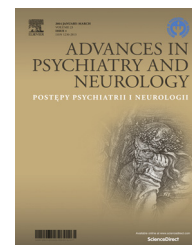


Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/pin

Review/Praca poglądowa

Problems of behavioral therapy, part II/Problemy terapii behawioralnej, część II

Treatment of Fear of Bodily Sensations with Exposure Therapy



Zastosowanie procedury ekspozycyjnej w terapii lęku związanego z doznaniem somatycznymi

Elżbieta A. Bajcar*

Pedagogical University of Cracow, Faculty of Pedagogy, Cracow, Poland

ARTICLE INFO

Article history:

Received: 07.02.2014

Accepted: 11.04.2014

Available online: 18.04.2014

Keywords:

- Bodily symptoms
- Health anxiety
- Extinction
- Exposure therapy

Słowa kluczowe:

- lęk
- wygaszanie
- doznania somatyczne
- terapia ekspozycyjna

ABSTRACT

Objectives: A certain group of patients receiving assistance from primary medical care excessively focus on their own body and health, and react with fear of the bodily sensations. The purpose of this paper is to discuss the mechanism that supports this type of fear as well as to present the exposure therapy, which can be effective in eliminating the fear that is present with somatic symptoms. **Reviews:** Studies prove high efficiency of the exposure therapy in the treatment of anxiety disorders. It seems that this kind of therapy could also be efficient in reducing the fear that is associated with somatic symptoms. Interoceptive therapy may have a particular impact on hypochondriac fear and it being reduced. The aim of this method is to confront patients with bodily sensations that cause their anxiety. **Conclusions:** Psychology has developed effective methods that help patients who experience health anxiety. As these patients mostly seek medical attention, it is recommended that both doctors and psychologists cooperate in solving their problems.

© 2014 Institute of Psychiatry and Neurology. Published by Elsevier Urban & Partner

Sp. z o.o. All rights reserved.

Introduction

Certain groups of patients using the general practitioners' help or the help of specialist doctors are the somatising patients, i.e. those who complain about the occurrence of persistent and/or recurring bodily sensations, the presence or intensification of which cannot be definitely explained by a somatic illness or interaction of chemical substances, such

as medicines or drugs. The characteristic feature of such patients is that they are excessively interested in their health and body; they are intensely concentrated on bodily sensations and they have inclinations to exaggerate when interpreting their occurrence. The number of ailments they complain about may vary and they may refer to different organs and systems. The important thing is that bodily symptoms are not generated or simulated by the patients in order to gain some practical benefits; on the contrary, they

* Correspondence to: Katedra Psychologii, Uniwersytet Pedagogiczny w Krakowie, ul. Podchorążych 2, 30-084 Kraków, Polska.

E-mail address: anita.bajcar@wp.pl.<http://dx.doi.org/10.1016/j.pin.2014.04.004>

1230-2813/© 2014 Institute of Psychiatry and Neurology. Published by Elsevier Urban & Partner Sp. z o.o. All rights reserved.

bring about the feeling of helplessness, and they significantly limit every day activities of such patients. As bodily sensations are considered by patients to be the symptoms of unexplainable pathological changes taking place in their bodies, they cause intensive fear; some of the somatising patients may believe the sensations are the symptoms of some serious and progressing disease [1]. The anxieties the patients experience with regard to such symptoms make them behave in a specific way, the description of which will be briefly presented further in this paper. Although such kinds of behaviour give the patients some immediate relief, reducing temporarily the anxiety, in fact they cause a number of long-lasting negative effects.

The aim of this paper is to analyse the possibilities of using controlled exposure in therapy with somatising patients. Research confirmed high efficiency of exposure therapy in the therapy of abnormal fears [2]. There are also references affirming efficiency of this therapy in limiting the fears accompanying bodily sensations and eliminating unwelcome behaviours related with them [3-5]. Especially one of the exposure therapy options may be useful in the therapy of fears accompanying bodily sensations, i.e. interoceptive exposure. It is worth emphasising here that independently from the efficiency of different therapeutic effects in the process of solving problems of the patients with bodily sensations, the effects themselves bring insignificant incentives to use psychotherapy as the patients are convinced that their troubles are based on organic grounds, and they expect first of all a therapy directed against the symptoms.

Types of behaviour related with health, provoked by fear

Bodily sensations and the symptoms related with them are the reason for atypical and non-adaptive behaviour regarding health [3, 6]. First of all, they make the patients seek medical help excessively often; from the doctors, the patients demand diagnoses, which should explain the symptoms that are to be further eliminated or alleviated. Also, they expect some acknowledgement that their health or life is not in danger. However, independently from being assured that their health is in good condition, they want to consult a doctor again, expecting the implementation of additional medical procedures, including hospitalisation or surgical operations [7-10]. Thus, they expose themselves to iatrogenic effects and physical discomfort connected with the following tests. A part of the patients takes a decision to make use of the alternative, unconventional treatments to overcome the symptoms.

Other characteristic types of behaviour consist of self-testing of one's own body. Very often patients carry out different forms of self-examination in order to make sure that their body works normally. They also overuse domestic tests, the results of which very often are erroneously interpreted as falsely positive, which makes them seek medical help again. Very often it happens that they discuss their symptoms with other persons, compare their condition with their own and then search in the media for reassuring information about their symptoms. The Internet plays

a very specific role in this regard; patients not only find information there but also contact other persons who enhance the unwelcome types of behaviour mentioned above [11, 12].

Somatising patients show an inclination to avoid certain stimuli or situations associated with health and illnesses. Since they perceive themselves as less immune, they try to avoid large crowds of people or contact with the sick, etc. They also avoid such activities, which demand physical effort, because when practicing, the bodily sensations intensify. For the same reason the patients give up physical training or sex life; still, very often they quit work and other daily duties. In some cases, such avoidance may be of an extreme character. It happens when patients decide to undergo invasive operations (e.g. amputations, resections) as preventive treatment, although they do not belong to the increased risk group. It is interesting that patients revealing health anxieties are not engaged in health conscious activities or attitudes more than others. For them, the main incentive is the anxiety related with the symptoms [6].

Constant monitoring of one's health and avoidance of certain situations (e.g. physical effort) are of a permanent character because they are being negatively reinforced. Negative reinforcement occurs when in result of fulfilment of a certain reaction, the effect of a negative stimulus stops; it also occurs in the event when fulfilment of the reaction does not allow such a stimulus to activate. The consequence of reinforcement is the increase in the occurrence frequency of such reactions [13]. In the case of patients suffering from health anxieties, the consecutive doctor's visits, tests, diagnoses and talks with other people, during which the patients get assured about their good health condition, cause short-term but essential decrease in anxiety and fear. Advantageous consequences of such behaviour are the reason for their being enhanced and strengthened, and then repeated with greater intensity. Similarly, staying aside of certain situations minimises the probability of experiencing fear, thus gaining an important position in the repertoire of types of behaviour and it is repeated in similar situations.

Non-adaptive types of behaviour are also reinforced positively. The source of positive reinforcement can be other people, who devote good attention to the patients and show interest in their complaints. First of all, doctors are the persons with whom the patient consults over their symptoms. Within this association the patient has certain advance expectations concerning the therapy conduct; therefore, doctors are under certain pressure. Some research indicates that some doctors, at least to some degree, adjust their conduct, ordering additional tests and consultations, although the patient's health condition does not require any further tests [14, 15]. It seems that in this way, unintentionally the doctors contribute to the reinforcement of unwelcome behaviour.

The types of behaviour described above play a key role in sustaining such anxieties and fears. So long as the patients are engaged in this type of behaviour, they do not face the necessity to be confronted with the stimuli causing fears and do not have any opportunity to learn that the stimuli are in fact natural and do not bear any realistic danger.

Download English Version:

<https://daneshyari.com/en/article/331722>

Download Persian Version:

<https://daneshyari.com/article/331722>

[Daneshyari.com](https://daneshyari.com)