Effect of distraction and coping style on in vivo exposure for specific phobia of spiders

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Abstract

Recent studies have generated mixed findings regarding the effects of distraction on exposure-based treatments. Results have also been inconsistent regarding the effects of monitoring and blunting coping styles on outcome. The present study attempted to integrate these two areas of research. We hypothesized that the effect of distraction on treatment outcome might depend on coping style. Specifically, we predicted that for blunters (i.e., individuals who tend to avoid threat-related information), distraction would interfere with the effects of exposure. However, we predicted that distraction might benefit monitors (i.e., individuals who tend to seek out threat-related information). Sixty individuals with a specific phobia of spiders underwent a single, two-hour session of exposure treatment. During the first hour, half of the participants were distracted by listening to an audiotape and the other half underwent exposure without distraction. In the second hour, all participants underwent focused exposure. Based on measures of heart rate, subjective fear, and behavioral testing, participants improved after one hour of treatment, and improved further during the second hour. However, neither distraction, coping style, nor their interaction had a significant effect on outcome. The present study provides support for the benefits of behavioral treatment for specific phobias. However, our hypotheses regarding distraction and coping style were not confirmed. © 2001 Elsevier Science Ltd. All rights reserved.

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1. Introduction

In the DSM-IV (American Psychiatric Association, 1994), the essential feature of specific phobia is a marked and persistent fear of a circumscribed object or situation (e.g., heights, animals, etc.) that causes significant distress or impairment in a person's social or occupational functioning. Several epidemiological studies (e.g., Eaton, Dryman, & Weissman, 1991; Kessler et al., 1994) have found the lifetime prevalence of specific phobias in the general population to be close to 11%. Furthermore, animal phobias are among the most prevalent of specific phobias (Bourdon et al., 1988; Curtis, Magee, Eaton, Wittchen, & Kessler, 1998).

For specific phobias, in vivo exposure (i.e., exposure conducted “in person”) to the feared object or situation appears to be the treatment of choice, with improvement rates of 90% or more for some phobia types (for a review, see Antony & Barlow, 1998; Antony & Swinson, 2000). Despite the well established efficacy of exposure-based treatments, it is far from clear why exposure helps to reduce fear and what mechanisms induce the emotional change (Muris, de Jong, Merckelbach, & van Zuuren, 1993a). According to Lang’s (1977) bioinformational model of fear and fear reduction (see Foa & Kozak, 1986), the mechanism by which focused exposure leads to fear reduction involves changes to the “meaning proposition” of the fear structure. Following exposure, feared events become perceived as less probable and less threatening as a result of short- and long-term habituation. In other words, Foa and Kozak (1986) propose that fear reduction depends primarily on the processing of corrective information during exposure therapy. Cognitive avoidance strategies, such as distraction (e.g., imagining to be somewhere else, concentrating on non-feared elements of the situation, etc.), diminish the encoding of fear-relevant information and impede activation of fear. Distraction is hypothesized to prevent emotional processing, and thereby prevent habituation and fear reduction (Foa & Kozak, 1986). The notion that distraction prevents long-term fear reduction during exposure therapy is consistent with other cognitive and behavioral theories as well (e.g., Barlow, 1988; Rachman & Bichard, 1988).

1.1. Research on distraction and exposure

As reviewed by Rodriguez and Craske (1993), all theories of exposure therapy suggest that distraction during exposure should have a negative impact on outcome. Distraction is hypothesized to impede long-term fear reduction, although it may aid in short-term fear reduction by temporarily limiting the salience of the feared cue. However, despite the predicted effects of distraction on exposure outcome, empirical findings have been mixed. For example, Grayson, Foa, and Steketee (1982) employed a cross-over design in which 16 patients with obsessive–compulsive disorder (OCD) underwent two 90-minute sessions of intense exposure on two separate days. During each session, participants held their most feared “contaminated” stimulus throughout the entire 90 minutes. One of the sessions (a focused attention condition) consisted of conversation between the participant and the therapist regarding aspects of the stimulus and of the participant’s discomfort. The other session (a distraction condition) consisted of the therapist and the participant playing video games during the exposure. A linear reduction of subjective fear and of heart rate (habituation within sessions) was found during the exposure sessions regardless of whether attention was focused on, or distracted from, feared stimuli. However, increased attention to the feared stimuli appeared to facilitate between-session habituation.
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