



Obsessional Jealousy: A Narrative Literature Review

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Received 2016 July 06; Revised 2016 September 03; Accepted 2017 May 07.

Abstract

Context: Obsessive jealousy is a highly disturbing disorder that is usually unrecognized, as most studies are concerned with delusional jealousy. The aim of the present article was to provide a narrative review of studies conducted on obsessional jealousy and associated factors.

Evidence Acquisition: A literature search was conducted using electronic databases, including MEDLINE/PubMed, Google Scholar, Psycho INFO, EMBASE, Web of Science, and Scopus for articles published between 1976 and April 2016.

Results: The core of jealous concerns was found to be different between males and females. Patients with obsessive compulsive disorder (OCD) had greater concerns about their partner than healthy individuals. Studies suggested a phenomenological overlap between OCD and obsessional jealousy, for which anti-OCD treatment could be useful.

Conclusions: Different terms were found for symptoms associated with obsessive jealousy, such as cognitive jealousy or neurotic jealousy. The term obsessional jealousy should be standardized in psychiatry reference books. It could be used in scales applied for diagnosis and evaluation of OCD.

Keywords: Obsessive-Compulsive Jealousy, Obsessive Jealousy, Neurotic Jealousy

1. Context

Jealousy is a complex phenomenon, which includes affective, cognitive, and behavioral components (1-4). It is usually seen as compounded of fear, anger, sadness, and perhaps hatred (5).

Jealousy is a heterogeneous condition ranging from normality to pathology with different degrees of intensity, persistence, and insight (1). It could be defined as the perception of a threat of losing a partner or losing one's place in the partner's affections (5). Jealousy could be the response to a perceived threat to a relationship and in this case may be entitled as reactive jealousy. Sometimes it can be a manifestation of an organic disorder such as alcoholism (2, 6) or of some psychiatric disorder like OCD or paranoia (1, 7, 8).

Jealousy can be explained according to different perspectives. Freud suggested that it is rooted in the Oedipus complex (9). In keeping with the evolutionary approach, jealousy is a natural human reaction and develops at an early age often before the age of 3. It is a universal and innate experience with a positive value. In males it is more linked to the drive towards certain paternity, while in females to the need of a stable and long-lasting support for child-rearing (10, 11).

According to neurobiological aspects, jealousy involves the attachment system (oxytocin) (12, 13) and different neurotransmitters such as 5HT (12, 14, 15). Morbid jealousy describes a range of irrational thoughts and emotions associated with unwanted or extreme behavior, in which the main theme is preoccupation with partner's unfaithfulness based on baseless data (16).

Shepherd proposed morbid jealousy as a symptom related to different psychopathologies with separate psychiatric diagnosis (17). The most commonly cited forms of psychopathology in morbid jealousy are delusions, obsessions, and overvalued ideas (13).

The main feature in jealousy is concern of losing a partner. This could trigger obsessive thinking of a possible unfaithfulness and monitoring behavior (13).

A focus upon the possibility of sexual and emotional involvement of the partner with someone else, may also take the form of a more inner-directed anxious jealousy or obsessional jealousy (17, 18).

This condition includes a cognitive process of the individual in which he/she creates images of the partner becoming involved with someone else, thereby suffering from obsessive thinking anxiety, upset, suspiciousness, and worrying that is termed cognitive jealousy (19), neu-

rotic jealousy (20) or jealous monomania (17).

Most researches have focused on delusional jealousy and less information is available on obsessional jealousy.

The present article provides a narrative review of studies on obsessional jealousy and related factors

2. Evidence Acquisition

A literature search was conducted in some databases, including MEDLINE/PubMed, Google Scholar, PsychoINFO, EMBASE, Web of Science, and Scopus, for articles published between 1976 and April 2016. The following keywords were used, obsessive jealousy, neurotic jealousy, and obsessive-compulsive jealousy. Because of the repetition of some words in the title of papers available in this inquiry, the authors included them in their search as secondary keywords to avoid missing relevant articles. These words were morbid jealousy, pathological jealousy, non-psychotic morbid jealousy, and cognitive jealousy. Article published in a language other than English or Persian were excluded. Reference lists for selected studies were also searched for relevant literature. Finally, 22 studies were identified for inclusion in the review.

3. Results

In different articles, obsessional jealousy was seen from different aspects:

1- Characteristics of obsessional jealousy

In obsessional jealousy, jealous thoughts are experienced as intrusive and excessive with compulsive behaviors. Patients recognize that their fears are baseless and are ashamed of them. These thoughts are egodystonic (13). Normal jealousy could be distinguished from obsessional type, and the following items are more extreme in obsessional jealousy (13):

- Time taken up by jealous concerns
- Difficulty in avoiding thoughts about concerns
- Impairment of the relationship
- Limitation of the partner's freedom
- Checking on the partner's behavior

2- Gender difference:

Gender difference has not been assessed, specifically in obsessional jealousy, yet some researchers found that males and females diagnosed with morbid jealousy would exhibit behaviors similar to those of individuals, who express normal jealousy (13). Therefore, we could generalize sex difference in morbid jealousy to obsessional jealousy (as a subtype of morbid jealousy). Evidence shows that the core of jealous concerns was different between men and women. Men diagnosed with morbid jealousy are more

likely to be upset by sexual infidelity and are more likely to pay attention to a potential rival's status and resources, while women with morbid jealousy are more likely to report being upset by emotional infidelity and are more prone to focus on a potential rival's youthfulness and physical attractiveness (21-23).

3- Obsessive Compulsive Disorder and obsessional jealousy

Compared with healthy individuals, patients with OCD are highly concerned about their partner (24). A phenomenological overlap is believed to exist between Obsessive Compulsive Disorder (OCD) and obsessional jealousy, including similarities of jealous ruminations with obsessions, unwelcome, unpleasant, repetitive, intrusive, and irrational thoughts recognized by the patient as ego dystonic (25).

Patients are involved with compulsive rituals and passive avoidance in OCD, and finally with the "illusion of control" in obsessive jealousy and believe that self-guarding love relationships are possible with magical thinking/superstitious behavior (26, 27).

Marazziti et al. (2003) found a lower density of the platelet serotonin transporter in both healthy subjects with excessive jealous concerns and in patients with OCD, indicating alteration of the serotonergic system. They suggest that Selective Serotonin Reuptake Inhibitors (SSRI) may be helpful in these cases (28).

4- Cultural and social beliefs and obsessional jealousy

Previous studies have proposed the influence of cultural factors on OCD. The majority of studies on pathological jealousy have been conducted by European, North American, and Australian authors. Bhugra proposed that there are societies less prone to jealousy because they have no value on the exclusive ownership of partners (29).

In cultures in which partners are treated as possessions, jealousy is often considered to be a normal part of a sexual relationship and it may therefore be seen as an understandable (although undesirable) explanation for marital tension (13). In other words, obsessional jealousy could be influenced by cultures and beliefs.

5- Personality and attachment style and obsessional jealousy:

Personality is related to specific individual differences in attitudes towards close relationships that lead to jealousy (30).

The authors found that all forms of jealousy (including obsessional type) correlated with neuroticism, social anxiety, rigidity and hostility, and only among females low self esteem was correlated with jealousy (18).

According to some studies, the style of attachment and jealousy are closely related to each other (31-36).

Individuals with anxious-ambivalent attachment had higher scores on different dimensions of jealousy, espe-

cially in obsession, fear of loss, and interpersonal sensitivity compared with those with secure style (1).

Attachment style was also believed to have an important role in determining, which kind of infidelity provokes more jealousy. Secure individuals will probably be under great strain caused by emotional infidelity rather than sexual infidelity, whereas dismissing individuals find sexual infidelity more upsetting (35).

Moreover, individuals, who display more suspicious jealousy, have greater insecurity and anxious or avoidant attachment (37).

6- Treatment

6.1- Medication

Obsessional jealousy is related to OCD and seems to respond to standard anti-OCD treatments such as SSRIs (4, 38, 39) and clomipramine (40). Some studies have shown that obsessional jealousy, whether part of a depressive illness or not, may respond to selective serotonin reuptake inhibitors (38, 39).

6.2- Psychological Intervention:

6.2.1- Exposure and response Prevention:

The exposure and response prevention model, which is used in the treatment of obsessive compulsive behaviors (5), could be helpful for the treatment of jealous behaviors that show a compulsive element (27). The patient is exposed to cues, which provoke jealousy-related behavior and he/she avoids such behavior (5).

6.2.2- Cognitive therapy:

Jealousy is conceptualized from behavioral, cognitive, and affective aspects. Terrier et al. showed that people with morbid jealousy (including obsessional type) tend to make distortions and errors in their perceptions and interpretation of situations. Their cognition is based on faulty assumptions, thus cognitive behavior therapy (CBT) and challenging distorted thoughts could be useful (8). Dolan et al. proposed that a cognitive schema by a schema-focused treatment package could significantly reduce disturbance in all aspects of the jealousy syndrome (41).

6.2.3- Thought Stopping:

This technique is used for intrusive obsessional thoughts and may be considered as a way of controlling jealous thought (5).

6.2.4- Dynamic Psychotherapy:

Dynamic psychotherapy has a place in the treatment of morbid jealous individuals with personality disorder, such as borderline and paranoid traits (42).

6.3- Other:

Broad-spectrum behavioral treatment is proposed for treatment of all types of morbid jealousy, yet not specifically obsessional type.

Some researchers proposed methods that involve the partner, such as couple therapy could be helpful (41).

Keenan et al. (2000) showed eye movement desensitization and reprocessing (EMDR) could be useful in treatment of morbid jealousy (40, 43).

4. Conclusions

In the literature, different terms were found for symptoms associated with obsessive jealousy, such as cognitive jealousy (19) or neurotic jealousy (20). The term obsessional jealousy should be standardized in psychiatry reference books. It could be used in measurement tools applied for diagnosis and evaluation of OCD. Although obsessive jealousy is a highly disturbing disorder, and it frequently goes unrecognized, as most attention is paid to delusional jealousy. Various studies have been conducted on obsessive jealousy, yet psychiatry reference books and diagnostic tests, such as the Yale-Brown obsessive compulsive scale (YBOS), have paid no attention to this disorder. This has resulted in a vicious circle leading to delayed or inappropriate diagnosis. Psychiatrists unfamiliar with this type of obsession might not treat it or may mistake the symptoms for those of delusional jealousy. These place patients at risks of complications caused by antipsychotic drugs.

Culture has a great impact on couple's relationship and related factors, such as intimacy and jealousy. Edalati, Redzuan, Mansor and Abu Talib (44) believe that according to current situations in Iran, in which males could have temporary partners, jealousy is natural and has a central role in maintaining valuable relationships.

Possibly, one of the main reasons for female's jealousy towards their husbands' relationship with other females may be the fear of their husband's remarriage or the fear of losing their husband, considering the special laws in Iran and some Arabic countries, according to which a second or even third wife is legal and males are allowed to remarry. Thus, it is expected for jealousy to be more common. Although there is not enough studies in this area and more research is required. Mathes proposed that jealousy has significantly and positively been correlated with a high sense and significance of monogamy.

Obsessive jealousy is classified in obsessive disorders, which could be controlled by appropriate treatments, such as SSRI and CBT. Personality structure and attachment styles are of great benefit in formulation of the patient dynamics. Various psychotherapies, including dynamic psychotherapy, are suggested for patients with obsessive jealousy.

Footnotes

Author's Contributions: Fatemeh Sheikhmoonesi conceived and designed the study; performed the literature

review, acquisition, analysis and interpretation of data; drafted the manuscript and revised it according to the reviewers; and approved the final manuscript.

Declaration of Interest: None declared.

Funding/Support: This research received no specific grant from any funding agency.

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