



PERGAMON

Behaviour Research and Therapy 40 (2002) 325–341

**BEHAVIOUR
RESEARCH AND
THERAPY**

www.elsevier.com/locate/brat

Cognitive therapy versus interoceptive exposure as treatment of panic disorder without agoraphobia

Arnoud Arntz

Department of Medical, Clinical and Experimental Psychology, University of Maastricht, P.O. Box 616, NL-6200 MD Maastricht, The Netherlands

Abstract

Cognitive therapy (CT) and interoceptive exposure (IE) as treatments of panic disorder without agoraphobia were compared in a sample of 69 patients, randomly allocated to condition. There were no significant differences between treatments as to reductions in panic frequency, daily anxiety levels and a composite questionnaire score, at posttest after the 12-session treatment, and at both follow-ups (4 weeks, 6 months). In both conditions, high percentages of patients were panic free at post and follow-up tests (range 75–92%). Although the reduction in idiosyncratic beliefs about the catastrophic nature of bodily sensations was equally strong in both conditions, post-treatment beliefs correlated strongly with symptoms at post and follow-up tests in the CT condition, but not in the IE condition. Reduction of beliefs may be essential in CT, but not in IE. This suggests that the two treatments utilize different change mechanisms. © 2002 Elsevier Science Ltd. All rights reserved.

Keywords: Panic disorder; Cognitive therapy; Behaviour therapy; Interoceptive exposure; Randomized clinical trial; Treatment outcome

1. Introduction

In the last decades various cognitive behavioral therapies (CBT) for panic disorder without agoraphobia have been developed. The treatments that seem to be the most effective aim at reducing both the perceived danger and the fear of symptoms associated with panic attacks. These approaches generally reach very high success percentages in the treatment of panic disorder without agoraphobia. In a recent overview, Clark (1999) presented 7 controlled studies in 6 different countries comparing Clark and Salkovskis' version of cognitive therapy (CT) for panic (Clark, 1986; Clark & Salkovskis, 1986) with other treatments. In all of these studies (Arntz & van den

E-mail address: arnoud.arntz@mp.unimaas.nl (A. Arntz).

Hout, 1996; Beck, Sokol, Clark, Berchick, & Wright, 1992; Clark et al., 1994; Clark et al., 1999; Hoffart, 1995, 1998; Margraf & Schneider, 1991; Öst & Westling, 1995), the specific CT was superior to the wait list, and to other treatments, including supportive therapy, applied relaxation (2 out of 3 studies), and imipramine. At the end of treatment an average of 84% of the patients was panic free (range 74–94%) and results were well maintained at follow up (an average of 78% panic free). Other CBT approaches, of which Barlow and Craske's (1994) version is the best known, have comparable success rates (e.g., Barlow, Craske, Cerny, & Klosko, 1989; Beck, Stanley, Deagle, & Averill, 1994; Klosko, Barlow, Tassinari, & Cerny, 1990; Michelson et al., 1990).

Many of these CBT packages incorporate at least two procedures. First, cognitive therapeutic procedures to change catastrophic misinterpretations of bodily sensations, mainly by challenging automatic thoughts representing these misinterpretations, and gathering potentially corrective information. Second, exposure procedures to let the patient habituate to the fear evoked by experiencing certain bodily sensations. Barlow and Craske's package explicitly involves both types of procedures. In contrast, Clark and Salkovskis' package seems more cognitive, though the extensive use of behavioral experiments does not preclude that exposure to bodily sensations is an important ingredient of this treatment.

The success of these packages raises the question of what the most effective, or even essential, ingredient is. A direct comparison of cognitive procedures with exposure to feared bodily sensations seems therefore relevant. For clinical reasons, it is important to compare the effects of exposure to bodily sensations to cognitive procedures, to get an idea of what the most effective procedure is. For more theoretical reasons, a direct comparison seems relevant to test the hypothesis that treatment, of any type, only works if the belief in catastrophic misinterpretations reduces during treatment (Clark, 1986; Clark et al., 1994).

There are, globally speaking, two schools of thought about psychological processes underlying pathological anxiety and successful treatment. According to the first school, psychological processes which are (mainly) automatic and nonreflective (or even nonconscious) are responsible for the maintenance of pathological anxiety. Treatment is based on procedures that involve information processing at these levels, for instance prolonged exposure *in vivo*. Conscious thoughts about danger are not supposed to play an important role in the maintenance of the disorder, and conscious and deliberate attempts to change ideas about the dangerousness of the feared stimuli are not believed to lead to any change. Öhman's theory of phobias (Öhman, 1997; Öhman & Soares, 1994) and Marks' ideas about the acquisition of fear and the role of habituation in the reduction of fear (Marks, 1987) are examples of this school of thought.

In the second school of thought, conscious ideas that people have about the dangerousness of the feared stimuli are given the most prominent role. These ideas are, according to this school, accessible for consciousness, and changing them by deliberate considerations is essential for reduction of fear to take place. Beck's (Beck, Emery, & Greenberg, 1985) and Clark's (1986) models of anxiety disorders are examples of theories that fit in this school of thought. The Oxford group has formulated an explicit prediction in this respect: "The cognitive theory of panic predicts that sustained improvement after the end of any treatment (whether psychological or pharmacological) will depend on cognitive change having occurred during the course of therapy" (Clark et al., 1994, p. 760; Clark, 1986).

To summarize, the first school of thought assumes that nonconscious processes play the essen-

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات