Reassurance Seeking and Obsessive-Compulsive Disorder: A Theoretical Review

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ABSTRACT

Reassurance seeking is a repetitive and persistent request for approval from others to decrease psychological distress. Reassurance-seeking behavior is associated with obsessive-compulsive disorder (OCD), which is common in our country, and highlights the necessity for further research to improve the available knowledge in this area. Due to the limited number of studies in the literature on reassurance-seeking behavior and OCD, this review study aimed to provide a general perspective on reassurance seeking. This study addresses the definition of reassurance-seeking behavior, which is a transdiagnostic variable, its emergence, its relationship with OCD and other disorders, measurement tools developed or adapted for reassurance seeking, and its importance in psychotherapy within the scope of treatment.

Keywords: Cognitive behavioral therapy, obsessive-compulsive disorder, reassurance seeking.

ÖZ

Güvence Arama ve Obsesif Kompulsif Bozukluk: Kuramsal Bir Gözden Geçirme

Güvence arama, psikolojik sıkıntıyı azaltma amacıyla başkalarından tekrarlı ve ısrarlı bir şekilde onay istemek olarak tanımlanmaktadır. Ülkemizde de yaygın olarak görülen obsesif kompulsif bozuklukla ilişkili olan güvence arama davranışına ilişkin mevcut bilgileri geliştirmek üzere daha fazla araştırma yapılması bir gereklilik olarak karşımıza çıkmaktadır. Güvence arama davranışı ve obsesif kompulsif bozukluk ile ilgili alanyazında az sayıda çalışma olması nedeniyle, bu derleme çalışması güvence aramaya ilişkin genel bir bakış açısı kazandıracaktır. Çalışmada tanılar üstü bir değişken olan güvence arama davranışının tanımı, ortaya çıkışı, obsesif kompulsif bozuklukla ve diğer bozukluklarla ilişkisi, güvence arayışına ilişkin geliştirilen/uyarlanan ölçüm araçları ve tedavi kapsamında psikoterapideki önemi ele alındı.

Anahtar Kelimeler: Bilişsel davranışçı terapi, obsesif kompulsif bozukluk, güvence arama.

INTRODUCTION

The term "reassurance," derived from the English equivalent "reassurance," is composed of the prefix "re" and the root word "assurance." According to the Oxford English Dictionary (2010), assurance means "to create certainty"; in combination with the prefix "re," which means repetition (i.e., "re" + "assurance"), the term means "to be certain again." In this context, this word refers to the need for certainty and persistence in the context of psychopathology, and it refers to the attempt to be certain repeatedly, even when certainty is achieved. The Oxford English Dictionary (2010) defines "reassurance seeking," emphasizing its connection to the perception of threat, as follows: "Repeated reassurance by a type of verbal phrase used to remove a person's

doubts, fears, or anxieties or the reassurance given / repeated by someone." In the Turkish literature, reassurance seeking is also referred to as "approval seeking" (Adalı İlter, 2019).

Although the meaning is expressed in the dictionary as described above, the definition of reassurance seeking varies according to the content of the threat. Coyne's (1976) model of interpersonal depression was the first to define reassurance seeking. According to this theory, depressed individuals with mild dysphoria and low self-esteem constantly seek reassurance about whether others really care about them (e.g., "You love me, don't you?") because they want to dispel possible suspicions that they are worthless. Although this reassurance from other people initially gives depressed people positive feedback, they often question whether this feedback is genuine, i.e., whether it is given with sincere intentions. Because depressed people have low self-esteem, they believe that others reassure them or give them positive feedback because they feel sorry for them. These people, who are never sure what the intentions of others are, seek more feedback and wear out those around them. Other people who take a negative attitude toward a depressed person may worsen their symptoms. This sets in motion a vicious cycle between the search for reassurance and the depressive symptoms of depression. In later years, Joiner, Metalsky, Katz, and Beach (1999) defined this concept as "excessive reassurance seeking" to emphasize the continuity and intensity of reassurance received. This new definition of "excessive reassurance seeking" refers to the tendency to seek intense reassurance from others that one is lovable and valuable, despite previous attempts to provide such reassurance. In addition, cross-sectional (Joiner et al, 1999) and longitudinal studies (Davila, 2001) have indicated significant associations between excessive reassurance seeking and depressive symptoms (Joiner et al, 1992).

REASSURANCE SEEKING AND OBSESSIVE-COMPULSIVE DISORDER

In the literature, reassurance seeking was initially discussed in the context of depression, but the focus of the concept has shifted over time from depression to anxiety disorders and obsessive-compulsive disorder (OCD). Reassurance seeking is a ubiquitous psychological phenomenon; however, individuals with anxiety and OCD typically experience heightened anxiety and exhibit a greater need for reassurance over time compared with healthy individuals (Salkovskis & Kobori, 2015). According to Beck's cognitive theory of anxiety (Beck et al, 1985), reassurance seeking consists of a variety of behavioral responses triggered when individuals appraise situations, stimuli, or events as more threatening than they actually are. These maladaptive reactions further reinforce the anxiety experienced, leading to a vicious cycle and the continuation of the problem (Salkovskis et al, 1996). In the relationship between reassurance seeking and anxiety, reassurance seeking is considered a crucial mechanism for coping with psychological distress. To alleviate anxiety in individuals with high levels of anxiety, reassurance from others that situations or stimuli are safe results in an immediate reduction in anxiety. Paradoxically, however, this temporary relief leads to an increased tendency to seek repeated reassurance. This mechanism, which increases the frequency of reassurance seeking (Abramowitz et al, 2002; Salkovskis & Warwick, 1985), contributes to the weakening of the individual's ability to cope with anxiety (Lohr et al, 2007; Parrish & Radomsky, 2010). Furthermore, the content of reassurance seeking varies depending on the disorder. For example, reassurance seeking in depressed individuals may relate to perceived social threats (e.g., fear of the end of a romantic relationship, loss of friends) (Coyne, 1976; Kobori et al, 2012; Parrish & Radomsky, 2010), physical discomfort in individuals with health anxiety disorder (Salkovskis & Warwick, 1985), various sources of worry in generalized anxiety disorder (Wells & King, 2006), specific feared objects or situations that trigger anxiety in specific phobia (Joiner & Metalsky, 2001), and concerns about external (physical) appearance in body dysmorphic disorder (Phillips et al, 2005). Individuals with OCD tend to seek reassurance more intensely than depressed and healthy individuals and feel a greater urge to seek reassurance when they do not receive it (Kobori et al, 2015). Reassurance seeking is a particularly important variable in the context of OCD.

In the context of OCD, anxiety, perceived threats, the possibility of a feared event occurring, and an exaggerated sense of responsibility are mitigated through the search for reassurance (Rachman, 2002). Salkovskis (1985) defined reassurance seeking as "trying to put things right," which illustrates the mechanism underlying this behavior. Rachman (2002) defined reassurance seeking as a strategy aimed at reducing the negative consequences of a potential threat and an individual's sense of responsibility. Parrish and Radomsky (2010) defined reassurance seeking as a need that is repeatedly expressed in the face of a threatening object, situation, or event, even though it has already been addressed by others (p. 211). The reduction in anxiety that occurs through neutralization and safety behaviors (e.g., checking, washing, thought suppression, distraction, mental ritualization) when one calms down is only temporary and short-term. Such behaviors contribute to the long-term maintenance of symptoms (Salkovskis & Kobori, 2015; van den Hout & Kindt, 2004). Reassurance seeking serves as a type of compulsion in response to anxiety caused by intrusive and dysfunctional thoughts, thus contributing to the maintenance of OCD symptoms (Parrish & Radomsky, 2010; Rachman, 2002; Salkovskis & Kobori, 2015). The study conducted by Starcevic

et al. (2012) found that individuals who frequently engage in reassurance-seeking behavior exhibit more severe OCD than those who do not. The researchers also discovered that this behavior can prompt sufferers to use other coping strategies in addition to compulsions, such as seeking reassurance, depending on the severity of the obsession. Although reassurance seeking exacerbates OCD symptoms (Kobori et al, 2012), it can also increase the need for reassurance within the symptoms themselves (Hacıömeroğlu et al, 2019). In this bidirectional relationship, reassurance seeking acts as a motivating factor for the onset of symptoms and a coping mechanism for managing symptoms. Although most studies examining the relationship between OCD subtypes and reassurance seeking report that compulsive checking and reassurance seeking co-occur (Parrish & Radomsky, 2010; Rachman & Shafran, 1998; Starcevic et al, 2012), relatively few studies have focused on the relationship between reassurance seeking and obsessions related to cleanliness, aggression, sexuality, somatic concerns, and religious content (Abramowitz, 2021; Kobori et al, 2012).

Moreover, reassurance seeking and control behaviors are closely related and frequently occur together. Although reassurance seeking may appear to function as a compulsive control mechanism, it is in fact a distinct process. While individuals engage in reassurance to alleviate their anxiety by obtaining feedback from others, compulsive control behaviors are typically carried out in the absence of others and in environments where others are not present (Rachman, 2002). Since reassurance seeking from others has various positive effects, such as reducing anxiety, it may not initially appear problematic and can even serve as a functional coping strategy. However, individuals with severe anxiety, particularly in early life, may initially resist the urge to seek reassurance. Over time, the original meaning and purpose of this behavior may become unclear or forgotten, leading to its evolution into an overly practical or ritualized form of checking behavior (Halldorsson & Salkovskis, 2017).

When considered from a developmental perspective, reassurance seeking emerges as a behavior that develops in the early stages of life. However, there are notable differences between children and adults in terms of whom they seek reassurance and the reasons underlying this behavior. Especially during childhood, reassurance is a common, adaptive, and healthy response, with caregivers offering reassurance to children in the face of a threat or distressing situation. From a developmental psychology standpoint, reassurance seeking is a behavior that emerges early in life and continues to evolve throughout the lifespan. Initially, it is rooted in the child's sense of security with a dependable caregiver (Bowlby, 1973). As children get older, they become increasingly self-assured in managing threatening situations and their potential consequences, while also de-

veloping a greater capacity to comprehend complex scenarios and engage in problem-solving. As a result, children become less dependent on parental reassurance (Kobori & Salkovskis, 2013; Kobori et al, 2012). In adulthood, the reassurance sought is provided not only by the primary caregivers, but also by another source, namely experts or authorities (e.g., doctors in the case of health problems) (Kobori & Salkovskis, 2013). Whom one asks to provide reassurance is closely related to who is perceived as having the authority to provide it. A person with this disorder may ask their spouse to perform certain rituals (repetitive behaviors) for them (e.g., checking that the door is locked or the stove is turned off). Although reassurance seeking in people with OCD appears to be used to gain a sense of certainty, it becomes a persistent and problematic behavior when the perceived responsibility is transferred to other people (Kobori et al, 2012; Parrish & Radomsky, 2010). For instance, an individual who unintentionally worries about whether he/she left the windows open may feel responsible, as he/she was the last to leave the house. To prevent potential harm, they repeatedly asked those around them whether the windows had been closed, seeking reassurance and approval in response. Similarly, individuals with OCD may ask those around them if something is clean, if they have done something right, if they have harmed someone, if they have caused harm, or more specifically, if they are truly religious or heterosexual (Starcevic et al, 2012). Sometimes this reassurance behavior is not direct and overt, but is communicated in implicit ways through nonverbal content (e.g., facial expressions, tone of voice, etc.) (Kobori et al, 2012). In a study conducted by Calvocoressi et al. (1995), interviews were conducted with participants and family members, and it was found that one-third of relatives usually reassured individuals with OCD, participated in their compulsions, and took responsibility for the activities carried out together. These findings clearly indicate that reassurance seeking has a strong interpersonal component.

MEASUREMENT TOOLS FOR REASSURANCE SEEKING IN THE CONTEXT OF OCD

As far as is known, four measurement instruments have been developed in the literature to assess reassurance seeking in anxiety disorders, only one of which has been adapted for use with a Turkish sample. The first is the Reassurance Questionnaire, developed by Speckens et al. (2000), which assesses the extent to which patients are reassured by physicians (i.e., reassurance seeking in health anxiety). The second is the Reassurance Seeking Scale, which was developed by Rector et al. (2011) and designed to assess the triggers and motivations behind reassurance seeking. The third scale is the Threat-Related Reassurance Seeking Scale, developed by Cougle et al. (2012), which assesses two distinct forms of reassurance seeking: (a) general threat-related reassurance seeking, referring

to the act of seeking reassurance from others that negative outcomes will not occur, and (b) evaluative threat-related reassurance seeking, which involves seeking reassurance that others will not form negative judgments about oneself. The final instrument is the Reassurance Seeking Questionnaire, developed by Kobori and Salkovskis (2013) and later adapted into Turkish by Hacıömeroğlu and İnözü (2019). In contrast to other reassurance scales, this tool is a comprehensive measure comprising four subscales: Source, Trust, Intensity, and Carefulness. The subscales are as follows: Source evaluates the frequency with which participants seek reassurance from various sources; Trust assesses the level of trust participants have in these sources of reassurance; Intensity measures the number of times participants seek the same reassurance before ceasing; and Carefulness examines the degree of caution participants exhibit when seeking reassurance. This scale was developed to assess reassurance-seeking behavior in OCD in a multidimensional way, underscoring the fact that reassurance seeking comprises multiple components specific to OCD. Thus, it addresses a significant gap in the literature on reassurance seeking. A study conducted by Hacıömeroğlu and İnözü (2019) examined the impact of reassurance seeking across OCD, anxiety disorders, major depressive disorder, and control groups. The results revealed that individuals diagnosed with OCD used more sources for reassurance than those with anxiety disorders and healthy individuals. They also demonstrated a greater preference for trusting information sources, sought the same reassurance more times before stopping, and were more careful in their reassurance-seeking behavior.

REASSURANCE SEEKING AND COGNITIVE BEHAVIORAL THERAPY

In the context of cognitive behavioral therapy (CBT), reassurance seeking plays an important role in the conceptualization, maintenance, and treatment of anxiety disorders. Although reassurance seeking is regarded as a transdiagnostic variable (Rector et al, 2011), evidence suggests that cognitive and behavioral processes specific to particular disorders contribute to the emergence of this behavior (Halldorsson & Salkovskis, 2017; Parrish & Radomsky, 2010). Reassurance seeking inhibits exposure to threatening stimuli and prevents habituation to feared situations, thus reducing individuals' self-efficacy in dealing with triggers (Rector et al, 2019). Clinicians should be cautious not to provide reassurance during therapy, as this may offer clients an opportunity to avoid feared stimuli (Salkovskis, 1985), thereby reinforcing the neutralizing effect of transferring responsibility to others (Salkovskis, 1999). Additionally, providing reassurance to individuals with OCD may not reduce symptoms, as it likely serves as a neutralizer for the anxiety experienced. Failure to eliminate reassurance seeking during exposure and response prevention can result

in treatment failure (Patel & Simpson, 2010). Gillihan et al. (2012) found that inexperienced therapists reassure patients with OCD by "telling them how unlikely the feared outcome is to occur," which negatively impacts recovery (p. 254). Family members of individuals with OCD often report that reassurance only relieves stress in the short term and increases the severity of OCD in the long term. However, they also report feeling unable to manage their loved ones in other ways due to limited knowledge of how to approach them beyond providing reassurance, which leads to frustration stemming from this conflict (Halldorsson et al, 2017). Therefore, it is important for the therapist and close family members to break this vicious cycle. Psychoeducation for family members of individuals with OCD, particularly in addressing behaviors like reassurance seeking, is a crucial component of treatment. Family members often play a key role in maintaining or breaking the cycle of reassurance seeking when responding to the person with OCD. As part of CBT for OCD, it is important to explain to family members the role of reassurance in maintaining symptoms and then teach them how to support their loved ones to become less dependent on reassurance. In order for individuals with OCD to reduce their reassurance-seeking behavior, those they live with need to have a clear understanding of what to do. To avoid providing reassurance within the family, it is essential that all family members agree on a unified approach. The therapist should invite family members to a session to explain the significance of reassurance-seeking behavior in the context of OCD and how to manage it. Family members might respond to reassurance seeking from the person with OCD by saying: "You already know the answer to that question. I'm not going to answer it," or "Since you asked me for reassurance, your anxiety has increased. What else could you do to reduce this anxiety, instead of reassuring yourself? For example, are there any helpful/functional thoughts you could tell yourself?" In the next phase, family members can praise individuals with OCD when they seek less reassurance: "You're doing great!" "Well done, look at you managing your anxiety!" "I'm proud of you!" (Abramowitz, 2021; Hyman & Pedrick, 2010).

In psychotherapy, CBT, which focuses on helping people transition from seeking reassurance to seeking support, is an effective method (Halldorsson & Salkovskis, 2017). The mechanism that should replace reassurance seeking is "support seeking." The term "support seeking" is defined as an interpersonal behavior, verbal or nonverbal, aimed at receiving (or giving) encouragement, confidence, or help in coping with feelings of distress. In other words, seeking support is the opposite of seeking reassurance, which is supportive behavior aimed at helping the person face their fears and overcome them in the process. The goal of support is not to "save" the person from a threat but to help them cope with distress (Salkovskis, 1991).

When people seek support, they want to seek help in coping with anxiety, and this interaction gives them a sense of control, courage, and/or belief that they can manage the anxiety (or accept the anxiety as it is). In the context of CBT, learning the ability to seek support is an important step in treatment. Individuals who experience persistent and intense anxiety often do so because they perceive their circumstances as more dangerous than they truly are, leading to a sense of being "trapped" in this anxiety. The goal of treatment is to help individuals develop cognitive flexibility, which can disrupt the unending cycle of safety-seeking behaviors that reinforce the perception of threat (Clark, 1999; Salkovskis, 1999). Recent research by Neal and Radomsky (2019, 2020) demonstrated that providing support as a therapeutic intervention is both effective (Neal & Radomsky, 2019) and well-accepted by individuals with OCD and their caregivers (Neal & Radomsky, 2020). Future research should focus on achieving better clinical outcomes with more specific and evolved research and application targets in relation to reassurance seeking in OCD. In this context, it is important to conduct systematic reviews or meta-analytic studies on seeking reassurance.

CONCLUSION

Reassurance seeking is a widely recognized behavior that contributes to the maintenance of various mental disorders. This article serves as a valuable resource for both OCD research and the development of treatments for OCD. Future studies should focus on conducting more specific and comprehensive investigations, such as systematic reviews or meta-analyses, of reassurance seeking in OCD. Reassurance-seeking behaviors should be explored and addressed during therapy to more thoroughly assess individuals with OCD and enhance therapy outcomes. In clinical settings, therapists should not overlook the importance of examining whether clients engage in reassurance-seeking behaviors, the sources they rely on, and the frequency and intensity of these behaviors, as well as the processes and outcomes associated with them. It is anticipated that the cognitive behavioral approach to reassurance and support seeking in treatment will influence future research and clinical practice, opening new avenues for exploration. The theoretical insights and recommendations offered in this review may deepen our understanding of reassurance-seeking behavior and ultimately assist clinicians in reducing reassurance-seeking behaviors in their clients.

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