



Anxiety-control strategies: Is there room for neutralization in successful exposure treatment? ☆

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ABSTRACT

Cognitive-behavioral theory suggests that anxiety-control strategies such as neutralization, distraction and various forms of safety behavior have the potential to diminish the effectiveness of and/or interfere with exposure treatment. Yet, it is common practice when treating individuals with anxiety disorders to employ various anxiety-control strategies as a means of assisting clients/patients with difficult exposure situations. Questions surrounding the issue of which anxiety-control strategies help vs. hinder exposure-based treatments (and under which circumstances) have been a topic of much investigation and continue to be a focus of theoretical debate. The present article reviews several key studies which collectively shed some light on this debate. The evidence suggests that clients' anxiety-control strategies may be less likely to become counter-productive when: (i) they promote increases in self-efficacy, (ii) they do not demand excessive attentional resources, (iii) they enable greater approach behavior and integration of corrective information (via 'disconfirmatory experiences'), and (iv) they do not promote misattributions of safety. Theoretical and clinical implications of these findings are discussed, and future directions for research in this area are suggested.

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Clinically anxious individuals use a number of strategies to control unpleasant thoughts, images and emotions. Common examples of these strategies include direct (behavioral) avoidance, thought suppression, overt compulsions, and various forms of subtle avoidance (e.g., distraction, mental rituals, safety-seeking behaviors, etc.). For the purposes of this review, the terms “anxiety-control strategies” and “anxiety-neutralizing behavior” will be used interchangeably to refer to these collective acts, given their proposed common function (i.e., of controlling – or “neutralizing” – anxiety).

Cognitive-behavioral theories of anxiety disorders (e.g., Beck, Emery, & Greenberg, 1985; Clark, 1999; Salkovskis, 1996) suggest that avoidance and other forms of anxiety-neutralizing behaviors are counter-productive, such that they provide temporary relief from fear and discomfort, yet maintain anxiety in the long run. Nevertheless, many (subtle) avoidant strategies are utilized in clinical practice as a means of easing clients into anxiety-provoking treatment situations. Indeed, Craske, Street and Barlow (1989) note that “distraction is ... used often, both by clients as a method of coping with high levels of anticipatory anxiety, and by therapists in their instruction to clients of ways to approach feared situations” (p.664). Salkovskis, Clark and Gelder (1996) make the theoretical distinction between adaptive coping strategies (e.g., rationalization, avoidance of real threats), which are employed to manage anxiety, and maladaptive safety behaviors (e.g., neutralization, carrying “safety aids”, avoiding *perceived* danger, etc.), which are intended to prevent the occurrence of feared catastrophes. It is hypothesized that maladaptive safety behaviors prevent the unambiguous disconfirmation of negative beliefs, thus maintaining the perceived validity of these beliefs and related fears (Salkovskis, 1996). However, in clinical practice it is often difficult for therapists to discern whether their clients' coping efforts may be counter-productive, and evidence examining this issue is mixed (Thwaites & Freeston, 2005). Thus, it is important to consider the following question: Under what circumstances (if any) can clients' anxiety-neutralizing behavior facilitate exposure treatment for anxiety disorders, and what are the mechanisms involved?

The current discussion presents a selective review of findings that pertain to this question. Although there is currently no clear consensus regarding the defining features of many of the constructs under review, we compare studies that have examined the effects of similar anxiety-control strategies on exposure-driven fear reduction. Because the counter-productive effects of direct (behavioral) avoidance are well-established, research on this issue is not reviewed here. Likewise, the consequences of thought suppression (e.g., Purdon, 1999, 2004; Purdon, Rowa, & Antony, 2005; Rassin, Merckelbach, & Muris, 2000) and overt compulsions (e.g., Rachman, 2002; Salkovskis, 1999) have recently been reviewed elsewhere, and thus, are not covered here. The present review focuses on three broad areas of investigation: (i) the effects of distraction on fear reduction both during and after exposure (ii) the effects of safety behavior on anxiety and fear-related cognitions, and (iii) the effects of neutralization on subsequent anxiety/discomfort and urges to neutralize. Theoretical and clinical implications of these findings are discussed, and promising directions for further research are suggested.

1. Theoretical background

1.1. Mechanisms of fear reduction

While anxiety disorders are among the most effectively treated forms of psychopathology, the mechanisms by which anxiety and fear reduction occur during exposure treatment are not yet fully understood (Hofmann, 2008; Oliver & Page, 2003; McNally, 2007; Schmid-Leuz, Elsesser, Lohrmann, Jöhren, & Sartory, 2007). Traditionally, behavior theorists have relied on habituation models (e.g., Groves & Thompson, 1970) to explain these processes. These models suggest that conditioned fear responses are subject to extinction with repeated and prolonged exposures to feared stimuli, similar to processes involved in habituation to novelty (Agras, 1965; Mowrer, 1939; Watts, 1971). Exposure duration, stimulus intensity and attention to phobic cues are hypothesized to be key moderators of fear extinction (Watts, 1971, 1974; Watts, Trezise, & Sharrock, 1986). Accordingly, it is predicted that events or behaviors that interfere with these essential components of exposure should compromise the amount of fear reduction achieved, as well as increase the probability that the individual will experience a return of fear upon subsequent exposures (Watts, 1974). For example, distraction and other forms of cognitive and/or behavioral avoidance during exposure are hypothesized to negatively impact upon fear reduction (Rodriguez & Craske, 1993).

The concept of emotional processing (Rachman, 1980; Foa & Kozak, 1986; Foa, Huppert, & Cahill, 2006) was later proposed in an attempt to explain the mechanisms of exposure-driven fear reduction from an information processing (i.e., cognitive) perspective. Foa and Kozak's (1986) theory, which elaborates on the earlier work of Lang (1977, 1984) and Rachman (1980), proposes that feared stimuli and their meanings are represented in memory as fear “structures” or “prototypes” that consist of associations between fearful emotions, cognitions and behavior. These fear structures can be accessed upon exposure to the corresponding feared stimuli. However, it is hypothesized that for lasting fear reductions to occur: (i) the fear structure must be fully activated in memory (as evidenced by heightened emotional arousal and self-reports of fear), and (ii) internal representations of the feared stimulus must be modified through corrective information that highlights the innocuous nature

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