do not have. In my opinion, there are 5 distinct steps in the recovery process:

1. Education
2. Seeking professional help
3. Developing a recovery plan
4. Reviewing your progress
5. Not giving up

But before I cover these 5 steps in greater detail, I would like to share some general principles that will be applicable throughout the entire recovery process.

Principle 1 – You get what you put in

You are the only person responsible for your mental health and you will have to find a way to get better. Even with professional help. Accept that responsibility. It takes a lot of hard work and courage to regain or improve our mental health. You can't expect to get better without any effort but in the end the effort pays off.

Principle 2 – It will take time to get better

Accept that change will require time and that where you are now is most likely the result of a long process and not of an on/off button that was pushed. It feels that way but the real causes have been long time in the making. Be patient with yourself.

Principle 3 – Accept the present

Accept each day as it comes. The present is here live in it. There is nothing you can do about the past. No point about worrying TOO much about the future. The AA got it completely right - one day at a time!

Start here today

1) Look and print a mindfulness quote that means something to you. Put it somewhere where you can see it everyday for most of the day.

2) Commit to living in the present. Not in the future, not in the past. One day at a time

3) Do something daily that will put you in a better mood. e.g. make a playlist of your favourite upbeat songs and listen to them even if you don't feel like it.

4) Look at your schedule and see what are the things that you can change to accommodate more "battery recharging time" and less stress. Prioritise the important things and try to be active. Depression might make you very inactive and turn you into a couch potato. Recognise these symptoms fast.

Step 1 - Educate yourself

You have already started this educating yourself by buying this book and visiting the relationshipocd.com blog. The objective is not to overload you with information - you are not supposed become a OCD expert overnight! Move at your own comfortable pace.

These are some of my favourite educational links about OCD and OCD related subjects:

[OCDUK](#) - very good resources to learn about OCD in general.

[OCDonline](#) - very good selection of articles on OCD from one of the best OCD experts (Dr.Philipson)

[Mindfulness link](#) - This is a good resource to start your mindfulness training. You can download also free mp3's.

This last link is for an NHS website relating to tools in mental health. I really like these tools as I have used the depression tool with my family doctor before and after I started my medication and counselling. It was great to see how I had improved my score over time. You will find more tools there to measure mood, stress and depression. What I really like about this link is that after you do the tests, it will give you a score, interpret it and direct you to other websites on how to improve your current circumstances.

<http://www.nhs.uk/Tools/Pages/Toolslibrary.aspx?Tag=Mental+health>

There are many other links on the internet as you well know. However, you should focus on quality rather than quantity. And more importantly than all, one principle applied is much more important than a thousand learned!

Step 2 - Look for professional help

My rOCD experience made me realise that rOCD is difficult to diagnose as not many health professionals are not acquainted with the condition. Even then, a good professional should be able to at least recognise the OCD symptoms and recommend an appropriate course of therapy. Unfortunately or fortunately, I experienced the “full range” of therapists:

The psychoanalytical - wanting to focus on past experiences and my parents' relationship.

The analytical type - questioning why I was questioning things and questioning the relationship.

The CBT practitioner - helping me change the way I think.

The Mindfulness practitioner - helping me cope with my thinking and emotional state

The rOCD-aware professional - the light at the end of the tunnel.

Even though some of these therapists were more useful than others, I always managed to learn something from them. Looking for professional help is always a good thing.

Many sufferers go on misdiagnosed or not diagnosed at all. As already mentioned, this is partly due to two reasons: the “newness” of the condition leading to a lack of awareness from mental health professionals and because rOCD can also overlap with “normal” relationship problems and other mental health issues. Let us look at these two reasons in turn, so that we approach this problem with little more knowledge.

Reason no.1 - Finding the “right” therapist

The first time I experienced rOCD symptoms I looked for help from a qualified person. I was spent emotionally due to the overthinking. I did not understand what was happening to me and I was totally confused. With the first therapist, I only had two sessions, as our sessions were turning into psychoanalysis sessions e.g.

discussing my parent's relationship. I wanted some quick relief from my symptoms not a never ending talk about the past.

At the same time, I was also looking for help from my family doctor. What was slowly "killing me" were the sleepless nights due to anxiety and sometimes panic attacks. When I first went to see my GP, she signed me off from work for a while to get some rest. I thought I was possessed because I felt "bad" or uneasy all the time (apparently feeling possessed is a common description of anxiety among religious people). Funny enough my girlfriend's sister picked up on this when I was trying to break up with her sister (now my wife!) due to my anxiety symptoms. She gave me some calming medicine which helped and advised me to look for medical help.

So I was on the road to "fixing" some of my physical symptoms. After I mentioned the word depression in my family doctor's office, I did a computer test for the severity of my depression and I was prescribed a drug Citalopram. It was a rough ride in the beginning but it did help with my anxiety and depression in the long run.

After deciding to look for another therapist, I ended up going to my University's help centre run by psychologists and other mental health professionals. There I was, a grown man in his 30's having to ask for psychological help after having to stop my post graduate studies for a while. Unfortunately, the two psychotherapists that I saw had no knowledge of rOCD and approached it from a CBT point of view. That is basically changing the way that you think in order to change the way that you feel. I felt I was closer to the answer but I wasn't there yet. It was somewhat helping my anxiety and depression but not to the extent I hoped for.

Then I decided to look for help online by googling my symptoms and found out about rOCD. I found a professional that understood rOCD, had 4 sessions costing me around £300 but "finally" had an answer to it. Once you know what you are fighting against, your chances of winning greatly increase. I felt I was on the right path but I had to end at the 4 session mark because I could not afford more treatment. This was all done on the phone using the regular 50 minute talk format. I learned a lot of things from it, made me move forward with hope and had a new resolve in life. In this process I learned about mindfulness. I went back

to the University centre and enrolled on a short course on mindfulness. It was a great and helped me gain a better understanding on how to *properly* tackle rOCD.

In the end, maybe the most important lesson was: I would get out of therapy what I would put in. Especially when it came to mindfulness.

Reason no. 2 - Is it rOCD or the relationship?

Now for reason number 2 - how to distinguish rOCD from “normal” relationship problems our doubts? This might be the thing that keeps most rOCD sufferers awake at night and that drives the anxiety and constant barrage of thoughts. If this is the case, in my experience, most likely it is rOCD. It does not help either when everything else tells us otherwise:

- Friends and acquaintances that project their own fears on us, when we share our symptoms.
- Ignorance from some therapists that are not acquainted with the condition and explore the relationship instead.
- Hollywood, TV and magazines that portray “real love” i.e. if it is true love, they will live happily ever after and will never doubt anything.
- Our misconceptions about love and relationships caused by our own perception, unrealistic high expectations or poor role models.
- Our brain that is constantly looking for exceptions and making associations e.g. “if this was love I would be feeling this way”

So all of these together, nicely mixed in our brains = sleepless nights and obsessive thinking.

Do you want to know if it is rOCD or not? Ask yourself the honest question: “Am I obsessing about this?” and look for OCD help. A good professional should be able to help you understand the obsessions better.

The hardest thing for me, even when I understood and realised I was obsessing excessively, was accepting that I was suffering from rOCD. How can we be

sure about something when the problem IS being sure about something? Confusing? Yes, we both know it is. First, we have to put the brain in a better place to slowly improve our rOCD. Trying to slow down when our brain is used to rushing all the time is a difficult task but it is one of the keys for improvement. Understanding what puts the brain in overdrive will greatly help.

What if I cannot afford treatment...

There are two types of treatment that you should consider: medical treatment (drugs) and therapy (CBT, mindfulness, etc). I believe these two go hand-in-hand. These two are essential if you want to recover from rOCD. Self-help therapy is also available but it will not work for everyone. And some people will definitely need medication to help them with depression as well. Remember that OCD is a medically recognised condition and as such medical help is essential.

I also understand that help might not be readily available in some parts of the world or it is very expensive. In these cases, a good family support is essential, both in financial terms and emotional terms. The responsible thing to do is always to look for ways to get medical help. As I live in the UK, I have the benefit of having free access to a family doctor but I had to invest some of my personal savings into a good therapist. I only had 4 sessions as I could not afford more but these sessions were essential to get me on the right track.

Step 3 - Develop a recovery plan

It is very difficult to get better from rOCD just by remaining idle and expecting rOCD to go away. Maybe the best quote to exemplify this is:

“Happiness is not something ready made. It comes from your own actions”. -Dalai Lama

There is no standard plan for rOCD recovery. You will have to develop your own plan by trying different things. Most likely it will include a daily dose of medication and mindfulness. The key is to prioritise activities that will boost your mood and relax your brain. And also prioritise these activities over other non-essential activities.

How would a recovery day look like?

20 minutes of mindfulness meditation/activity in the morning and evening. This could change to once a day and less when progress has been made and skills have been developed.

Engaging in a physical activity to boost brain endorphins. It can be anything that you enjoy doing.

Engaging in a non-physical activity that you have pleasure in doing. This could be playing an instrument or any other hobby.

Building psychological resilience by not engaging with rOCD thoughts.

Educating yourself about OCD and depression

Doing exercises on OCD/Depression workbook.

Avoid engaging in negative behaviours such as short-term relief, Googling for answers, excessively sharing in forums and with other people.

I firmly believe that no one can teach us how to live a balanced life. People can only teach us the principles of balanced life. We are the only ones to know and understand our limits and limitations. What might work for someone, might not work for someone else. So, finding a recovery plan that works for you, will be a trial and error process. And this might change over time as your circumstances

change. The important thing is to keep a good positive attitude, even when things are hard.

Step 4 - Review your progress

The three most common mistakes that people do (and that I have done) when progress is halted in the recovery road are:

No.1 – Thinking that you can solve the “rOCD problem” in your mind.

“If I could just figure out if I love my partner then I would be out of this situation. I need to think about this some more”. And there you go again, thinking about it hours without end, analysing situations and your feelings, etc, etc...Weeks go by, months and even years. If you can't see this pattern in your life then most likely you are fighting a very difficult battle.

No.2 – Not understanding the difference between treating “r” vs. “OCD”

There is no magic solution to beating ROCD. In fact the worst thing you can do is to try and solve the “R” instead of the “OCD”. EVERYONE has “R” doubts, problems and questions. Happy and good moments. You are trying to solve the part of you that is NORMAL. Not everyone has OCD. This is what you should be trying to solve. The OCD side. This is the side that has drained your emotions, left you anxious, numb and feeling negative about life. The “R” WAS the side that brought happiness, joy and fulfilment to your life.

No.3 – Not challenging yourself enough and thinking that there is a magic “aha” moment and all will be all right.

There is no magic solution to rOCD. It will take a lot of daily work from your side. I only know of 2 solutions: medication and therapy (e.g. CBT/ERP/ Mindfulness) . The more we try, the higher the chance we will be successful in the end. Start small and grow big.

Step 5 - Do not give up

People do get better from OCD and learn to develop better coping strategies. Some days will be better than others. This is perfectly normal on the recovery road from rOCD. Learning to accept ourselves and to be patient are also the key.

Psychologists call the ability to “bounce back” psychological resilience. They also know that the psychological resilience can be developed over time. In other words, it is definitely not a case that some people were born with it and other were not.

I do not like to consider myself cured from rOCD. I prefer to see myself as symptom free most days and that rOCD has helped me develop a healthier relationship with my wife. Going through the rOCD journey has helped me realise that I had a lot of misconceptions about how love should be and how it should present itself.

Going through rOCD was one of the most difficult experiences in my life. But it made me realise that anything good comes at a price. Because I decided not to give up, I married my beautiful wife and now have a beautiful son. Today, it is very difficult to imagine life without them. I am glad I did not give up as my life is fuller now. I have the personal belief that everyone can do the same if they apply correct principles.



Do not give up hope and believe in yourself. Things will work out in the end.

