

WHEN REASSURANCE IS HARMFUL

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People with OCD worry that their obsessional fears will come true. To ease this distress they ask other people, usually family members or close friends, over and over again to reassure them that it won't happen. Because obsessional fears are always unrealistic, the family members or friends (and even therapists) tell them there is no need to worry; nothing bad is going to happen. For instance, it is quite common for people with fears of hurting others to seek reassurance that they are harmless; for people with fears of engaging in inappropriate sexual acts that they will not lose control; and for fears of committing blasphemy that they will not be punished. Typically, they get the reassurance that they want but its effects don't last because the fear returns with the next obsession. These repeated reassurance requests are actually compulsions because they provide only temporary relief from the obsessions. And, like other compulsions, they prevent exposure to the fear which is necessary for recovery. Even though offering only temporary relief, the reassurance is rewarding enough to keep the person repeatedly seeking more of it. Here's the first paradox: the more reassurance received, the more reassurance wanted.

It eventually becomes apparent to those in the reassurance exchange that their efforts are not only useless for managing fear but also lead to interpersonal strife. Reassurance is not helpful; it's harmful. For example, I worked with a woman who feared that her three-year old daughter was not her biological offspring but someone else's; her baby had been switched in the hospital. During the early stages of fear, she called the hospital requesting confirmation that the child was hers, and was assured that indeed she was. This satisfied her for a few days; but as the doubt returned, she called again, and again, and again until the hospital refused to take any further calls. When she couldn't get reassurance from the hospital, she turned to her husband. "Does the child look like us? Did you see any other Asian babies in the hospital? How can we be sure the blood tests and medical records prove we are the parents?" Realizing that his attempts to comfort her were futile, the father tried to ignore her. This only caused her to redouble her efforts; she followed him from room to room demanding that he answer her questions. Her demands became so frequent and intense that he eventually moved out of the house and rented an apartment of his own. At that point, the mother entered an intensive treatment program where they both received help.

Reassurance requests can become reassurance demands. This happens when the person threatens emotional outburst or has temper tantrums if his demands are not met. The person may insist on hearing certain words, words said in a certain way, or repeated in a ritualized fashion. When this is not enough, he or she may demand that others actually perform rituals for the person. For example, I worked with a woman who was afraid that she was touching children inappropriately, touching them in a sexual way even though she was unaware of actually doing it. These fears would frequently occur whenever she was close to lots of children in public places. On the way home, she would question her spouse about any misdeed; and, once home, she worried that someone saw her touch a child and reported her to the police. From then on, sounds from the outside were interpreted as the police descending on her home and pounding on her door at any minute. Again she repeatedly sought confirmation that she wasn't about to be arrested. Also, she compulsively opened her apartment door and surveyed the street to see if the police had arrived. When she went to bed she had to routinely repeatedly check all the locks on all windows and doors. However, this wasn't enough. She would then ask her husband to assure that she had done the checking. When his reassurances eventually failed to comfort her, she then demanded that he repeat her checking routine.

As you can see, trying to satisfy demands for reassurance is like trying to fill a bottomless pit. Now, the second paradox: *once reassurance elimination is underway, the reassured finds his desire for it vanishing until*

eventually he feels no need for it at all. There is also a corresponding decrease in the strength of his obsessions and other compulsions. But all of this is only realized after reassurance has stopped. How, then, should one respond to reassurance requests from an OCD sufferer?

First, the person and his significant others are educated about the harmful effects of reassurance. They are given the explanation that providing reassurance interferes with recovery from the disorder. It does so by blocking exposure to the fear, which is necessary for the elimination of fear. Remember, exposure is key to successful treatment.

Second, the person is instructed to abstain from asking for reassurance. A reassurance-seeker's most frequent questions are identified and she/he is told not to ask these questions. Frequently, there are subtle, indirect ways that the person obtains reassurance. There may be unknown to the reassurers, but knowingly practiced by the reassurer. For example, one client I worked with would abruptly stop doing whatever she was doing, sit down and space out. Her husband learned that these behaviors signaled that she was caught up in obsessions; and unbeknownst to him, they became a nonverbal request for reassurance that he would immediately provide by telling her not to worry, that her fears were irrational, that it was only her OCD. So, in addition to attending to the obvious requests, subtle, indirect ones also need to be stopped. The statement "I love you" seems caring, but is it when stated by a person who has violent obsessions? Most likely not, if said repeatedly, because it commonly elicits the response "I love you too," which can be comforting to a person, guilt ridden by images and thoughts of stabbing the reassurer.

Third, it can be expected that some requests for reassurance will continue despite the person's efforts to abstain from them. Therefore, those providing reassurance need to work out expressions that are acceptable to the person for refusing to offer it. One way of doing this is to say, "I think you're asking for reassurance. Remember, reassurance is not helpful it's harmful. Therefore I'm not going to answer." However, if this method does not result in the elimination of reassurance request, it could be possible that the agreed upon statement itself has become reassuring or that the client believes that no harm can occur because the reassurer would warn him. In this case, the best way to prevent continued reassurance is for the parties to stop talking about OCD entirely.

Now this elimination of reassurance is to be restricted only to OCD fears. By all means, the comfort and support that are given for realistic worries and concerns of life should continue in the reciprocal way that one finds among people who mutually care for each other. In the case of OCD, however, this comfort and support comes from the absence of harmful reassurances.