



## The role of courage on behavioral approach in a fear-eliciting situation: A proof-of-concept pilot study<sup>☆</sup>

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### ARTICLE INFO

#### Article history:

Received 18 February 2008

Received in revised form 30 June 2008

Accepted 4 July 2008

#### Keywords:

Courage

Anxiety

Fear

Behavioral approach

### ABSTRACT

The current study was conducted to assess courage, defined as behavioral approach despite the experience of fear, in an effort to better understand its relationship with anxiety, fear, and behavioral approach. Thirty-two participants who completed a measure of courage and reported elevated spider fears during an earlier screening participated in a Behavioral Approach Test where they were shown a display of four taxidermied tarantulas and asked to move their hand as close to the spiders as they felt comfortable doing. After controlling for scores on measures of spider fears, courage scores were significantly associated with approach distance to the spiders, such that participants with greater courage moved closer to the spiders. This study advances knowledge about the relationship between courage and fear. Based on our findings, future studies can explore the extent to which (a) courage mediates willingness to engage in therapeutic exposure in treatment, and (b) whether courage can be augmented in treatment prior to implementing exposure therapy.

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The study of anxiety, fear, and their disorders has traditionally viewed these phenomena as, at best, adaptive but unpleasant emotions and, at worst, maladaptive pathological conditions. Considerably less attention has been paid to the highly related construct of courage, which has important implications for understanding the nature and treatment of fear and anxiety disorders. Courage, as opposed to fearlessness, has been defined by Rachman and colleagues (Cox, Hallam, O'Connor, & Rachman, 1983; McMillan & Rachman, 1987, 1988; O'Connor, Hallam, & Rachman, 1985) as behavioral approach despite the experience of fear. In one of these studies (McMillan & Rachman, 1988), paratrooper trainees defined as courageous evidenced as much physiological arousal prior to a training jump as those defined as fearful, but were equally likely as those defined as fearless (who did not show physiological arousal) to complete the jump. Thus, according to Rachman and colleagues, courage is unique from fearlessness in that the courageous individual completes the same act as the fearless individual, despite experiencing fear. A more recent study operating under this definition (Schmidt & Kosselka,

2000) took a cursory examination of courage as part of a larger study of factors mediating panic disorder. This study used a simple non-validated seven-item measure of courage (e.g., In general, are you a courageous person? How courageous are you when it comes to dealing with panic attacks?) and found no relationship between courage and any theoretically relevant measures.

Drawing from a different model of courage, Woodard (2004; Woodard & Pury, 2007) developed a 31-item measure of courage. Woodard's definition of courage, which forms the basis for the measure, stresses the "quality of grace, nobility, credibility, sensibility, practicality, or meaningfulness" (Woodard, 2004, p. 174) of the act or cause, and the "important, perhaps moral, outcome or goal" (Woodard & Pury, 2007, p. 136). This presents an interesting value judgment in the definition of courage. Although few would question the courage of individuals who "if called upon during times of national emergency . . . would give my life for my country" (item #5; Woodard, 2004), disagreement with this sentiment does not automatically connote a lack of courage. Many individuals might object to military service, for example, due to political, religious, pacifistic, or other reasons that are unrelated to courageousness. Indeed, conscientious objectors to military conflict who refuse mandatory service may be seen as courageously defending their beliefs in that "intense social pressure would not stop me from doing the right thing" (item #10; Woodard, 2004). Furthermore, this measure utilizes items that describe specific scenarios, such as "I would risk my life if it meant lasting world peace" that may not be

<sup>☆</sup> The project described was supported by Grant Number K01MH073920 from the National Institute of Mental Health awarded to the first author. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute of Mental Health or the National Institutes of Health.

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applicable to, or within the scope of understanding of, many individuals who have not faced such a situation.

Most recently, a special issue of the *Journal of Positive Psychology* examined various emerging theories of courage. Rate, Clarke, Lindsay, and Sternberg (2007), for example, utilized multiple methodologies and measurement approaches to identify implicit theories of courage using undergraduate and graduate student samples, and Air Force Academy trainees. Across each of their methodologies, a generally consistent pattern emerged wherein courage was defined by three components: fear, risk, and nobility of purpose. Pury, Kowalski, and Spearman (2007) asked a sample of 250 students to describe a time in their lives when they acted courageously, and provide ratings of their level of fear, courageousness, and self-confidence. Linguistic coding of narrative data and analysis of the ratings provided evidence distinguishing *general* courage, more monumental actions that would be courageous for anyone, and *personal* courage, actions that are seen as courageous due to the context of the individual. Other less empirically derived definitions and types of courage have also been offered (e.g., Hannah, Sweeney, & Lester, 2007; Putman, 1997). Interestingly, although these definitions vary in terms of their emphases, including the nobility of the cause or the requirement of fear, most hold as part of their core definition a notion of persistence in the presence of perceived threat as described by Rachman and colleagues (Cox et al., 1983; McMillan & Rachman, 1987, 1988; O'Connor et al., 1985).

Despite the limited research, the concept of courage is important in understanding human behavior in general, and it also has important implications for understanding behavioral treatments for anxiety disorders. Exposure to feared stimuli has consistently been shown to be an integral part of anxiety disorder treatments (Norton & Price, 2007), and the Surgeon General of the United States, in his 1999 Report on Mental Health, stated that a “critical element of therapy is to increase exposure to the stimuli or situations that provoke anxiety” (Office of the Surgeon General, 1999, p. 241). By definition, exposure connotes courageous behavior – approaching a feared or anxiety-producing stimulus. Although some (e.g., Hembree et al., 2003) have demonstrated that some exposure-based treatments do not have elevated dropout rates when compared to other empirically validated treatment approaches, Zayfert et al. (2005) documented that the majority of participants discontinuing cognitive behavioral therapy at a specialty anxiety disorder clinic did so before the initiation of the first exposure session. Although many factors could explain these data, Zayfert et al. (2005) posit that “it is possible that this reflects avoidance of direct engagement with trauma stimuli, which is required during ET [exposure therapy]” (p. 643, clarification added). Thus, it is plausible that avoidance behavior and a perceived inability to confront one’s fears – lower courage to confront fears – might underlie some clients’ lack of initiation of or discontinuation from exposure-based treatments. Therefore, measuring courage may help to predict who is likely to complete exposure and identify those who would benefit from strategies to increase courage prior to initiating the exposure portion of treatment.

While several of the aforementioned studies have attempted to quantify courage (e.g., Schmidt & Koselka, 2000; Woodard, 2004; Woodard & Pury, 2007) or empirically define courage (e.g., Pury et al., 2007; Rate et al., 2007), none have attempted to predict actual behavior using the definitions or scales. Indeed, despite the care and scrutiny taken in deriving these models and scales, the lack of any comparison to actual behavior opens the possibility that self-presentational biases and/or idealized perceptions of courageousness might have influenced the findings. The purpose of this current study was, therefore, to assess whether self-reported courageous-

ness can reasonably predict behavioral approach in fear-provoking situations. Two possible relationships between courage, fear, and behavioral approach were specifically tested. First, it was expected that courage would account for additional variance in behavioral approach above-and-beyond that accounted for by pre-existing levels of fear. Second, it is also possible that courage could moderate the relationship between fear and behavioral approach, such that as courage increases, the relationship between fear and behavioral approach becomes less negative.

## 1. Method

### 1.1. Participants

Participants were 31 female undergraduate psychology students<sup>1</sup> attending the University of Houston. Participants had a mean age of 22.13 years (S.D. = 2.62), and represented all years of college (3.2% Freshman, 12.9% Sophomore, 51.6% Junior, and 32.3% Senior). Ethnic distribution was as follows: nine Asians (29.1%), eight Hispanics (25.8%), seven Caucasians (22.6%), four African Americans (12.9%), two Multiracial (6.5%), and one Middle Eastern (3.2%).

### 1.2. Measures

#### 1.2.1. Courage

For the purposes of this study, we developed 12 rationally derived items to assess self-perceived courageousness (courage measure; CM). The CM uses an operational definition of “persistence or perseverance despite having fear”. Items were rated by a 7-point Likert-type scale, from 1 (never) to 7 (always). The items are presented in Table 1.

#### 1.2.2. Spider fear

The Spider Questionnaire (SPQ; Klorman, Hastings, Weerts, Melamed, & Lang, 1974) is a 31-item self-report measure assessing the verbal-cognitive component of fear of spiders. Items consisted of statements and asked for participants to agree or disagree with the statement. The SPQ has demonstrated temporal stability (Muris & Merckelbach, 1996), discriminant validity (Fredrickson, 1983), and sensitivity to treatment (Hellstrom & Ost, 1995). For the current study, Cronbach’s alpha was 0.80.

The Spider Phobia Beliefs Questionnaire (SBQ; Arntz, Lavy, Van den Berg, & Van Rijsoort, 1993) is a 42-item self-report measure assessing beliefs about, and fears of, spiders. The validation study of the SBQ found the measure to have excellent internal consistency, adequate temporal stability, and demonstrated discriminant validity and sensitivity to treatment. For the current study, Cronbach’s alpha was 0.98.

#### 1.2.3. Anxiety and distress

The State-Trait Anxiety Inventory-State form (STAI-S; Spielberger, 1983) is a well-validated 20-item questionnaire designed to assess current levels of general anxiety. The psychometric properties of the STAI-S are strong across multiple populations (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1993). In the current sample, the internal consistency of the STAI-S was 0.94. Participants also reported their peak anxiety using a Subjective Units of Distress Scale (SUDS; Wolpe, 1958) rating, ranging from 0 (no fear/anxiety) to 100 (highest anxiety ever experienced or worst imaginable anxiety).

<sup>1</sup> Inclusion of the one male who participated in the experiment did not alter the results in any appreciable way; however, data for this male participant was removed from analyses.

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