



Fall 2015 Members

Anxiety Studies Division Annual FALL Newsletter

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- Thanks to your participation we have made some interesting discoveries about anxiety!
- Hear about our findings and conclusions (pages 2-4)
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New in the Anxiety Studies Division

As we approach our sixth year we are pleased to share the second edition of the Anxiety Studies Division (ASD) Newsletter. Catch up on our current studies, recent research findings, and other exciting news - and also available on our website (www.uwaterloo.ca/anxiety-studies).

If you would like to suggest the ASD to a friend or family member please invite them call or email us at 519-888-4567 ext. 35920 or anxiety@uwaterloo.ca - we always welcome new members of our research participant pool.

DO YOU NEED TO UPDATE YOUR CONTACT INFORMATION??

Send an email to anxiety@uwaterloo.ca to update your phone number or email address.

CURRENT STUDIES

We are currently running four paid studies "Memories and Emotions 2", "What is the Role of Anxiety in Remembering and Forgetting?", "Exploring the Phenomenology of Obsessions" and the "Recurrent Images Questionnaire".

Each study requires participants with specific characteristics. We are contacting people from the ASD to invite you to participate. It helps us a lot if you can let us know either way as soon as possible after being contacted.

Research Findings: The role of social comparisons and evaluation of anxious and confident partners

By: Tatiana Bielak & David A. Moscovitch

Previous research suggests that socially anxious individuals exaggerate the negative social consequences of visible anxiety. To test this out, we designed a study to examine what impact, if any, visible anxiety (and confidence) actually have on the impressions of social partners. In particular, past research showed that an important part of successful social interactions is interpersonal warmth.

Research suggests that some people with social anxiety have trouble showing genuine interpersonal warmth, instead limiting eye contact or the information they are willing to share with social partners. It has been suggested that this may lead partners to wonder how interested or engaged the anxious individual might be in interacting with them.

In order to investigate this question, we recruited 82 socially anxious and nonanxious participants from the Anxiety Studies Division (ASD) pool and the University of Waterloo Centre for Mental Health Research (CMHR). All participants were asked to give a three-minute speech and these speeches were later coded by trained research assistants in order to see how much interpersonal warmth an

FACTS ABOUT SOCIAL ANXIETY

- Social anxiety disorder (SAD) is one of the most common anxiety disorders
- Between 8-13% of Canadians will be affected by SAD at some point over their lifetime (Statistics Canada 2012)

individual communicated during their speech performance and whether warmth ratings differed between those with and without social anxiety. Coders rated socially anxious individuals as less interpersonally warm than nonanxious participants, and anxious individuals were also rated as less likely to be interested in potential social interactions. This could have important consequences for socially anxious people. This somewhat more distant or reserved, less warm behaviour may be mistakenly interpreted by social partners to mean that the anxious individual is disinterested in their current interaction, when anxious individuals may actually be very interested in their social partner, but have a hard time conveying this. Socially anxious individuals may need help in learning to show how engaged or interested they really are in their social partners.

What does our research tell us?

Overall, our results might suggest that people with social anxiety simply need **help** showing genuine warmth and this finding has practical consequences for the treatment of social anxiety.



Therapists could help clients in individual or group therapy practice behaviours that communicate warmth (e.g., maintaining good eye contact) and provide valuable feedback to the client regarding how to improve their communication of interpersonal warmth. In fact, group therapy for social anxiety may be a particularly valuable context to learn and practice opening up and sharing with social partners in a warm, genuine way. Group (and individual) cognitive-behavioural therapy for social anxiety is offered at our very own Centre for Mental Health

Research (sliding-scale fees available), and has been shown to be highly effective in treating social anxiety difficulties.

- Bielak, T., & Moscovitch, D.A. (2015). *Mechanisms underlying negative interpersonal predictions in social anxiety: The role of social comparisons and evaluation of anxious and confident partners*. Manuscript in preparation.
- Statistics Canada. (2012). *Health state descriptions for Canadians: Mental illnesses*. Statistics Canada Catalogue no. 82-619-M — No. 004. Retrieved from <http://www.statcan.gc.ca/pub/82-619-m/82-619-m2012004-eng.pdf>

Research Findings: A New Understanding of Compulsions

By: Christine Purdon

FACTS ABOUT OBSESSIVE-COMPULSIVE DISORDER (OCD)

- Approximately 272 000 Ontarians will experience problematic compulsions over their lifetime
- Common *compulsions* include: washing, checking and repeating

Compulsions are actions that people feel they must do in order to stave off distress and harm. Typical compulsions



include excessive washing, checking, ordering/arranging and repeating. Compulsions can interfere with people's ability to function at work and at home and are a major source of complaint for people with obsessive-compulsive disorder (OCD).

Treatment

People are usually told that in order to get rid of their OCD they have to stop doing their compulsions. This does work – *if* people can do it. Many people are too scared of the consequences of not doing their compulsions to even start treatment, and many end up dropping out later on because it is just too hard to stop. In fact, many people with OCD feel like they have failed at treatment and begin to feel weak and hopeless.

Research

Researchers have tended to focus on understanding obsessions more so than compulsions. The reason is that if we can get rid of obsessions, or at least the distress they cause, people won't feel the need to do the compulsion and it just becomes obsolete.

Our Research

The **Purdon research team** has conducted a number of studies of compulsions over the past two years. We are finding that compulsions, once started, seem to take on a life of their own.

In one study, people with OCD kept track of their compulsions for three days. We found that more than half of the time people felt certain it was okay to stop their compulsion. Interestingly, the episodes in which they did not feel certain were characterized by more repetitions of the compulsion, increasing mistrust of memory and senses while conducting the compulsion, and much less relief. These data tell us that at least some of the time repetition seems to create more (rather than less) doubt that the compulsion has been done properly, which in turn makes people repeat in order to feel certain. These data also tell us that the cycle isn't always present; compulsions "work" over half the time.



Why might that be the case?

Findings from two other studies might provide a clue. In one study, people with OCD used our kitchen stove to boil a kettle

of water, after which they had to place a pot of dry rice on the burner they had just used, and then leave the kitchen. They did spend more time checking than did another group of anxious people without OCD. However, their repeated checking did not lead to greater doubt, whereas repeated checking did lead to greater doubt for the other anxious group.

This was puzzling until we realized that people with OCD looked at items around the stove that could catch fire (e.g., paper towels, matches) to a much greater extent than did the anxious group. Thus, when not in their own kitchen, people with OCD seemed to actively avoid information about danger in order to over-ride the doubt-repetition-doubt cycle.

In a third study, people who were afraid of contamination were asked to either handle items that would be given to small children or sort paper for recycling. Their hands then came into contact with germs, but they were given the opportunity to wash their hands for as long as they liked. As they washed, the people who knew they were going to handle items for children became *less* certain that their hands were clean whereas those who were going to sort paper became *more* confident that their hands were clean.

These data tell us the following: 1. compulsions work at least half the time; no wonder people use them. 2. When the stakes are high, repeating the compulsion seems to produce less, rather than more, certainty, creating a repeat-doubt-repeat cycle. 3. People with OCD can override this in the short term by avoiding information about danger.

What does our research tell us about compulsions?

Taken together our research tells us that the reason people with OCD have difficulty stopping compulsions is **not** because they are weak or lack willpower, but because compulsions work much of the time; if compulsions make you feel certain things are safe, you will repeat, but when the stakes are high repeating can make you doubt more, rather than less.

- Bucarelli, B., & Purdon, C. (in press). *A diary study of the phenomenology and persistence of compulsions*. Journal of Behavior Therapy and Experimental Psychiatry.
 - Bucarelli, B., & Purdon, C. (2015). *Stove checking behaviour in OCD vs. anxious controls*. Manuscript submitted for publication in Journal of Behavior Therapy and Experimental Psychiatry.
 - Taylor, J., & Purdon, C. (2015). *Responsibility and hand washing behaviour*. Manuscript revised and resubmitted to Journal of Behavior Therapy and Experimental Psychiatry.
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Centre for Mental Health Research (CMHR)

- Affordable psychological services for children, adolescents and adults
- Website: <https://uwaterloo.ca/mental-health-research/clinical-service-resources>
- Email: cmhr@uwaterloo.ca

Other Mental Health Resources & Links

- Mood Disorders Association of Ontario, <http://www.mooddisorders.ca/>
- Waterloo Canadian Mental Health Association, www.wwd.cmha.ca
- KW Counselling Services, <http://kwcounselling.com/>
- Carizon, www.carizon.ca
- St. Mary's Counselling Service, <http://www.smgh.ca/patient-care-programs/community-based-programs/st-marys-counselling-service/>
- Family and Children's Services of the Waterloo Region, www.facswaterloo.org