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An experimental investigation of contamination-related reassurance seeking: Familiar versus unfamiliar others



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ABSTRACT

Background and objectives: Repeated reassurance seeking (RS) is a hallmark feature of obsessive-compulsive disorder (OCD). Research in related areas of psychopathology suggests that familiarity with a partner can influence symptom expression. We hypothesized that participants in the company of a familiar (vs. unfamiliar) partner would seek more reassurance following an ambiguous task involving contamination-related threat.

Methods: Participants completed an ambiguous dishwashing task in the company of a familiar or unfamiliar other, and were subsequently given an opportunity to seek reassurance. Participants and their assigned partners completed a measure of RS wherein they reported the number of times the participant sought reassurance; actual reassurance seeking was coded based on a recording of the interaction. Results: Results demonstrated that participants sought more reassurance from familiar (vs. unfamiliar) others F(3, 86) = 9.20, p < .001, partial $\eta^2 = .24$); this effect was robust when partner-reported (F(1, 88) = 27.04, p < .001, partial p = .24), a trend when participant-reported (p = .24), a partial p = .24), but not significant when using objectively-coded data (p = .24), a partial p = .24). Limitations: As this experiment was a preliminary attempt to examine RS in an interpersonal context, the study may not have captured compulsive or excessive RS.

Conclusions: Overall, results suggest that RS may be perceived as more excessive by familiar (versus unfamiliar) others, which may contribute to the distress experienced by carers of individuals with OCD.

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As with normative checking behaviour, reassurance seeking (RS), wherein one asks another person for already-known, threat-reducing information, is commonplace and generally unproblematic. However, excessive RS, or RS that consumes a great deal of time or is impairing to daily life, is a common symptom of obsessive-compulsive disorder (OCD; Kobori & Salkovskis, 2013; Kobori, Salkovskis, Read, Lounes, & Wong, 2012; Rachman & Hodgson, 1980; Starcevic et al., 2012). When RS becomes pervasive, it can have damaging consequences for an individual's interpersonal, financial, and mental well-being (Parrish & Radomsky, 2010, 2011; Rachman & Hodgson, 1980). Reassurance seeking may also lead to significant distress, strain, and decreased quality of life for an individual's family members and friends (e.g., Abramowitz et al., 2013; Cicek, Cicek, Kayhan, Uguz, & Kaya, 2013;

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Cooper, 1996; Pagdin, Kobori, Salkovskis, & Read, 2011; Rachman & Hodgson, 1980).

Reassurance seeking is a transdiagnostic problem, having been described in association with various mental disorders including social anxiety disorder/social phobia (Heerey & Kring, 2007), health anxiety disorder/hypochondriasis (e.g., Salkovskis & Warwick, 1986), OCD (e.g., Kobori & Salkovskis, 2013; Parrish & Radomsky, 2010, 2011), and others. To date, the majority of RS research has been conducted in the context of depression, and has found that individuals who are depressed tend to seek reassurance that they are cared for, worthy, or still loved, particularly during moments of heightened interpersonal concern as a means to reduce feelings of uncertainty (e.g., Coyne, 1976; Joiner, Metalsky, Katz, & Beach, 1999).

Reassurance seeking behaviour in the context of OCD has been conceptualized as a type of compulsive checking (Kobori & Salkovskis, 2013; Parrish & Radomsky, 2010, 2011; Rachman, 2002; Rachman & Shafran, 1998). Checking and RS share common theorized functions: particularly as a result of inflated perceptions

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of responsibility, RS and checking are both posited to decrease anxiety, decrease perceived threat, and/or prevent perceived harm (Kobori & Salkovskis, 2013; Kobori et al., 2012; Parrish & Radomsky, 2010; Rector, Kamkar, Cassin, Ayearst, & Laposa, 2011; Starcevic et al., 2012). However, checking and RS differ in that the former is typically completed alone, whereas RS is an interpersonal behaviour generally involving repeated requests for assurance made to another person (Parrish & Radomsky, 2011). (Responsibility can be construed interpersonally as well; see Ashbaugh, Gelfand, & Radomsky, 2006.)

In addition to identifying potential functions of RS, researchers have also pinpointed several factors that may increase the incidence of RS in OCD. Specifically, Parrish and Radomsky (2010) administered an interview to individuals with OCD, who reported that their RS was triggered by anxious mood and doubts regarding the removal of general threats (this was in contrast to reports from individuals with depression, who reported that RS was triggered by doubts of self-worth or about the security of interpersonal relationships). In a subsequent experiment, Parrish and Radomsky (2011) found that ambiguous feedback led to higher urges to seek reassurance, which suggests that the content and nature of an interaction can influence RS. In an attempt to further our understanding of the role that RS plays interpersonally, we sought to ascertain whether certain characteristics of the 'reassurer', such as the level of familiarity with the person seeking reassurance, would affect the nature and degree of reassurance sought.

Research in other areas of mental health has shown that being in the company of a familiar person can impact the likelihood that problematic symptomatology will be evoked. For instance, in his seminal book on behaviour therapy, Wolpe related a case of a woman with claustrophobia whose phobic reactions were stronger when the people present were "more strange", and whose reactions were weaker if she was in the presence of "protective persons - husband, mother, or close friend (in descending order of effectiveness)" (Wolpe, 1969, p. 149). Similarly, individuals with panic disorder who underwent a carbon dioxide inhalation task panicked less when in the company of a "safe" person than when they were alone (Carter, Hollon, Carson, & Shelton, 1995). Moreover, during social interactions, individuals with social anxiety experienced higher levels of negative affect and distress when interacting with a stranger versus a familiar person (Vittengl & Holt, 1998). Nevertheless, there is a lack of empirical evidence regarding whether the familiarity of an interactional partner also influences the likelihood that OCD symptomatology, namely RS, would be shown.

Given the lack of experimental research conducted to date examining RS in a contamination-related context, the present study was somewhat exploratory in nature and focused on a non-clinical sample, as OC symptomatology, such as RS, has been shown to be common in the general population (Abramowitz et al., 2014; Gibbs, 1996). Specifically, in the present study we aimed to examine whether familiarity with a partner impacted the likelihood that an individual would seek reassurance in a contamination-related situation. We hypothesized that individuals would seek more reassurance from partners with whom they were familiar than from relative strangers.

1. Method

1.1. Participants

Ninety volunteer undergraduate students participated in this study. Participants' mean age was 21.69 (SD = 4.22, range = 18-43) years, and 89.90% of participants were female. Participants received course credit or were entered into a cash draw for their

participation. As described below, participants were asked to bring someone they knew with them to the study; 68.89% of these familiar others were female. Familiar others were either given course credit or entered into a cash draw for their participation in the study. To be eligible to participate, participants (and their accompanying others) were required to be able to understand, read, and communicate in English.

1.2. Measures

1.2.1. Demographics

Participants were asked to provide information about their age, sex, ethnicity, language, and educational attainment.

1.2.2. The Reassurance Seeking Checklist (RSC)

The RSC is a 5-item measure, developed for this experiment, to assess how many times the participant sought reassurance about various aspects of the dishwashing task (e.g., the instructions, the garbage can, germs – see below) during the conversation they had with their (familiar or confederate) partner following the completion of the task (see Procedures, below). This broad measure allows for all instances of task-related RS to be captured. However, the measure includes a column wherein respondents are asked to indicate how many times they spoke aloud to themselves about different topics, in order to reduce the likelihood that respondents would construe all verbalizations as RS. Responses in the second column (indicating interpersonal RS) are totalled. Both the participant and assigned partner completed the measure (i.e., the participant self-reported RS behaviour, and the partner provided a collateral report of the participant's RS). Internal consistency was not calculated for the RSC because it is intended to be used as an assessment of idiosyncratic, in vivo RS rather than a measure of trait RS wherein items may be expected to be positively associated. Assessing Cronbach's alpha would not be appropriate for this measure because although some participants may seek reassurance about all of the domains covered by the RSC, other participants were expected to have more focused concerns, and therefore to seek reassurance about some aspects and not others; this would negatively affect a measure of internal consistency. Please refer to the Appendix for the RSC.

1.2.3. The Network of Relationships Inventory — Social Provisions Version (NRI-SPV; Furman & Buhrmester, 1985)

The NRI-SPV is a 30-item, Likert-type scale which assesses a person's relationships in terms of Support, Negative Interaction, and Relative Power dimensions. The scales of the NRI-SPV have good internal consistency (mean $\alpha=.80$) and acceptable retest reliability (r=.66-.70; Furman, 1996). Only the Support dimension of the NRI-SPV was used for the present study, as closeness to the partner was the relationship element of interest. Internal reliability of the Support dimension in the current sample was excellent ($\alpha=.99$). Please see Table 1 for mean ratings by condition.

Table 1Mean ratings on familiarity measures by condition.

| Measure | Condition | |
|---|----------------------------|----------------------------|
| | Familiar | Unfamiliar |
| | M (SD) | M (SD) |
| NRI-SPV Support scale*** Familiarity rating*** | 2.98 (0.96) 6.09 (1.47) | 1.24 (0.51) 1.59 (1.64) |

^{***}p < .001.

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