Reassurance

Reassurance is probably the most widely used psychotherapeutic maneouvre in medical practice. It is given to patients with physical or psychiatric illnesses as well as those considered to have no disorder whatsoever. Reassurance warrants frequent, if vague, mention in clinical teaching and in medical textbooks and is invariably considered to be beneficial. Indeed, reassurance is universally accepted as being effective in reducing a patient's anxiety—a desirable goal since it alleviates the patient's psychological distress, which may improve his physical state.[1,2]

Yet indiscriminate reassurance may cause problems. Intrusive, unwanted and upsetting thoughts are common in normal people as well as in those with obsessional neurosis.[3,4] These thoughts are indistinguishable from clinical obsessions and frequently relate to concerns with health. They prompt obsessionals to seek reassurance—and though it provides immediate relief, paradoxically it has the longer term effect of increasing the associated anxiety. The patient then seeks further reassurance and a vicious circle is established. In non-psychiatric patients reassurance seeking is often dealt with by repeated reassurance, further tests, or regular clinic appointments—with similar detrimental effects. Those who work with obsessionals are familiar with this phenomenon and have developed techniques for the management of obsessional thoughts entailing systematic prevention of seeking reassurance.[5]

This, then, is the dilemma. Reassurance intended to reduce anxiety arising from intrusive thoughts may serve the same function as a compulsion in obsessional neurosis—a short term reduction in fear, but a long term increase in the acceptance of the validity of the worry.

When patients complain of particular symptoms they have two separate but interrelated concerns. The first is the pain, discomfort, and inconvenience directly arising from the symptoms. Hence a patient may suffer from nausea, which is uncomfortable and makes eating difficult. The second process relates to the meaning of the symptom to the patient—he may believe, for example, that the nausea arises from cancer of the stomach, prompting presentation with trivial symptoms and disproportionate anxiety. It is this second process which leads to the need for reassurance. Appropriate reassurance is therefore defined as the provision of new information that is relevant to the patient's clinical condition. By contrast, reassurance becomes problematic and anxiety provoking in the longer term when it consists of repeated discussion of the nature of symptoms and repeated attempts to allay improbable fears. Furthermore, if unnecessary investigations are carried out to allay fears the fact that there is apparently enough doubt in the mind of the doctor that he may have "missed something" confirms for the patient the validity of his fears. With each new attempt to gain the certainty that there is nothing wrong the patient's anxiety—and hence perception of threat—increases.[6]

What can be done to break this vicious circle? Probably the most important measure is to identify why the patient is presenting for help. Careful listening to his or her description of the symptoms is crucial, as is evaluating how far worry is a factor in their presentation or even a symptom in itself.[7] Clearly, a worried patient has as much chance of having a serious physical problem as the stoic. But a thorough assessment may suggest that further investigation is not needed. Such a judgment should be made independently of the severity of anxiety expressed by the patient, which can directly influence our decisions.[8] We are then free to deal directly with the patient's anxieties as such without offering needless investigations and feeding his doubts with repetitive and irrelevant information. He should be given relevant information about his presenting complaint as early as possible in a form which he can easily understand and retain.[9] The doctor must show a clear awareness of the worries associated with the presenting problem and an understanding that the worries, as well as the symptoms, are part of the problem. Bland reassurance, although usually beneficial, may increase doubt and anxiety when it carries little in the way of new and relevant information.

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