



MSc Clinical Psychology
Department of Psychology

The psychometric properties of the Covert and Overt
Reassurance Seeking Inventory (CORSI) in an Icelandic
sample and the relationship between worries and reassurance
seeking

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Foreword and acknowledgments

Submitted in partial fulfillment of the MSc Clinical Psychology degree requirements, Reykjavík University, this thesis is presented in the style of an article for submission to a peer-reviewed journal. The thesis is based on a culmination of work over three semesters. During the first semester, a literature review was written about the history, diagnosis, and cognitive models of generalized anxiety disorder, and a specific safety-seeking behaviour that has been observed in GAD patients; reassurance-seeking. Also, the Covert and Overt Reassurance Seeking Inventory (CORSI) was translated, and a research proposal was submitted to the National Bioethics Committee of Iceland for their approval. Data collection began during the second semester and was conducted online, as well as the first draft of the introduction, method, and results were conducted. The data analysis and discussion were conducted during the third semester, and finally, a draft for the whole thesis.

Before starting this journey, my advisor Sævar warned me about the fact that the literature revolving around generalized anxiety disorder had become a wasteland. As a naive first-year student in clinical psychology, I had a little understanding of what that meant. However, after traveling through different parts of this so-called landscape, I think I do now. To this date, I have not come to an opinion on whether this maladaptive condition should be conceptualized as a single disorder or just a feature of many different pathologies. However, I find myself favoring the latter view more often. Originally this thesis was supposed to be more theoretical and should have included concepts such as worry-stop rules and problem orientation. At a certain point, me and Sævar took the decision that we would have to cut down on questionnaires if we were to get enough participants in time. Hence, the thesis became more focused on psychometrics. Thinking back, I am glad we took that turn since the thesis is mainly about the learning experience and, by juggling theory and psychometrics, you

tend to learn a lot. If you want to know more about the thesis you will have to read it, sorry about that.

Firstly, I would like to thank the students of RU for their participation in the study and the staff at RU for allowing me to conduct the research within the university. Secondly, I would like to thank Óttar and Jón Friðrik for helping us translate the CORSI, their insight regarding the translation was indispensable. Thirdly, I would like to thank Sævar Már Gústavsson for advising me through this journey and absorbing my never-ending spam of emails. Also, the idea was his and I won't steal that credit away from him. Fourthly, I would like to thank my family, especially my parents which let me stay in their garage while I finished my degree, could not have done this without you. Hopefully, I will not go on to pursue a Ph.D. in the near future so you can finally get some space. And lastly, I would like to thank my girlfriend Magnea Dís for being so incredibly patient and pregnant during those two years, and to my son Garðar Nói, I owe you some time. While your dad was away battling GAD models, statistics, and the rest of the evil in this world you sat there and smiled. Of course, this work is devoted to the two of you.

Abstract

Aims: The behavioral symptoms of Generalized anxiety disorder have been largely neglected in the literature. Thus, the aim of the thesis was to translate and test the psychometric properties of the Covert and Overt Reassurance Seeking Inventory (CORSI) in an Icelandic sample and to explore the relationship between worries and reassurance-seeking.

Method: 177 students at Reykjavik University, 79 males and 98 females, participated in an online survey and answered the CORSI, the Generalised Anxiety Disorder-7, the Patient Health Questionnaire-9, the Intolerance of Uncertainty Scale, the Worry Behaviour inventory, the Penn State Worry Questionnaire, and the Social Phobia Scale.

Results: A significant, positive correlational relationship was found between all the scales included in the study. The CORSI demonstrated an excellent internal consistency, as well as indications of strong convergent, divergent, and discriminant validity. A factor analysis indicated that a two-factor solution was the most appropriate for the CORSI in this sample. Participants categorized as “high worry” had on average significantly higher scores on the CORSI compared to participants categorized as “low worry”. In a hierarchical regression, the CORSI added a significant and a unique variance to the prediction of worry.

Conclusion: The psychometric properties of the Icelandic version of CORSI are consistent with the English version. However, the factorial structure needs to be evaluated in a larger sample. The study suggests that future research should focus on behavioral symptoms such as excessive reassurance-seeking to improve assessment and the treatment of GAD.

Keywords: Generalized anxiety disorder, worry, reassurance-seeking, The Covert and Overt Reassurance Seeking Inventory (CORSI), safety-seeking behaviors, threat belief.

To worry is a normal cognitive process experienced by all individuals. However, worry can become pathological and problematic, driving the individual towards an exaggerated sense of tension and anxiety. This phenomenon is often referred to as generalized anxiety disorder (GAD). GAD first appeared in the DSM-III in 1980 and was initially a residual diagnosis for individuals who did not meet the criteria for another anxiety disorder (American Psychiatric Association, 1980; Barlow et al., 1992). It was not until 1987 with the introduction of DSM-III-R that the central characteristic of the disorder became excessive worry (American Psychiatric Association, 1987). Worry was conceptualized as the cognitive process or „*Chain of thoughts and images negatively affect-laden and relatively uncontrollable*„, whereas anxiety was conceptualized as the feeling or „*a feeling of apprehension or fear*“ (American Psychiatric Association, 1987). This definition was revised several years later and the manual added a) „*varying degrees of rumination about past events or past losses*” and/or b) „*periodic cognitions reflecting hopelessness about the future*“ to the definition (Andrews & Borkovec, 1988). GAD latest refinement was in the DSM-IV where the central characteristic became excessive and uncontrollable worry about number of domains (American Psychiatric Association, 1994).

In the current diagnostic manual, DSM-V, the disorder still has the same central characteristic and has not changed in any way worth mentioning (Crocq, 2017; American Psychiatric Association, 2013). Secondary symptoms of GAD which are produced by the chronic worrying are restlessness, fatigue, lack of concentration, irritability, muscle tension, and sleep disturbance (American Psychiatric Association, 2013). However, each of those symptoms can be attributed to a wide variety of physical or mental states such as other anxiety disorders (Tyrer, 2018). Furthermore, the presence of comorbidity regarding GAD seems to be the rule rather than the exception (Regier et al., 2013). This lack of specificity has yielded one of the lowest interrater reliability in the diagnostic manual (Regier et al.,

2013). In addition, the treatment results of GAD are generally less efficacious compared with other anxiety disorders (Fisher & Durham, 1999; Rygh & Sanderson, 2004).

More frequent behavioural avoidance, as well as safety behaviour at the end of treatment, predict worse long-term outcome for GAD patients (Beesdo-Baum et al., 2012). This might be because worrying can also manifest as a behaviour, such as inaction, avoidance, and rash actions to determinate distress or uncertainty (Pawluk & Koerner, 2016; Roemer & Orsillo, 2002). At odds with other anxiety criteria's the DSM-V fails to apprehend this important information concerning this unspecific condition (Beesdo-Baum et al., 2012; American Psychiatric Association, 2013). It was proposed, however that GAD should have had an additional C criterion in DSM-V to capture the behavioural consequences of anxiety (Andrews et al., 2010). These were behaviours such as "marked avoidance of potentially negative events or activities" and "repeatedly seeking reassurance due to worries" (Andrews et al., 2010). What is also interesting is that DSM-III included the excessive need for reassurance in the former criteria for Overanxious Disorder in children, which was later merged with GAD (American Psychiatric Association, 1980). Yet, in DSM-V, GAD stands as the solitary anxiety disorder, which includes no behavioural symptom such as overt avoidance (American Psychiatric Association, 2013).

Theories of Generalized Anxiety disorder

Several theories and models of GAD have been developed over the last three decades with their own explanations of the phenomenon (Behar et al., 2009; Fisher & Wells, 2011). Hence, the literature has become complicated (Gústavsson et al, 2021). Regardless, five cognitive-behavioural theories are considered the most important in the literature. They are considered important because they have a) influenced the treatment of GAD significantly and b) have been extensively researched and reviewed (Behar et al., 2009; Koerner et al., 2020; Newman & Llera, 2011). These are the Avoidance Model of Worry (AMW; Borkovec et al.,

2004), the Metacognitive Model (MCM; Wells, 1999), the Intolerance of Uncertainty model (IUM; Dugas et al., 1998), the Acceptance Based Model (ABM; Roemer & Orsillo, 2002), and the Emotion Dysregulation Model (EDM; Mennin et al., 2002). At least three extensive comparisons of these five models have been conducted (see Behar et al., 2009; Koerner et al., 2020; Newman & Llera, 2011).

Even though the central elements of each model differ, Newman & Llera (2011) point out that conceptually, there seems to be a common theme throughout these models, which is *chronic avoidance of uncomfortable internal experiences*. This common theme aligns with Gústavsson et al. (2021), who propose that worry should be conceptualized as a safety-seeking strategy. The focus of research and theories related to GAD have mostly stayed on the explanation of the cognitive process that takes place when an individual worries, how the worry is maintained, the difference between normal and pathological worrying, as well as therapy (Fisher & Wells, 2011; Koerner et al., 2020). Interestingly, only a few studies and none of these models directly involve behaviours or safety-seeking behaviours.

A potential safety-seeking behaviour that maintains worry: Reassurance-seeking

Anxiety disorders arise when situations are perceived as more dangerous than they really are, according to the cognitive theory (Beck, 1979; Clark & Beck, 2011; Salkovskis, 1996). It is hypothesized that at least three mechanisms are activated as a response to threat and anxiety; selective attention to threat-relevant stimuli, physiological arousal, and safety-seeking behaviours (Salkovskis et al., 1999). Safety-seeking behaviours seem to play an essential role in maintaining and amplifying anxiety since they prevent the individual from experiencing disconfirmation of a threat belief (Salkovskis et al., 1999).

Excessive reassurance-seeking (ERS) is conceptualized as an interpersonal safety-seeking behaviour that holds the function of reducing perceived threats and is considered to maintain various mental disorders (Radomsky et al., 2021; Salkovskis, 1996). To summarize,

it can be thought of as a request for information from others to enhance the sense of security, provide relief, and diminish perceived threat and/or responsibility (Halldorsson & Salkovskis, 2017; Starcevic et al., 2012). ERS can become complex, persistent, debilitating, and may dominate an individual's interactions (Halldorsson & Salkovskis, 2017). Although the behavioural symptoms of GAD are poorly characterized, it is recognized that GAD patients may seek reassurance excessively (Beesdo-Baum et al., 2012; Rector et al., 2011; Woody & Rachman, 1994). Beesdo-Baum et al. (2012) showed that GAD patients engaged significantly more in safety behaviour such as reassurance-seeking compared to non-anxious controls. A recent study found that worry correlated with threat-related reassurance-seeking (Clark et al., 2020). The same study further concluded that worry acted as a mediator between attachment anxiety and threat-related reassurance-seeking. Also, it seems that ERS in GAD patients does not only apply to the patient's family and friends but also affects their interaction with professionals and authorities (Woody & Rachman, 1994). Nevertheless, it is under-recognized and under-represented in psychological measurements and treatments (Radomsky et al., 2021; Starcevic et al., 2012). One explanation for this could be that ERS occurs in covert and overt forms and can be hard to identify effectively (Radomsky et al., 2021).

For those reasons, Radomsky et al. (2021) developed the Covert and Overt Reassurance Seeking Inventory (CORSI). The CORSI is a brief, yet comprehensive and psychometrically sound measure of ERS which has the potential use within clinical and research context (Radomsky et al., 2021). In the psychometric analysis of the CORSI Radomsky et al., (2021) found five factors, each capturing a distinct facet of RS. These factors have been labelled respectively 1) Covert Social/Relational Threat RS (C-SR), 2) Overt General Threat RS (O-G), 3) Covert General Threat Passive RS (C-G_P), 4) Overt Social/ Relational Threat RS (O-SR) and 5) Covert General Threat Active RS (C-G_A; see Radomsky et al. 2021 for more detailed factor solution). Other measures of ERS have been

developed over the last few years, such as the Reassurance Seeking scale (RSS; Rector et al., 2011), the Threat-related Reassurance Seeking Scale (TRSS; Cogle et al., 2012), and the Reassurance Seeking Questionnaire (ReSQ; Kobori & Salkovskis, 2013). Nevertheless, the CORSI is the only measurement that captures applicable themes of overt and covert, general threat- and social/relational RS across disorders (Radomsky et al., 2021).

The hypothesis that ERS holds a function of reducing perceived threats in GAD could logically be linked to the need for reducing uncertainty and positive beliefs about worry as the IUM model suggests (Dugas et al., 2007). Since GAD patients might consult with other people before making decisions, with romantic partners to ensure that their relationship is secure, with family members to ensure their safety, or with doctors to ensure their health (Dugas et al., 1998; Rector et al., 2011). Those people will, in turn, reassure the GAD patient by giving him access to threat-relieving information. Disconfirmation of the potentially catastrophic outcome (that uncertainty will inevitably lead to bad things) is therefore missed, and the behaviour is negatively reinforced, as well as the beliefs about worry. This hypothesis is strengthened by the fact that the most promising strategies for treating anxiety disorders are designed to reduce behavioural and cognitive avoidance in order to increase the patient's perceived control (Boswell et al., 2013). Since ERS is hypothesized to have some intentions (to reduce perceived threat), it could logically be linked to specific threat beliefs, such as fear of failing to meet expectations or inability to cope (Gústavsson et al., 2021). Examining how the tendency to worry is connected to safety-seeking behaviours such as excessive reassurance-seeking would move us closer to answering this question.

Thus, the aim of the thesis was to translate and test the psychometric properties of the CORSI in an Icelandic sample and to explore the relationship between the tendency to worry and reassurance-seeking. The proposed hypotheses are: 1) There will be a significant positive correlation between all measures used in the study, 2) The Icelandic version of the CORSI

will be psychometrically sound, 3) Students categorised as “high worry” will on average score higher on the CORSI compared to students categorised as “low worry”, 4) The CORSI will add further incremental validity to the prediction of high worriers while controlling for gender, age, anxiety symptoms, and depressive symptoms.

Method

Participants

The sample consisted of 177 students at Reykjavik University, 79 (44.6%) males and 98 (55.4%) females, with the mean ages of 29.1 ($SD = 10.3$) and 26.2 ($SD = 6.9$), respectively. The age ranged from 18 to 65 years.

Measures

The Cover and Overt Reassurance Seeking Inventory (CORSI) is a 26-item self-report measure intended to assess an individual's tendency to seek reassurance (Radomsky et al., 2021). The scale is rated on a 5-point Likert scale (0 = *Not at all*, to 4 = *Very much*), with total scores ranging from 0 to 104. Examples of items include “I often ask others to tell me if I have made the wrong decision” and “I always test the waters before engaging in any activity that makes me anxious”. The original English version of the scale demonstrated good psychometric properties such as internal consistency, convergent and divergent validity (Radomsky et al., 2021). For the present study, CORSI was translated into Icelandic with permission from the author. Three separate translators translated the scale while an individual translator selected the most appropriate translation for each item. The psychometric properties of the Icelandic version of CORSI have not been studied.

The Generalised Anxiety Disorder 7 (GAD-7) is a 7-item self-report measure intended to assess the symptoms of generalized anxiety disorder over the past two weeks based on the DSM-IV criteria (Spitzer et al., 2006). The scale is rated on a 4-point Likert scale (0 = *not at all*, to 3 = *nearly every day*) with total scores ranging from 0 to 21. The original English

version demonstrated good psychometric properties such as reliability and validity (Löwe et al., 2008; Spitzer et al., 2006). The psychometric properties of the Icelandic version are consistent with the English version (Ingolfsdottir, 2014; Snæbjörnsdóttir, 2018).

The Patient Health Questionnaire-9 (PHQ-9) is a 7-item self-report measure intended to assess the symptoms of depression over the past two weeks (Kroenke et al., 2001). The scale is rated on a 4-point Likert scale (0 = *not at all*, to 3 = *nearly every day*), with total scores ranging from 0 to 21. The scale has demonstrated good psychometric properties such as reliability and validity (Kroenke et al., 2001). The psychometric properties of the Icelandic version are consistent with the English version (Pálsdóttir, 2007; Snæbjörnsdóttir, 2018).

The Intolerance of Uncertainty Scale (IUS-A) is a 27-item self-report measure intended to assess how individuals respond to uncertainty (Buhr & Dugas, 2002). The scale is rated on a 5-point Likert scale (1 = *not at all characteristic of me*, to 5 = *entirely characteristic of me*). Examples of items include “Uncertainty makes me uneasy, anxious, or stressed” and “My mind can’t be relaxed if I don’t know what will happen tomorrow”. The original English version demonstrated good psychometric properties such as reliability and validity (Buhr & Dugas, 2002). The psychometric properties of the Icelandic version are consistent with the English version (Porgilsdottir & Stefansdottir, 2017).

The Worry Behaviours Inventory (WBI) is a 10-item self-report measure designed to identify how often respondents typically use maladaptive behaviours to prevent, control or avoid worry about everyday concerns (Mahoney et al., 2016). Every item is rated on a 5-point Likert scale (0 = *none of the time*, to 4 = *all of the time*), with total scores ranging from 10 to 50 (Mahoney et al., 2016). Examples of items include “I check to make sure nothing bad has happened or that everything is OK” and “I avoid saying or doing things that worry me”. The original English version of the scale has demonstrated good psychometric properties such as internal consistency, convergent and divergent validity (Mahoney et al., 2016). The

psychometric properties of the Icelandic version are consistent with the English version (Sigurðardóttir, 2019).

The Penn State Worry questionnaire (PSWQ) is a 16-item self-report measure that assesses the tendency to worry (Meyer et al., 1990). The scale is rated on a 5-point Likert scale (1= *not at all typical of me*, to 5 = *very typical of me*) with total scores ranging from 16 to 80. The original English version of the demonstrated good psychometric properties such as reliability and validity (Meyer et al., 1990). The psychometric properties of the Icelandic version are consistent with the English version (Jónsdóttir & Smári, 2000).

The Social Phobia Scale (SPS) is a 20-item self-report measure that assesses fears of being scrutinised or observed during routine activities, such as eating, drinking, or writing (Mattick & Clark, 1998). The scale is rated on a 5-point Likert scale (0= *not at all characteristic or true of me*, to 4= *extremely characteristic or true of me*), with total scores ranging from 0 to 80. The original English version of the scale has excellent internal consistency, good convergent and discriminant validity, and good test-retest reliability (Mattick & Clark, 1998). The psychometric properties of the Icelandic version are consistent with the English version (Eggertsdóttir, 2004; Hauksdóttir, 2005; Ólafsdóttir, 2012).

Procedure

The Icelandic National Bioethics Committee approved the study (no: VSN-21-127). Data collection was conducted between October 2021 and Mars 2022, using RedCap online survey application. In collaboration with Reykjavik University, an email was sent to all the students in the school, inviting them to participate in the study. The only requirement was that participants needed to be able to speak and write in Icelandic and be 18 years of age or older. The email instructed students to read the informed consent if they were interested in participating. In the consent, participants were informed that by answering the questionnaires they were also giving their permission as participants in the study. In the informed consent,

participants were also asked to answer demographic questions about age and gender along with seven self-report measures, as described above.

Statistical Analysis

The Statistical Package for the Social Sciences (SPSS; version 27) was used for data analysis. Missing data was addressed using listwise deletion since it was above 5% for all questionnaires except for the CORSI. To assess the factorial structure of the CORSI, principal axis factor analysis using direct oblimin rotation was conducted. Additionally, a parallel analysis was conducted to determine the appropriate number of factors. Internal consistency of the scales was measured using Cronbach's alpha. A Kolmogorov-Smirnov test revealed that three scales in the study, namely PHQ-9, GAD-7, and SPS, did not resemble normal distribution of variance. Hence, Spearman's rho correlation was used to assess the convergent and divergent validity of the CORSI. Divergent validity was assessed by correlating the CORSI with measures used to assess social anxiety (SPS) and depressive symptoms (PHQ-9). Convergent validity was assessed by correlating the CORSI with measures used for the assessment of intolerance of uncertainty (IUS-A), worry (PSWQ), and maladaptive behaviours (WBI).

Participants were split into two groups to assess discriminant validity based on their PSWQ scores. A PSWQ cut-off score of 62 was used (Behar et al., 2003). Participants with a score of 62 or higher were categorized as "high worry", were as participants with a score of 61 or lower were categorized as "low worry". To identify whether these groups statistically differed in mean scores on the CORSI, an independent samples t-test was conducted.

Hierarchical multiple regression was conducted to examine whether the CORSI further added incremental validity to the prediction of high worriers. The tendency to worry (PSWQ) was used as the dependent variable, after controlling for gender, age, anxiety symptoms (GAD-7), and depressive symptoms (PHQ-9).

Results

Descriptive statistics

171 participants completed the 26 items of the CORSI (Radomsky et al., 2021). Descriptive statistics for all the lists, including the CORSI are presented in table 1. Table 1 shows the number of participants who completed each scale and the mean, standard deviation, confidence intervals, and internal consistency (α) for each scale included in the study.

Table 1

Descriptive statistics of the self-report measures

	N	Mean	SD	95% CI		α
				Min	Max	
CORSI	171	33.52	17.87	30.82	36.21	.93
GAD-7	152	7.16	5.94	6.21	8.12	.94
PHQ-9	153	8.66	6.37	7.64	9.68	.90
IUS-A	151	62.95	25.04	58.92	66.97	.97
WBI	143	17.52	8.19	16.17	18.87	.88
PSWQ	146	47.74	14.40	45.38	50.10	.95
SPS	138	15.88	16.45	13.11	18.65	.95

Notes: CORSI = Cover and Overt Reassurance Seeking Inventory; GAD-7 = The Generalised Anxiety Disorder-7; PHQ-9 = The Patient Health Questionnaire-9; IUS-A = Intolerance of Uncertainty Scale-A; WBI = The Worry Behaviours Inventory; PSWQ = The Penn State Worry Questionnaire; N = Number of participants; Mean = Mean score for each scale; SD = Standard Deviation; Min/Max = indicate the 95% confidence interval for each value; α = Cronbach's alpha reliability coefficient.

Reliability

Internal consistency was measured using Cronbach's alpha. A Cronbach alpha reliability coefficient of .93 was found for the CORSI, indicating excellent internal consistency. The other six scales included in the study (GAD-7, PHQ-9, IUS-A, WBI, PSWQ, and SPS) had an alpha coefficient greater than 0.88, indicating good internal consistency.

Validity

Convergent and divergent validity. Table 2 shows Spearman's rho correlation coefficients between the seven scales included in the study. The correlations indicated a

moderate to strong correlation between CORSI and the other six scales, ranging from 0.507 to 0.722 ($p < .001$). The CORSI had a higher correlation with measures of intolerance of uncertainty (.688), the tendency to worry (.672), and maladaptive behaviours related to worry (.722) compared to measures of social anxiety (.567) and depressive symptoms (.507) supporting the convergent and divergent validity of the CORSI.

Table 2

Spearman's rho correlation among self-report measures (Listwise; n = 122)

	CORSI	GAD-7	PHQ-9	IUS-A	WBI	PSWQ	SPS
CORSI	1	.604**	.507**	.688**	.722**	.672**	.567**
GAD-7		1	.796**	.726**	.662**	.774**	.558**
PHQ-9			1	.700**	.554**	.709**	.489**
IUS-A				1	.763**	.835**	.636**
WBI					1	.777**	.566**
PSWQ						1	.612**
SPS							1

Notes: * $p < .05$. ** $p < .001$.

Discriminant validity. There was a statistically significant difference in mean scores on the CORSI between low and high worry on the PSWQ. Participants categorised as “low worry” ($n = 109$) scored on average 28.3 ($SD = 14.6$) on the CORSI, and participants categorised as “high worry” ($n = 33$) scored on average 51.3 ($SD = 16.4$), $t = 7.71$, $p < 0.001$. Indicating that on average, those who score above the cut-off score (62 or higher) on a measure of the tendency to worry (the PSWQ) have more tendency to seek reassurance (the CORSI) compared to those who score under the cut-off.

Incremental validity. Hierarchical multiple regression was used to determine how much of the variance in the tendency to worry (PSWQ) was explained by the CORSI. Table 3 presents the results of the hierarchical regression. In the first step, demographic information (gender and age), as well as measures of anxiety symptoms (GAD-7) and depressive symptoms (PHQ-9), were entered into the model, which accounted for 62.1% of the variance explained. In the second step, measures of intolerance of uncertainty (IUS-A) were added to the model, increasing the variance explained by 13.1%. In the third and final step, the

tendency to seek reassurance (CORSI) was entered into the model. The CORSI accounted for an additional 1.4% of the variance in the PSWQ after controlling for gender, age, measures of anxiety, depression, and intolerance of uncertainty. This proportion of incremental variance was significant, $F(1,124) = 7.499, p < .007$.

Table 3

Hierarchical Regression Analysis for Variables Predicting the Tendency to Worry Measured with the PSWQ

Variable	Cumulative		Simultaneous	
	ΔR^2_{adj}	ΔF	β	p
Step 1				
Gender	.621	F(4,126)=54.17**	.153	<.001
Age			-.057	.206
GAD-7			.185	.019
PHQ-9			.145	.052
Step 2				
IUS-A	.753	F(1,125)=68.83**	.438	<.001
Step 3				
CORSI	.766	F(1,124)=7.50*	.170	.007

Notes: * $p < .05$. ** $p < .001$.

Exploratory factor analysis of CORSI

An exploratory factor analysis was conducted to identify the factorial structure of the CORSI. The Kaiser-Meyer-Olkin Measure of sampling adequacy (KMO) measured .897, indicating that sampling was adequate for factor analysis and Bartlett's test of sphericity was statistically significant $\chi^2(325) = 2250.377, p < 0.01$ indicating that the items had adequate correlation (Field, 2018). There were however two items (No. 1 & 5) that had a KMO value lower than 0.5. All other items had adequate KMO values (< 0.77). The determinant (8.142^{-7}) was below 0.00001 indicating that the data did have the problem of multicollinearity (Field,

2018). Five factors had eigenvalues greater than 1. Factor one had an eigenvalue of 9.66 and explained 37.15% of the variance. Factor two had an eigenvalue of 2.02 and explained 7.76% of the variance. Factor three had an eigenvalue of 1.50 and explained 5.76% of the variance. Factor four had an eigenvalue of 1.39 and explained 5.34% of the variance. Factor five had an eigenvalue of 1.15 and explained 4.41% of the variance. The scree plot was ambiguous and indicated two or five factors. Hence, a parallel analysis was conducted, which indicated that two factors should be extracted (O'Connor, 2000). Therefore, the factor analysis indicated that a two-factor solution was the most appropriate for the CORSI in this specific sample. The two-factor solution is displayed in table 4.

Table 4*Summary of exploratory factor analysis results for the CORSI (n = 171)*

Item No.	Item Content	Factor 1	Factor 2	h^2
1.	If other people do not tell me otherwise, I can assume that I've got things under control	.03	.03	.00
2.	I often ask others to tell me if I have made the "wrong" decision	.49	-.28	.42
3.	If I am unable to check something I am anxious about, I will ask others to reassure me that it is OK	.56	-.08	.35
7.	I always "test the waters" before engaging in any activity that makes me anxious	.62	-.13	.45
10.	If I am unsure about the safety of my food, I will wait until someone else has tried some before I do	.37	.06	.13
11.	If I am really worried about something, it rarely seems good enough to have other reassure me about it only once	.64	-.15	.51
12.	If I am uncertain about the cleanliness of an object, I will wait until somebody else touches it before I do	.40	.04	.15
13.	I often make a statement about something that I've done to get information from others about how well I've done it	.51	-.38	.54
15.	If I have checked something repeatedly and still feel unsure, I ask others to reassure me that things are safe	.64	.04	.40
16.	I often try to find out if an object or situation is "safe" without asking anybody directly	.76	.15	.52
17.	I sometimes check the safety of an object or situation by looking to see how other people react to it	.82	.18	.61
21.	If others do not object to my engaging in an activity, then it must be "safe"	.46	-.11	.27
22.	I become so anxious when I am uncertain about something that I need to ask my friends or family for reassurance over and over again	.66	-.19	.55
23.	I spend far more time than most people looking to others for signs that things will be OK	.53	-.31	.49
24.	I have trouble accepting responsibility for something important without asking for reassurance that everything will be OK	.53	-.24	.43
25.	When faced with an important decision, I need to ask others for reassurance before I can make my final choice	.64	-.18	.52
26.	When I am anxious about doing something, I often start and if nobody around me warns me to stop, I assume it is OK to continue	.46	-.06	.24
4.	I often try to find out if others care about me without asking them directly	.18	-.64	.52
5.	I sometimes threaten to end a friendship in order to see if my friends really care about me	-.05	-.18	.03
6.	I annoy people with repeated requests for reassurance about their feelings for me and this causes problems in my relationships	.09	-.68	.52
8.	I spend an excessive amount of time looking for signs of approval from others	.43	-.54	.63
9.	I have often been told that I seem "insecure" because I constantly seek affirmation or approval from others	.34	-.37	.33
14.	In order to feel worthwhile, I need other people to continually show me that I am valued through their actions and gestures towards me	.26	-.73	.73
18.	I sometimes make self-derogatory statements with the hope that someone will object to them	.23	-.49	.37
19.	In social situations, I try to "read" other people's body language to determine whether they like me	.25	-.51	.41
20.	I look to other people's moods when they are around me to determine whether they like me	.36	-.54	.55
Eigenvalue		9.66	2.02	
% Of Variance		37.15	7.76	
α		.90	.87	

Notes: Factor loadings over 0.40 appear in bold; α = Cronbach's alpha reliability coefficient; h^2 = Extraction communalities.

Discussion

Validation results

The aim of the thesis was to translate and test the psychometric properties of the CORSI in an Icelandic sample and to explore the relationship between the tendency to worry and reassurance-seeking. Based on the results, a positive, as well as significant correlation was found between reassurance-seeking (the CORSI), the symptoms of generalized anxiety disorder (the GAD-7), the symptoms of depression (the PHQ-9), intolerance of uncertainty (the IUS-A), maladaptive behaviours related to worry (the WBI), the tendency to worry (the PSWQ) and social anxiety (the SPS). In addition to demonstrating an excellent internal consistency ($\alpha = .93$), the CORSI correlated highly with IUS-A (.69) and PSWQ (.67), but notably the highest with WBI (.72). The CORSI had a lower correlation with SPS (.57) and PHQ-9 (.51). The overall results indicate good convergent and divergent validity since the tendency to worry, intolerance of uncertainty, and maladaptive behaviours related to worry should be more associated with excessive reassurance-seeking than symptoms of depression and social phobia. However, it should not be independent of these constructs. Participants categorized as “high worry” had on average significantly higher scores on the CORSI compared to participants categorized as “low worry”, which indicates good discriminant validity. This study did, however not replicate the factorial structure of the CORSI. Notably, two items (No. 1 & 5) had a low correlation with the other items. In addition, a parallel analysis indicated that two factors should be extracted instead of five, as in the original study by Radomsky et al. (2021). We speculate that a larger sample would be needed to confirm the structure since 1626 participants were included in the original study but only 171 in the current study. Also, Field (2018) recommends a sample of 300 or more for a stable factor solution. In addition, this should be done in a clinical sample. A hierarchical linear regression revealed that the CORSI did explain variance in the tendency to worry (PSWQ) beyond what

gender, age, anxiety symptoms (GAD-7), and depressive symptoms (PHQ-9) could explain. Those results indicate that the CORSI adds a significant incremental validity in relation to worry. In conclusion, the psychometric properties of the Icelandic version are consistent with the English version.

Clinical & theoretical implications

This study indicates that individuals prone to worry score significantly higher on an ERS measure than those who are less prone to worry. Also, ERS seems to have predictive power for the tendency to worry. Even though the study is preliminary, it highlights the importance of safety-seeking behaviour regarding the assessment and treatment of GAD. This information is at odds with current diagnostic manuals and the current GAD models which include no such behaviour. In the search for a supplementary and a more parsimonious approach regarding GAD, safety-seeking behaviours such as ERS would be a place to commence because the most promising strategies for treating anxiety disorders are designed to reduce behavioural and cognitive avoidance in order to disconfirm threat-related beliefs. Also, clinicians need to be aware of those types of behaviours and especially ERS since the clinician could be the resource of threat-reliving information. The CORSI is a short yet comprehensive measurement and can thus be used in both clinical and research settings to identify the functions and consequences of ERS. Additionally, it can be used to identify dysfunctional beliefs that are directly linked to maladaptive behaviour.

Limitations & Future directions

The study had clear limitations. First, the sample size was small and included only students from Reykjavík University; thus, the sample was homogenous. Secondly, there was a big difference in group sizes between the “high worry” and “low worry” groups. Thirdly, due to the data being collected online and the length of the survey, the dropout rate was around 50%. Fourthly, since none of the other reassurance-seeking scales (e.g., RSS, TRSS &

ReSQ) have been translated to Icelandic, we could not use them to assess convergent validity. Lastly, the data is correlational, and therefore it is not possible to draw any inference about causality.

The study also has notable strengths. The female/male ratio was relatively even. The scales included in the study are elaborate and well-studied self-report measurements, and the participation was in all respects anonymous to neutralize response biases. In order to minimize skew towards higher scores which could be caused by specific periods of stress during the semester, the data collection was spread over the course of six months and two semesters.

For future studies, we recommend that the factorial structure of the CORSI should be tested in a larger as well as a heterogeneous sample. Also, the structure has yet to be tested in a clinical sample (Radomsky et al., 2021). The result of the current study suggests that future research should focus on behavioral symptoms such as ERS to improve recognition, assessment, and the treatment of GAD. However, this study does not suggest that ERS is specific to GAD. Future research should also focus on identifying similarities, differences, functions, and consequences of ERS across disorders, for example, how ERS might differ between depressive and anxiety disorders. It would also be interesting for researchers to explore other types of safety-seeking behaviours in relation to GAD such as preparation, checking, and the covert version of those and if they are conceptually distinct from worry. Finally, the behaviour of people has significantly changed over the last couple of years with the introduction of new technologies. Since the CORSI only includes items related to in-person contact, it would be highly informative to explore ERS that is not sought through in-person contact but through the internet (e.g., online searching, social media, and messenger applications; e.g., Clerkin et al., 2013).

Conclusion

Based on the current study results, the CORSI is a psychometrically sound measurement of problematic RS. It demonstrated an excellent internal consistency and indicated good convergent, divergent, and discriminant validity. In addition, the CORSI added incremental validity to the prediction of high worriers after controlling for gender, age, anxiety symptoms (GAD-7), and depressive symptoms (PHQ-9). However, this study did not replicate the factorial structure of the CORSI. We recommend that future research should further examine and test the factorial structure of the CORSI in a large clinical sample.

References

- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed. rev). Washington, DC: Author.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Andrews, G., Hobbs, M. J., Borkovec, T. D., Beesdo, K., Craske, M. G., Heimberg, R. G., Rapee, R. M., Ruscio, A. M., & Stanley, M. A. (2010). Generalized worry disorder: A review of DSM-IV generalized anxiety disorder and options for DSM-V. *Depression and Anxiety, 27*(2), 134–147. <https://doi.org/10.1002/da.20658>
- Andrews, V. H., & Borkovec, T. D. (1988). The differential effects of inductions of worry, somatic anxiety, and depression on emotional experience. *Journal of Behavior Therapy and Experimental Psychiatry, 19*(1), 21–26. [https://doi.org/10.1016/0005-7916\(88\)90006-7](https://doi.org/10.1016/0005-7916(88)90006-7)
- Barlow, D. H., Rapee, R. M., & Brown, T. A. (1992). Behavioral treatment of generalized anxiety disorder. *Behavior Therapy, 23*(4), 551–570. [https://doi.org/10.1016/S0005-7894\(05\)80221-7](https://doi.org/10.1016/S0005-7894(05)80221-7)
- Beck, A. T. (1979). *Cognitive Therapy and the Emotional Disorders*. Penguin.
- Beesdo-Baum, K., Jenjahn, E., Höfler, M., Lueken, U., Becker, E. S., & Hoyer, J. (2012). Avoidance, safety behavior, and reassurance seeking in generalized anxiety disorder. *Depression and Anxiety, 29*(11), 948–957. <https://doi.org/10.1002/da.21955>

- Behar, E., Alcaine, O., Zuellig, A. R., & Borkovec, T. D. (2003). Screening for generalized anxiety disorder using the Penn State Worry Questionnaire: A receiver operating characteristic analysis. *Journal of Behavior Therapy and Experimental Psychiatry*, *34*(1), 25–43. [https://doi.org/10.1016/s0005-7916\(03\)00004-1](https://doi.org/10.1016/s0005-7916(03)00004-1)
- Behar, E., DiMarco, I. D., Hekler, E. B., Mohlman, J., & Staples, A. M. (2009). Current theoretical models of generalized anxiety disorder (GAD): Conceptual review and treatment implications. *Journal of Anxiety Disorders*, *23*(8), 1011–1023. <https://doi.org/10.1016/j.janxdis.2009.07.006>
- Borkovec, T. D., Alcaine, O. M., & Behar, E. (2004). Avoidance Theory of Worry and Generalized Anxiety Disorder. In *Generalized anxiety disorder: Advances in research and practice* (pp. 77–108). The Guilford Press.
- Boswell, J. F., Thompson-Hollands, J., Farchione, T. J., & Barlow, D. H. (2013). Intolerance of Uncertainty: A Common Factor in the Treatment of Emotional Disorders. *Journal of Clinical Psychology*, *69*(6). <https://doi.org/10.1002/jclp.21965>
- Buhr, K., & Dugas, M. J. (2002). The Intolerance of Uncertainty Scale: Psychometric properties of the English version. *Behaviour Research and Therapy*, *40*(8), 931–946. [https://doi.org/10.1016/S0005-7967\(01\)00092-4](https://doi.org/10.1016/S0005-7967(01)00092-4)
- Clark, D. A., & Beck, A. T. (2011). *Cognitive Therapy of Anxiety Disorders: Science and Practice*. Guilford Press.
- Clark, G. I., Rock, A. J., Clark, L. H., & Murray-lyon, K. (2020). Adult attachment, worry and reassurance seeking: Investigating the role of intolerance of uncertainty. *Clinical Psychologist*, *24*(3), 294–305. <https://doi.org/10.1111/cp.12218>
- Clerkin, E. M., Smith, A. R., & Hames, J. L. (2013). The interpersonal effects of Facebook reassurance seeking. *Journal of Affective Disorders*, *151*(2), 525–530. <https://doi.org/10.1016/j.jad.2013.06.038>

- Cougle, J. R., Fitch, K. E., Fincham, F. D., Riccardi, C. J., Keough, M. E., & Timpano, K. R. (2012). Excessive reassurance seeking and anxiety pathology: Tests of incremental associations and directionality. *Journal of Anxiety Disorders, 26*(1), 117–125. <https://doi.org/10.1016/j.janxdis.2011.10.001>
- Crocq, M.-A. (2017). The history of generalized anxiety disorder as a diagnostic category. *Dialogues in Clinical Neuroscience, 19*(2), 107–116.
- Dugas, M. J., Gagnon, F., Ladouceur, R., & Freeston, M. H. (1998). Generalized anxiety disorder: A preliminary test of a conceptual model. *Behaviour Research and Therapy, 36*(2), 215–226. [https://doi.org/10.1016/S0005-7967\(97\)00070-3](https://doi.org/10.1016/S0005-7967(97)00070-3)
- Dugas, M. J., Savard, P., Gaudet, A., Turcotte, J., Laugesen, N., Robichaud, M., Francis, K., & Koerner, N. (2007). Can the Components of a Cognitive Model Predict the Severity of Generalized Anxiety Disorder? *Behavior Therapy, 38*(2), 169–178. <https://doi.org/10.1016/j.beth.2006.07.002>
- Field, A. P. (2018). *Discovering statistics using SPSS: (and sex, drugs and rock 'n' roll)* (5th ed.). Los Angeles: SAGE Publications.
- Fisher, P. L., & Durham, R. C. (1999). Recovery rates in generalized anxiety disorder following psychological therapy: An analysis of clinically significant change in the STAI-T across outcome studies since 1990. *Psychological Medicine, 29*(6), 1425–1434. <https://doi.org/10.1017/S0033291799001336>
- Eggertsdóttir, Ó. B. (2004). *Athugun á próffræðileikum eiginleikum SIAS og SPS og á tengslum félagskvíða og bakþanka* (Unpublished thesis). University of Iceland, Iceland.
- Fisher, P., & Wells, A. (2011). Conceptual Models of Generalized Anxiety Disorder. *Psychiatric Annals, 41*, 127–132. <https://doi.org/10.3928/00485713-20110203-11>

- Gústavsson, S.M., Salkovskis, P.M., & Sigurðsson, F.S. (2021). Cognitive analysis of specific threat beliefs and safety-seeking behaviours in generalised anxiety disorder: revisiting the cognitive theory of anxiety disorders. *Behavioural and Cognitive Psychotherapy*, 1-14. <https://doi.org/10.1017/S135246582100014X>
- Halldorsson, B., & Salkovskis, P. M. (2017). Why Do People with OCD and Health Anxiety Seek Reassurance Excessively? An Investigation of Differences and Similarities in Function. *Cognitive Therapy and Research*, 41(4), 619–631. <https://doi.org/10.1007/s10608-016-9826-5>
- Hauksdóttir, M. A. (2005). *Félagsfærni: athugun á próffræðilegum eiginleikum Social interaction anxiety scale, Social phobia scale og Post-event processing questionnaire*. (Unpublished thesis). University of Iceland, Iceland.
- Ingólfssdóttir, R. (2014). *Psychometric Properties of the Icelandic Version of the Generalised Anxiety Disorder-7* (Unpublished Thesis). Reykjavík University, Iceland.
- Jónsdóttir, S. D., & Smári, J. (2000). Measuring Obsessions Without Worry: Convergent and Discriminant Validity of the Revised Padua Inventory in an Icelandic Student Population. *Scandinavian Journal of Behaviour Therapy*, 29(2), 49–56. <https://doi.org/10.1080/028457100750066397>
- Kobori, O., & Salkovskis, P. M. (2013). Patterns of Reassurance Seeking and Reassurance-Related Behaviours in OCD and Anxiety Disorders. *Behavioural and Cognitive Psychotherapy*, 41(1), 1–23. <https://doi.org/10.1017/S1352465812000665>
- Koerner, N., McEvoy, P., & Tallon, K. (2020). Cognitive-Behavioral Models of Generalized Anxiety Disorder (GAD): Toward a Synthesis. In A. L. Gerlach & A. T. Gloster (Eds.), *Generalized Anxiety Disorder and Worrying* (1st ed., pp. 117–150). Wiley. <https://doi.org/10.1002/9781119189909.ch7>

- Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9. *Journal of General Internal Medicine*, *16*(9), 606–613. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>
- Löwe, B., Decker, O., Müller, S., Brähler, E., Schellberg, D., Herzog, W., & Herzberg, P. Y. (2008). Validation and Standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the General Population. *Medical Care*, *46*(3), 266–274.
- Mahoney, A. E. J., Hobbs, M. J., Newby, J. M., Williams, A. D., Sunderland, M., & Andrews, G. (2016). The Worry Behaviors Inventory: Assessing the behavioral avoidance associated with generalized anxiety disorder. *Journal of Affective Disorders*, *203*, 256–264. <https://doi.org/10.1016/j.jad.2016.06.020>
- Mennin, D. S., Heimberg, R. G., Turk, C. L., & Fresco, D. M. (2002). Applying an Emotion Regulation Framework to Integrative Approaches to Generalized Anxiety Disorder. *Clinical Psychology: Science and Practice*, *9*(1), 85–90. <https://doi.org/10.1093/clipsy.9.1.85>
- Meyer, T. J., Miller, M. L., Metzger, R. L., & Borkovec, T. D. (1990). Development and validation of the penn state worry questionnaire. *Behaviour Research and Therapy*, *28*(6), 487–495. [https://doi.org/10.1016/0005-7967\(90\)90135-6](https://doi.org/10.1016/0005-7967(90)90135-6)
- Newman, M. G., & Llera, S. J. (2011). A novel theory of experiential avoidance in generalized anxiety disorder: A review and synthesis of research supporting a contrast avoidance model of worry. *Clinical Psychology Review*, *31*(3), 371–382. <https://doi.org/10.1016/j.cpr.2011.01.008>
- O’connor, B. P. (2000). SPSS and SAS programs for determining the number of components using parallel analysis and Velicer’s MAP test. *Behavior Research Methods, Instruments, & Computers*, *32*(3), 396–402. <https://doi.org/10.3758/BF03200807>

- Ólafsdóttir, H. Ó. (2012). *Athugun á próffræðilegum eiginleikum og aðgreiningarhæfni Social Interaction Anxiety Scale (SIAS) og Social Phobia Scale (SPS)* (Unpublished thesis). University of Iceland, Iceland.
- Pawluk, E. J., & Koerner, N. (2016). The relationship between negative urgency and generalized anxiety disorder symptoms: The role of intolerance of negative emotions and intolerance of uncertainty. *Anxiety, Stress, & Coping, 29*(6), 606–615.
<https://doi.org/10.1080/10615806.2015.1134786>
- Pálsdóttir, V. E. (2007). *Réttmæti sjálfsmatskvarðans Patient Health Questionnaire (PHQ) gagnvart geðgreiningarviðtalinu Mini International Neuropsychiatric Interview (MINI) við að greina geðraskanir hjá heilsugæslusjúklingum* (Unpublished thesis) University of Iceland, Iceland.
- Radomsky, A. S., Neal, R. L., Parrish, C. L., Lavoie, S. L., & Schell, S. E. (2021). The Covert and Overt Reassurance Seeking Inventory (CORSI): Development, validation and psychometric analyses. *Behavioural and Cognitive Psychotherapy, 49*(1), 3–20.
<https://doi.org/10.1017/S1352465820000703>
- Rector, N. A., Kamkar, K., Cassin, S. E., Ayearst, L. E., & Lapsa, J. M. (2011). Assessing excessive reassurance seeking in the anxiety disorders. *Journal of Anxiety Disorders, 25*(7), 911–917. <https://doi.org/10.1016/j.janxdis.2011.05.003>
- Regier, D. A., Narrow, W. E., Clarke, D. E., Kraemer, H. C., Kuramoto, S. J., Kuhl, E. A., & Kupfer, D. J. (2013). DSM-5 Field Trials in the United States and Canada, Part II: Test-Retest Reliability of Selected Categorical Diagnoses. *American Journal of Psychiatry, 170*(1), 59–70. <https://doi.org/10.1176/appi.ajp.2012.12070999>
- Roemer, L., & Orsillo, S. M. (2002). Expanding Our Conceptualization of and Treatment for Generalized Anxiety Disorder: Integrating Mindfulness/Acceptance-Based

- Approaches With Existing Cognitive-Behavioral Models. *Clinical Psychology: Science and Practice*, 9(1), 54–68. <https://doi.org/10.1093/clipsy.9.1.54>
- Rygh, J. L., & Sanderson, W. C. (2004). *Treating Generalized Anxiety Disorder: Evidence-based Strategies, Tools, and Techniques*. Guilford Press.
- Salkovskis, P. M. (1996). The cognitive approach to anxiety: Threat beliefs, safety-seeking behavior, and the special case of health anxiety and obsessions. In *Frontiers of cognitive therapy* (pp. 48–74). The Guilford Press.
- Salkovskis, P. M., Clark, D. M., Hackmann, A., Wells, A., & Gelder, M. G. (1999). An experimental investigation of the role of safety-seeking behaviours in the maintenance of panic disorder with agoraphobia. *Behaviour Research and Therapy*, 37(6), 559–574. [https://doi.org/10.1016/S0005-7967\(98\)00153-3](https://doi.org/10.1016/S0005-7967(98)00153-3)
- Sigurðardóttir, Á. (2019). *Psychometric Properties of the Icelandic version of Worry Behaviours Inventory (WBI) in clinical and non-clinical samples*. (Unpublished Thesis). Reykjavík University, Iceland.
- Smith, J. P., & Book, S. W. (2010). Comorbidity of generalized anxiety disorder and alcohol use disorders among individuals seeking outpatient substance abuse treatment. *Addictive Behaviors*, 35(1), 42–45. <https://doi.org/10.1016/j.addbeh.2009.07.002>
- Snæbjörnsdóttir, H. (2018). *Psychometric Properties of the Icelandic versions of Generalised Anxiety Disorder -7 (GAD-7) and Patient Health Questionnaire – 9 (PHQ-9): sample of 18-25 years old students* (Unpublished Thesis). Reykjavík University, Iceland.
- Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166(10), 1092–1097. <https://doi.org/10.1001/archinte.166.10.1092>
- Starcevic, V., Berle, D., Brakoulias, V., Sammut, P., Moses, K., Milicevic, D., & Hannan, A. (2012). Interpersonal reassurance seeking in obsessive-compulsive disorder and its

relationship with checking compulsions. *Psychiatry Research*, 200(2), 560–567.

<https://doi.org/10.1016/j.psychres.2012.06.037>

Tyrer, P. (2018). Against the Stream: Generalised anxiety disorder (GAD) – a redundant diagnosis. *BJPsych Bulletin*, 42(2), 69–71. <https://doi.org/10.1192/bjb.2017.12>

Wells, A. (1999). A metacognitive model and therapy for generalized anxiety disorder.

Clinical Psychology & Psychotherapy, 6(2), 86–95.

[https://doi.org/10.1002/\(SICI\)1099-0879\(199905\)6:2<86::AID-CPP189>3.0.CO;2-S](https://doi.org/10.1002/(SICI)1099-0879(199905)6:2<86::AID-CPP189>3.0.CO;2-S)

Woody, S., & Rachman, S. (1994). Generalized anxiety disorder (GAD) as an unsuccessful search for safety. *Clinical Psychology Review*, 14(8), 743–753.

[https://doi.org/10.1016/0272-7358\(94\)90040-X](https://doi.org/10.1016/0272-7358(94)90040-X)

Þorgilsdóttir, D., & Stefánsdóttir, G. O. (2017). *The psychometric properties of IUS and IUS-MV in Icelandic translation: Measures that assess intolerance of uncertainty*.

(Unpublished thesis). University of Iceland, Iceland.