

Anxiety Disorders: Treatments and their Effectiveness

Treatment

BEHAVIOUR THERAPY

Behaviour therapy developed during the late 1950s & .1960s. The underlying ideas are that most forms of mental illness occur through maladaptive (faulty) learning, & that the best treatment consists of appropriate new learning. Behaviour therapy is therefore based on the assumption that classical & operant conditioning can change unwanted/abnormal behaviour (e.g. phobic reaction) into more desirable/normal behaviour.

Systematic Desensitisation

Wolpe (1958) developed systematic desensitisation. It derives from classical conditioning & is based on counter-conditioning where the fear response to the phobic stimuli is replaced by a new response which is incompatible with fear: muscle relaxation. Clients are initially given special training in deep relaxation until they can rapidly achieve muscle relaxation when instructed to do so.

The therapist works with the client to compile a hierarchical list of feared situations, starting with those that arouse least anxiety (tiny spider), progressing to those that are most frightening (big hairy spider crawling on you).

The client reaches a state of deep relaxation & then is asked to imagine (in vitro) or is confronted by (in vivo) the least threatening situation in the anxiety hierarchy. This repeatedly happens until the situation fails to provoke any anxiety at all (i.e. counter-conditioning has been successful). This process is repeated while working through all of the situations in the anxiety hierarchy.

The principle behind the technique therefore is to replace the conditioned fear response with one of relaxation. It is the pairing of relaxation with the feared stimulus which causes the desensitisation.

Flooding or Exposure

Again based on classical conditioning, but quicker & often regarded as more effective than systematic desensitisation.

The client is exposed to an extremely fear-provoking situation. In the case of a spider phobic, the client could be put in a room full of spiders or asked to imagine being surrounded by dozens of spiders.

The client is initially flooded or overwhelmed by fear & anxiety. However, physiologically it is not possible to maintain a state of anxiety for a long period, & the fear starts to diminish.

Flooding is effective as it teaches the client that there is no rational basis to his/her fears (e.g. spiders do not cause bodily harm). In everyday life, the phobic person would avoid spiders so would have no opportunity to learn this.

Effectiveness of Behavioural Therapies

Appropriate methods of treatment for phobias. Widely adopted by clinical psychologists within the NHS & are relatively quick (taking usually a few months) as opposed to psychodynamic therapies which usually last several years.

The effectiveness of behavioural techniques has been shown to be quite high. **McGrath (1990)** claims that systematic desensitisation is effective for around 75% of people with specific phobias.

Comer (1995) cites a study on 'flooding' conducted by **Hogben & Kirchner (1967)**. Twenty-one people with a phobia for rats were asked to imagine themselves having their fingers nibbled & being clawed by rats. After treatment, twenty were able to open a rat's cage and fourteen were able to pick it up.

However, Kendall & Hammen point out three criticisms of behaviour therapy:

- It is a mechanical treatment & only sees benefits in terms of changes in observable behaviour
- It fails to consider the underlying causes of mental illness - only symptoms
- There is a problem of generalisation - the client may produce the desired behaviour in the therapist's room, but does it follow that the same behaviour will be produced in other situations?

BIOLOGICAL THERAPY

Anti-anxiety drugs, the Benzodiazepines (e.g. Valium, Librium) are minor tranquillisers/sedatives. They were introduced in the 1950s & 1960s & have been shown to be beneficial. However, they often have sedative effects, with patients reporting drowsiness & lethargy. They can also damage LTM. There can be unpleasant withdrawal symptoms when patients stop taking them, there are potential problems of addiction, tolerance dependency.

Effectiveness of Drug Therapy

Drug therapy can be useful in providing rapid reduction of anxiety in patients who are very distressed. However, anti-anxiety drugs are only designed to reduce the symptoms of anxiety & do not tackle the underlying problems. They should generally be used over fairly short periods of time, St should be used in combination with other forms of therapy.

COGNITIVE THERAPY

The A-B-C Model

Albert Ellis (1962) argued that anxiety (& depression) occurs as the end points in a three-point sequence:

A: Significant activating event (e.g. dumped by partner)

B: Belief system: "I am a worthless Person to be rejected like this"

C: Emotional Consequence: State of anxiety (or depression)

According to this A-B-C model, anxiety & depression (C) do not occur as a direct result of A (significant event). According to Ellis, C occurs because of B (belief system/irrational thoughts), which follows from the significant activating event.

Ellis (1962) developed **Rational-Emotive Therapy** as a way of removing irrational & negative

thoughts & replacing them with more rational & positive ones. This is point D - a dispute belief system that allows people to interpret life's events in ways, which do not cause anxiety/depression.

Therefore, since phobias are maintained by irrational beliefs, the client is taught to dispute the irrational belief whenever encountering the phobic object or situation & replace these with more positive & rational ways of thinking.

Newmark et al (1973) found that anxious patients are much more likely than normals to have irrational beliefs. They found that 65% of anxious patients (but only 2% of normals) agreed with the statement: "It is essential that one be loved or approved of by virtually everyone in his community."

PSYCHODYNAMIC THERAPY

Aim is not the 'cure' the patient's psychological problems, in the same way that the medical profession might hope to find a cure for AIDS. Rather, the aim is to enable the person to cope better with inner emotional conflicts (between the id, ego & superego) that are causing anxiety. The purpose of therapy is to uncover unconscious conflicts & anxieties that have been repressed & work through these.

In Psychoanalytic Therapy, a variety of techniques are employed:

Free Association

A very simple method to attempt to uncover repressed ideas & gain insight (a conscious understanding of thoughts/feelings which have been repressed). The client is encouraged to say the first thing that comes into his/her mind. It is hoped fragments of repressed memories will emerge during the course of free association.

Word Association

The client is read a list of words one at a time & asked to reply with whatever comes instantly to mind. The analyst pays particular attention to unusual responses, hesitations & mental blanks which may indicate repression.