J. Behav. Ther. & Exp. Psychiat. 49 (2015) 203–208

Contents lists available at ScienceDirect

Journal of Behavior Therapy and Experimental Psychiatry

journal homepage: www.elsevier.com/locate/jbtep

Reassuringly calm? Self-reported patterns of responses to reassurance seeking in obsessive compulsive disorder

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ARTICLE INFO

Article history:
Received 1 December 2014
Received in revised form
7 September 2015
Accepted 8 September 2015
Available online 10 September 2015

Keywords:
Obsessive-compulsive disorder
Cognitive theory of OCD
Reassurance seeking
Excessive reassurance seeking
Reassurance seeking questionnaire (ReSQ)

ABSTRACT

Background and objectives: The perception of threat and associated feelings of anxiety typically prompt people to seek safety; reassurance seeking is an interpersonal strategy almost universally used to reduce the immediate perception of risk. Excessive Reassurance Seeking (ERS) is considered to be particularly prominent and unequivocally counter-productive in people suffering from anxiety disorders in general and OCD in particular, producing short term relief but a longer term return and worsening of the original anxiety. We evaluated the extent and specificity of the effects of ERS in OCD and mechanisms involved in both anxiety relief and the hypothesized later return of anxiety..
Method: Self rated effects of reassurance seeking were investigated in 153 individuals with OCD, 50 with panic disorder, and 52 healthy controls, evaluating reactions to the provision and non-provision of reassurance.
Results: Reassurance is associated with short term relief then longer term return of both discomfort and the urge to seek further reassurance in both anxious groups; healthy controls do not experience significant resurgence. Greater return of anxiety and urge to seek more reassurance were associated with higher levels of overall reassurance seeking..
Limitations: The findings were based on retrospective self-report of naturally occurring episodes of ERS; prospective studies and induced behaviours are now needed.
Conclusions: Not only is reassurance a quick fix for people experiencing OCD, but in the absence of treatment the only fix! The findings explain why reassurance seeking continues despite advice that it will worsen anxiety problems. Such advice is potentially harmful to patients and their loved ones..

In a situation in which a person feels under threat, seeking reassurance from a trusted person is usually regarded as an appropriate and normal personal and interpersonal reaction to their feelings of anxiety. In this context, most people would regard the seeking and provision of such reassurance as helpful and liable to reduce or even eliminate the experience of anxiety. Reassurance could thus reasonably be described as the commonest form of informally sought and delivered psychological help offered by both health professionals and lay people (Salkovskis & Warwick, 1986). However, it is also commonly believed by clinicians working with mental health problems that those who suffer from anxiety disorders often tend to seek reassurance excessively, and that for them to do so is regarded as unhelpful and should therefore be stopped. Patients are often advised to desist from seeking reassurance, and both carers and professionals tend to be encouraged to refuse to provide it. It would therefore seem important to identify why something which is regarded as prescribed for the ordinary person as a way of dealing experiencing moderate levels of anxiety and perceived threat should be proscribed for those with particularly high levels of perceived threat and anxiety! The present study therefore seeks to clarify the mechanisms which may be involved in reassurance seeking and provision in people suffering from Obsessive-Compulsive Disorder (OCD), and in particular to evaluate the extent to which the response to seeking reassurance matches that seen in obsessional checking.

OCD was chosen because it has long been recognized that, amongst the anxiety disorders, reassurance seeking is especially prominent in that problem, and it has been suggested that it may in fact be an extremely important factor in the maintenance of that disorder where it occurs (Salkovskis, 1989). Repeated requests for

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http://dx.doi.org/10.1016/j.jbtep.2015.09.002
0005-7916/

reassurance are particularly common among individuals with checking compulsions, but such reassurance seeking also seems to occur across the full range of OCD presentations. For example, individuals with OCD may ask others whether something is really clean, whether they have carried out an action properly, whether they are truly religious/heterosexual and so on. By definition, other people are involved in the processes of reassurance seeking and provision, although sometimes patients with OCD appear to reassure themselves and may consult impersonal sources such as the internet to obtain reassurance.

Most typically and obviously, when reassurance in sought in the context of OCD trusted persons are asked questions which are focused on some aspect of the sufferer's fears and/or their efforts to dispel them (e.g., "Do you think I'm still contaminated?"; "Do you think I have washed enough?"). Sometimes the reassurance seeking may also take the form of asking someone to support or assist the sufferer's rituals (e.g., "Please watch me while I check the door so I know that you are sure and can tell me that I did it properly"), followed by requests to feedback ("Was it OK?"). There are a range of less obvious and subtle reactions which appear to serve as reassurance seeking, such as mentioning particular fears without an obvious expectation of a response (because not responding to a "mentioned" fear implies reassurance), simply making sure that the other person sees them carrying out an action without discussion and so on. In a previous study (Kobori & Salkovskis, 2013), we were able to show that as expected, reassurance seeking is a very commonly reported reaction to anxiety and perceived threat in a range of anxiety disorders, with patients with OCD mainly differing in terms of they way they employ "self-reassurance" and how carefully they monitor and behave when they seek and receive reassurance. These findings were also consistent with those obtained in a qualitative study in which patients with OCD were interviewed about reassurance seeking and their reactions to it (Kobori, Salkovskis, Read, Lounes, & Wong, 2012). Thematic analysis was used in order to examine the way individuals with OCD describe their attempts to seek reassurance and the perceived consequences of reassurance seeking. From ten interviews, four overarching themes were identified. Two concerned reassurance itself (Interrogating Feelings to Achieve a sense of Certainty, Ceaseless and Careful Effort) and two were related to the perceived impact on others (Reluctance to Seek Reassurance, and Interpersonal Concern). The reduction of uncertainty regarding threat is thus a key perceived motivation to seek reassurance in OCD, and sufferers constantly strive to ensure the validity of reassurance they obtain whilst at the same time they attempt to minimise the negative impact of reassurance seeking and the possibility of linked interpersonal problems (Kobori et al., 2012).

Although the fact that reassurance seeking occurs as a repetitive behaviour in the context of OCD and other anxiety problems and superficially resembles it, this does not necessarily mean that it functions as a safety seeking behaviour similar to obsessional checking. Notably, previous research on the function of checking and related obsessional behaviours has looked at the short and long term response to conducting such behaviours. For example, the classic experiments on spontaneous decay of compulsive urges in OCD demonstrated that provoking stimulus led to an upsurge of both urge and discomfort, and the completion of the ritual reduced them dramatically (de Silva, Menzies, & Shafran, 2003; Rachman, de Silva, & Roper, 1976).

There is of course also a strong link between the seeking of reassurance and its provision; the present study also seeks to disentangle these components. The salient difference between obsessional rituals such as checking and washing as opposed to reassurance lies in the interpersonal aspect intrinsic to reassurance. Someone with OCD can (and often will) check for hours on end, repeating the same actions and reviewing usually identical results. Due to its interpersonal nature, the person suffering from OCD cannot usually rely on similar consistency when seeking reassurance, although this may be sought. Asking for reassurance may fail to elicit a 'desirable' response from other people; sometimes, there may even be no response at all. The person from whom reassurance is sought may provide ambiguous answers (e.g., 'Probably yes, but I'm not sure…'), they may indicate that it is unproductive to answer (e.g., 'The therapist told me not to answer you, sorry'), and they may even become angry in refusal (e.g., 'How many times do I have to tell you this! I'm fed up!)'. When the person suffering from OCD does manage to obtain high levels of consistency (i.e., rigidity in the verbal and/or non-verbal response from the other person) this typically appears to be at the cost of the other person's participation in reassurance becoming highly aversive to them, creating other secondary problems.

From a theoretical perspective, we therefore propose that reassurance seeking represents a special case of obsessional checking; special and particularly potent because it involves seeking opinion of others as a way of reducing (by sharing) the person's perception of responsibility for harm. Clearly it would be helpful to conduct experimental studies similar to those of Rachman et al. (1976) and de Silva et al. (2003), but the controlled activation of reassurance seeking presents special difficulties because of its interpersonal nature. As an alternative way of exploring the characteristics of response to reassurance, therefore, we decided to examine the self reported reactions of people suffering from OCD regarding their reactions to situations in which they were offered reassurance and they were not offered reassurance. This was intended to supplement our previous findings describing qualitative and quantitative aspects of reassurance seeking in OCD (Kobori & Salkovskis, 2013; Kobori et al. 2012).

The present study, which uses the same samples as Kobori and Salkovskis (2013) investigates how individuals with anxiety disorders and healthy controls would feel when they fail to obtain reassurance, soon after they obtain reassurance, and 20 min or more after they obtain reassurance, hypothesizing that it will show patterns similar to those obtained in previous evaluations of the effect of carrying out compulsions or not.

1. Method

1.1. Self-report measures

Reassurance-Seeking Questionnaire (ReSQ: Kobori & Salkovskis, 2013). This questionnaire has four different scales and a separate section designed to assess emotional reactions.

1. *Probability*: This section enquires how frequently participants seek reassurance, consisting of 22 items and five subscales: 'Involving Other People in Reassurance', 'Professionals', 'Direct Seeking from People', 'Self-Reassurance', and 'External References'.
2. *Trust*: This section is about how much participants trust a range of sources of information, and consists of 16 items and four subscales: 'Trust in People', 'Trust in Health Professionals', 'Trust in Self-Reassurance' and 'Trust in External Reference'.
3. *Intensity*: This section asks how many times participants seek the same reassurance until they stop, and consists of 16 items and four subscales: 'Direct Seeking from People', 'Self-Reassurance', 'Professionals', and 'External Reference'.
4. *Carefulness*: This section measures how careful participants become when they are seeking reassurance, and consists of 11 items and three subscales: 'Becoming Critical', 'Careful Listening', and 'Caring for the Person'.