



# Role of excessive reassurance seeking from others and interpersonal sensitivity in predicting social anxiety and obsessive-compulsive symptoms

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## Abstract

**Introduction:** Excessive reassurance seeking from others and interpersonal sensitivity with a temporary reduction of anxiety play an essential role in the persistence of anxiety disorders. The present study investigated the role of excessive reassurance seeking of others and interpersonal sensitivity in predicting social anxiety and obsessive-compulsive symptoms.

**Materials and Methods:** The statistical population consisted of all the housewives of Sabzevar City, Iran, in the summer of 2022. A sample of 339 housewives were selected using two-stage cluster sampling. They filled the questionnaires about obsessive-compulsive, social anxiety, seeking reassurance from others, and interpersonal sensitivity. The data were analyzed using correlation, regression, and analysis of variance tests.

**Results:** The findings showed that excessive reassurance and interpersonal sensitivity have a significant correlation with the total score of obsessive-compulsive and social anxiety, and excessive reassurance and interpersonal sensitivity predict 6% of the variance related to social anxiety and 33% of the variance of obsessive-compulsive. Also, the results showed that the group with obsessive symptoms compared to the group with social anxiety symptoms and the healthy group had the highest score in interpersonal sensitivity and excessive reassurance ( $P < 0.001$ ).

**Conclusion:** Excessive reassurance and interpersonal sensitivity are important explanations for anxiety disorders, especially obsessive-compulsive disorder.

**Keywords:** Fear, Interpersonal relations, Obsessive-compulsive disorder, Social anxiety disorder

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## Introduction

Anxiety disorders are the most common mental health problem that has increased in decades. Iran has the highest prevalence of anxiety disorders after Portugal and Brazil, and

women are 1.66 times more likely to have anxiety disorders than men (1). Focusing on the core processes of anxiety can develop more efficient and cost-effective treatments. According to the Cognitive-Behavioral

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Therapy (CBT) approach, reassurance-seeking is hypothesized to be a key factor in the maintenance of anxiety (2). Excessive reassurance seeking is defined as repeatedly requesting safety-related information from others about a threatening object, situation, or interpersonal characteristic despite the information already being provided. It was done to restore a sense of confidence or reduce anxiety. Excessive reassurance seeking is an essential mechanism in managing psychological distress and reducing anxiety. However, this temporary reduction in anxiety is usually followed by a paradoxical increase in anxiety and the desire to seek more reassurance (3). Evidence confirmed that anxiety was related to a high level of trait reassurance seeking (4). A study showed that daily reassurance behaviors were dependent on the level of daily anxiety, while trait anxiety and depression were controlled (5).

It is necessary to distinguish between reassurance from others and self-reassurance. In self-reassurance, patients use self-checking and self-talk to reassure themselves (e.g., repeatedly telling themselves, "The door is locked"), especially if there is no one to act as a source of reassurance. Alternatively, they experience negative emotions such as embarrassment when asked for reassurance. This type of reassurance is similar to checking because it occurs mentally. However, the "interpersonal aspect" is an essential feature of reassurance from others (6).

The interpersonal aspect can be explained by patients' need for "others" to reassure them and reduce anxiety. In this way, the assurance provider, intentionally or unintentionally, provides information about the situation and precautions to avoid possible negative consequences. Based on clinical reports and previous studies, excessive reassurance-seeking from others may be associated with anxiety pathology. The first type of excessive reassurance is related to public threats, and a person gets the assurance of the non-occurrence of negative consequences from others. The second type has the nature of self-focused and evaluation, and the person does this to make sure that others do not judge him/her negatively. The first type, Obsessive-Compulsive Disorder (OCD), and the second type of Social Anxiety Disorder (SAD) are common (7).

Individuals seek reassurance in response to feelings of threat and obsession. The degree of excessive reassurance-seeking predicts the

degree of obsessive-compulsive symptoms. Evidence related to CBT showed that in the pre-treatment phase, even with the controlling of depression, the degree of excessive reassurance was related to the intensity of obsessive-compulsive symptoms, and CBT has decreased both excessive reassurance and the intensity of obsessive-compulsive symptoms (2,8).

Studies have found that people who seek reassurance have more severe obsessive-compulsive symptoms, suggesting that the intensity of obsessions can lead people to use coping strategies like reassurance alongside other compulsive symptoms (9-12). Some studies provided empirical evidence for the co-occurrence of checking and reassurance. They have even mentioned checking as a particular type of reassurance seeking. Also, they emphasized the importance of studying the relationship between excessive reassurance-seeking and other types of obsessive-compulsive symptoms (13). A few studies have examined the relationship between excessive reassurance-seeking and obsessive-compulsive symptoms such as cleanliness, aggression, and sexual, physical, and religious content. Only one study has qualitatively examined the role of excessive reassurance-seeking in the religious obsession with impurity-purity (14). Seeking interpersonal reassurance has negative social and emotional consequences, and individuals with OCD are aware of these consequences and tend to minimize them. Obsessive-compulsive symptoms, especially unacceptable thoughts, are related to shame and self-fear, and these negative emotions make individuals with OCD avoid interpersonal disclosure and seek alternative sources of reassurance (10,15,16). A study found that excessive reassurance-seeking usually leads to communication problems and frustration (17).

Another study showed that behaviors of reassurance-seeking through lowering self-esteem increase interpersonal difficulties (18).

Because of the fear of being judged, people with social phobia often need reassurance from others to make sure that their anxiety symptoms are not apparent to others. Also, individuals with social anxiety repeatedly seek reassurance. Worries about not being loved by others are among the most terrible fears (19). Humans are naturally afraid of negative evaluations by others. At the core of social anxiety disorder is an intense and persistent fear of one or more social situations or performances in which embarrassment, rejection, or the assumption of

scrutiny by others is seen. This fear leads to avoiding the situation or tolerating anxiety or distress intensity (20). Interpersonal sensitivity (i.e., sensitivity to other people's behaviors and feelings) is recognized as a stable personality trait (21). Individuals with this trait are particularly attentive to other people's behaviors and moods and, as a result, are more sensitive to changes in interpersonal relationships, mainly when these traits include criticism and rejection. Individuals with high interpersonal sensitivity adapt their behaviors to meet the expectations of others to avoid the risk of rejection or criticism. Interpersonal sensitivity is described as a feeling of personal inadequacy that leads to frequent misinterpretation of others' interpersonal behavior, widely causing distress, interpersonal avoidance, and insecure behavior (21). In addition, individuals with high interpersonal sensitivity also tend to have a negative working model of themselves in which they take responsibility for their relationships as their fear of rejection (22). Because they believe that if they do not take this responsibility, there is an imminent danger that they will end up alone. Interpersonal sensitivity that turns into maladaptive behaviors can lead to social anxiety disorder (23,24) and anxiety (25). A recent study has also shown that higher interpersonal sensitivity predicts higher social avoidance and distress (26). Compared to men, women show more interpersonal sensitivity (27). Studies report that women invest more time and effort in their interpersonal relationships than men, while men invest more in their professional success (28). Another possible indication that women may be more interpersonally sensitive than men is that women are more likely to report and seek help for problems related to interpersonal sensitivity, such as depression, anxiety, and social phobia (23,25). Considering that previous studies have investigated the relationship between excessive reassurance and interpersonal sensitivity with various types of anxiety disorders, this study simultaneously tries to examine the relationships between excessive reassurance from others and interpersonal sensitivity with social anxiety and obsessive-compulsive symptoms among women.

## Materials and Methods

This study uses a cross-section and descriptive method for correlation. The statistical population included all the housewives of Sabzevar City, Iran, in the summer of 2022.

Based on the formula proposed by Tabachnick and Fidell (29), the minimum sample size required in the correlation study is calculated from the relationship  $N \geq 50 + 8M$ .  $N$  is the sample size, and  $M$  is the number of predictor variables in the research. In this way, according to the number of predictor variables between the two variables (excessive reassurance seeking and interpersonal sensitivity), the minimum sample required for this study was equal to  $(66 = 2 * 50 + 8)$  66 people. Also, based on Morgan's table, for communities with more than 100,000 people, a sample of 384 people should be selected as a sample.

Using the two-stage cluster sampling method, 384 women were selected. In the first stage, an area was randomly selected, and in the second stage, a neighborhood was selected, and the questionnaires were completed by going to the door of the houses. The inclusion criteria included being a housewife, aged 18-60 years, consenting to participate in the research, and having an education in high school and above. Exclusion criteria included having severe psychological, visual, or auditory sensory problems that prevent communication with the participant or understanding and answering the questions.

The participants were assured that their information would remain confidential and not be shared with any individual or organization. After collecting the questionnaires, 339 complete questionnaires were used for analysis.

## Research instruments

*A) Obsessive-Compulsive Inventory (OCI):* Foa et al. designed this inventory with 42 five-point items. This instrument consists of washing, controlling, doubting, orderliness, obsession, hoarding, and neutralization. Its internal consistency coefficient was in the range of 0.86 to 0.95, and its retest reliability coefficient was in the range of 0.84 to 0.90 (30). This questionnaire was correlated in the range of 0.95 to 0.81 with other self-report tools for obsessive-compulsive symptoms (31). In Iran, Cronbach's alpha for the total inventory was reported as 0.73, and subscales in the range of 0.68 to 0.84 (32). In the present study, Cronbach's alpha was 0.94.

*B) The Interpersonal Sensitivity Subscale:* This study used the interpersonal sensitivity subscale of Symptom Checklist 90-R (SCL-90-R). It has 9 items and a 5-point Likert scale. In Iran, Cronbach's alpha coefficient and test-

retest reliability were reported for the total score of 0.98 and 0.82 and the interpersonal sensitivity subscale of 0.87 and 0.86, respectively (33). In the present study, Cronbach's alpha of the interpersonal sensitivity subscale was 0.81.

*C) Interpersonal Reassurance Seeking Questionnaire (IRS):* Starcevic et al. designed six themes with a 5-point Likert to measure the level of seeking reassurance from others in issues such as pollution, harm, and correctness of things (12). In this study, clinical psychologists confirmed content validity, and the Cronbach's alpha of this questionnaire was 0.70.

*D) Social Anxiety Scale (SAS):* This scale was designed by Jerabek (1996) to measure social anxiety. This 25-item questionnaire with a 5-point Likert scale has five subscales, including

fear of strangers, fear of being evaluated by others, fear of speaking in public, fear of social isolation, and fear of revealing anxiety symptoms. In Iran, internal reliability was reported as 0.76 (34). In the present study, Cronbach's alpha was 0.86.

## Results

Demographic findings showed that 60 people (17.7%) had a degree in high school, 134 people (39.5%) had diplomas, 104 people (30.7%) had a bachelor's degree, and 11 people (3.2%) had a master's degree. In terms of marital status, 37 people (10.9%) were single, 298 people (87.9%) were married, and four women (1.2%) were divorced. The age range of the participants was 18 to 60 years, with a mean of 33.54 and a standard deviation of 9.57.

**Table 1.** Mean and standard deviation and correlation between variables

Variable	M	SD	Interpersonal sensitivity	Excessive reassurance seeking
Excessive reassurance seeking	13.40	4.35	0.29**	1
Interpersonal sensitivity	10.01	6.70	1	0.29**
Washing	14.02	6.88	0.50**	0.25**
Checking	13.96	7.76	0.39**	0.19**
Doubting	4.52	3.36	0.49**	0.29**
Ordering	10.67	4.06	0.42**	0.20**
Obsessions	11.73	6	0.57**	0.19**
Hoarding	4.96	2.97	0.38**	0.14*
Neutralizing	8.51	4.79	0.50**	0.13*
Total obsessive-compulsive symptoms	68.63	29.60	0.58**	0.25**
Fear of strangers	20.77	4.23	0.23**	0.03
Fear Evaluation of others	10.26	3.93	0.14*	0.10
Fear of speaking	11.15	3.59	0.13*	0.21**
Fear of revealing anxiety	11.96	3.59	0.07	0.18**
Fear of social isolation	12.06	3.23	0.10	0.21**
Total of social anxiety	66.22	13.89	0.19**	0.19**

\* $P < 0.05$ , \*\* $P < 0.01$

Table 1 shows that obsessive-compulsive symptoms significantly correlate with excessive reassurance and interpersonal sensitivity. Also, the results show that although the total score of social anxiety has a significant correlation with interpersonal sensitivity and excessive reassurance, the subscales of fear of

social isolation and fear of revealing anxiety symptoms do not relate significantly to interpersonal sensitivity. The subscales of fear, such as the evaluation of others and fear of strangers, do not significantly correlate with excessive reassurance.

**Table 2.** The role of excessive reassurance and interpersonal sensitivity in predicting social anxiety and obsessive-compulsive symptoms

Criterion variables	R <sup>2</sup>	Predictors			
		Interpersonal sensitivity		Excessive reassurance seeking	
		Beta	P	Beta	P
Social anxiety	0.06	0.14	0.01	0.15	0.006
Obsessive-compulsive symptoms	0.33	0.55	0.0001	0.09	0.05

Table 2 shows that excessive reassurance and interpersonal sensitivity predict 6% of the variance related to social anxiety and 33% of the variance of obsessive-compulsive. Thus, the excessive reassurance variable was a strong predictor for social anxiety symptoms, and the interpersonal sensitivity variable was a strong predictor for obsessive-compulsive symptoms.

Based on a standard deviation above the mean in total scores in obsessive-compulsive disorder and social anxiety, the participants were

grouped: 232 individuals in the healthy group, 54 individuals in the group with obsessive-compulsive symptoms, 42 individuals in the group with social anxiety symptoms, and 11 individuals with high scores both of obsessive-compulsive symptoms and social anxiety symptoms. Analysis of variance was used to compare this group in terms of interpersonal sensitivity and excessive reassurance, and these results are shown in (Table 3).

**Table 3.** Comparison of interpersonal sensitivity and excessive reassurance in individuals with social anxiety and obsessive-compulsive symptoms

	Healthy		Obsessive-compulsive symptoms		Social anxiety		Obsessive-compulsive symptoms and social anxiety		Analysis variance	
	M	SD	M	SD	M	SD	M	SD	F	P
Interpersonal sensitivity	8.49	5.55	15.562	7.13	10.52	6.98	12.72	1.17	2.24	0.001
Excessive reassurance	12.61	4.08	15.64	3.90	14.66	5.02	14.18	4.72	9.28	0.001

As Table 3 shows, there is a significant difference between groups in interpersonal sensitivity. Scheffe's post hoc test, which is used to compare groups with unequal size, showed that there was a difference between the healthy groups and those with obsessive-compulsive symptoms ( $P < 0.001$ ), as well as there was a significant difference between the groups with social anxiety symptoms and obsessive-compulsive symptoms ( $P < 0.001$ ).

There was a significant difference in excessive reassurance between the healthy groups and the group with obsessive-compulsive symptoms ( $P < 0.001$ ) and also between the healthy groups and the group with social anxiety symptoms ( $P < 0.001$ ). Therefore, individuals with obsessive-compulsive symptoms have the highest scores in interpersonal sensitivity and excessive reassurance compared to other groups, and individuals with high scores in social anxiety have the highest scores in excessive reassurance.

## Discussion

The present study investigated the role of excessive reassurance of others and interpersonal sensitivity in predicting social anxiety and obsessive-compulsive symptoms. The results showed that excessive reassurance-seeking was correlated with obsessive-compulsive symptoms. This finding is consistent with the study of Katz et al. in Canada, Toronto. They compared the level of reassurance seeking

using the Reassurance Seeking Scale in a sample of 156 obsessive-compulsive patients and 361 depressed patients before the start of treatment. The results showed that excessive reassurance seeking was related to the severity of depression and OCD symptoms and that receiving CBT had led to the reduction of excessive reassurance seeking (8). In another study, Rector et al. assessed 738 people with anxiety disorders seeking treatment using the Reassurance Seeking Scale. They found that excessive reassurance seeking had a moderate correlation with the level of depression and the amount of excessive reassurance seeking decreased during CBT (2). In this regard, in Turkey, Haciomeroglu and Inozu examined reassurance seeking in groups of 53 people with OCD, 67 people with depression, 73 people with other anxiety disorders, and 110 healthy people by using the Turkish version of Reassurance Seeking Questionnaire. Their results showed that reassurance seeking in the OCD group was higher than in other groups (9). Also, Haciomeroglu assessed interpersonal reassurance seeking, OCD symptoms, obsessive beliefs, feelings of anger, and guilt among 53 OCD patients and 591 non-clinical participants and found that severity of obsessive-compulsive symptoms significantly predicted the carefulness of OCD individuals during reassurance seeking. The increased reassurance seeking was related to feelings of guilt (10). In line with the results of the present study, Starcevic et al. in Australia,

Sydney, assessed interpersonal reassurance seeking among 140 OCD patients and its relationship to their checking by using Interpersonal Reassurance Questionnaire. They found that patients with more interpersonal reassurance seeking had more intensity in OCD and were more likely to have checking obsessions (12). Also, in Japan, Kobori and Salkovskis compared 153 people with OCD, 50 people with panic disorders, and 52 healthy people using the Reassurance Seeking Questionnaire and indicated that people with anxiety disorders had a higher rate of reassurance-seeking than the healthy group, and people with OCD had the highest level of reassurance seeking (6).

Several explanations have been proposed regarding the relationship between excessive reassurance and anxiety disorders. First, excessive reassurance may be the result of anxiety pathology. According to this view, the anxious individual seeks reassurance from others that danger is not imminent and that situations or stimuli are safe. Such behavior may be done to reduce anxiety and risk of injury. Second, excessive reassurance and anxiety may be related to depression symptoms due to their typical relationship (8).

Third, reassurance-seeking may be enhanced in response to obsessive fears. Empirical evidence supports reassurance seeking as a responsibility transfer strategy. In this way, the reassurance seeking enables people to transfer their responsibility to the trusted person (35,36). Fourth, anxious individuals may also engage in excessive reassurance to reduce unbearable feelings of uncertainty; therefore, excessive reassurance may result from intolerance of uncertainty. Intolerance of uncertainty has been proposed as an essential construct in anxiety pathology and is prominently involved in cognitive concepts of generalized anxiety (37).

Further intolerance of uncertainty is also related to OCD and social anxiety (8,38). Finally, excessive reassurance may play a maintaining or causal role in the anxiety pathology (4,5).

It may function similarly to other safety behaviors because it prevents the disconfirmation of threats. Excessive reassurance may also contribute to anxiety symptoms by focusing more on the perceived threat. The results showed that obsessive-compulsive symptoms were significantly correlated with interpersonal sensitivity, and

individuals with obsessive-compulsive symptoms had the highest scores in interpersonal sensitivity. In line with this study, In Nigeria, Kazeem investigated the effect of interpersonal sensitivity, psychoticism, and psychological hardiness on OCD using 190 outpatients with mental health problems and found that interpersonal sensitivity was a predictor of obsessive-compulsive symptoms and explained 61% of the relevant variance of obsessive-compulsive symptoms. Psychological hardiness moderated the effects of interpersonal sensitivity and psychoticism on OCD (39). Also, Parrish and Radomsky assessed 15 OCD patients without depression, 15 depressed patients without OCD, and 20 healthy individuals in Canada, Montreal, using interviews. They suggested that individuals with OCD sought reassurance about the perception of public threats and depressed individuals sought reassurance about social threats (loss of support and abandonment) (11).

Other studies also indicate that excessive reassurance is usually associated with communication problems and feelings of failure (17). It seems that individuals with obsessive-compulsive symptoms tried to reduce the reassurance from others due to interpersonal concerns such as fear of embarrassment or angering/disappointing the provider's reassurance (13). Also, the results showed that excessive reassurance seeking was significantly related to the total score of social anxiety, and individuals with high scores in social anxiety had the highest score in excessive reassurance. In this regard, Cogle et al. in a study on a non-clinical sample in the USA, showed that excessive reassurance seeking was associated with more symptoms of social anxiety even after controlling for trait anxiety, depression, and intolerance of ambiguity. Indeed, empirical and clinical evidence suggests that individuals with anxiety disorders typically seek excessive reassurance in response to perceived threats, contributing to the long-term maintenance of anxiety and threats. Given that excessive reassurance is driven by various motivations such as perceived threats to self/others' safety, doubts about competence/abilities, decision-making, and social threats to interpersonal relationships. Even though individuals with social anxiety symptoms receive previous reassurances from others, they still continue reassurance seeking to resolve their concerns, such as being loved and approved, worthy and

complete (7). It seems that one of the reasons for excessive reassurance seeking in individuals with social anxiety is related to an extreme responsibility towards others. In this regard, studies also pointed out that perceived responsibility increases reassurance (11). In other explanations, theories postulate avoidance and/or safety behaviors as important negative reinforcement factors for anxiety symptoms and threat-seeking. A study showed that people with social anxiety avoid paying attention to threatening stimuli through excessive reassurance (40). Also, the results showed that the total social anxiety score had a significant correlation with interpersonal sensitivity. Consistent with this study, Kumari et al. compared the level of perfectionism, interpersonal sensitivity, and dysfunctional cognitions among 30 patients with social anxiety and 30 healthy participants in India. Their results showed that although perfectionism and interpersonal sensitivity were high in the group with social anxiety disorder, interpersonal sensitivity was a significant predictor of social anxiety (23). Also, In Iran, Mohammadian et al. investigated the role of personality variables and emotional experiences in predicting social anxiety among 131 students.

The findings showed that perfectionism and interpersonal sensitivity were predictors of social anxiety subscales (24). In explaining this finding, it can be stated that individuals with high interpersonal sensitivity tend to assume much responsibility in interpersonal relationships due to the fear of rejection. They believe they will end up alone if they do not take care of their interpersonal relationships (22).

Therefore, extreme interpersonal sensitivity can lead to anxiety disorders, especially social anxiety. This study faced several limitations. First, the data collection tool was a self-report questionnaire, which may be biased. Second, the present study is a correlational descriptive study,

and a cause-and-effect relationship cannot be assumed between the variables. Third, the study sample was non-clinical adult women, limiting the generalization. Considering the current limitations, it is recommended that in future research, the study should be done in clinical samples, in different age and sex groups, and with the control of anxiety and depression symptoms.

### **Conclusion**

Based on findings, excessive reassurance-seeking and interpersonal sensitivity explained 6% of the variance related to social anxiety and 33% of the variance of obsessive-compulsive symptoms, and the group with obsessive-compulsive symptoms had the highest score compared to the group with social anxiety symptoms and the healthy group.

They had high scores in interpersonal sensitivity and excessive reassurance seeking. It is also suggested in explanatory models and psychotherapies to pay special attention to the role of excessive reassurance-seeking and interpersonal sensitivity in anxiety disorders.

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### **Conflict of Interest**

None declared.

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### **Ethical Considerations**

The research management of the University of Bojnord has approved this study as a research project regarding ethical considerations.

### **Authors' Contributions**

Malahat Amani collected data, analyzed the statistical data, and wrote the article.

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