Exposure: Awareness, Tolerance, & Acceptance of Mind & Body

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Presentation Outline

• Strategies to achieve awareness, tolerance, and acceptance of symptoms
• Strategies for hierarchy development so that clients tolerate distress and progress in treatment
• Strategies for designing imaginal exposures
• Strategies for treating anxiety disorders complicated by comorbidity
• Questions and general discussion
Mindfulness has received much recent attention in the literature for the treatment of the anxiety disorders.

Exposure therapy has been the longstanding treatment of choice for the anxiety disorders.
Mindfulness

- Awareness of the present moment that is intentional and non-judging

- Mindful meditation encourages clients to:
  - Intentionally make a choice about where to focus attention
  - Selectively deploy attention broadly or narrowly
  - To never shut anything out of awareness
Exposure Therapy

♦ Treatment goal:
  ♦ To activate maladaptive emotions and beliefs
  ♦ To habituate to and process excessive emotion
  ♦ To accept uncertainty about feared consequences
Exposure Therapy Is Most Effective When It Incorporates Mindfulness Strategies

- There is a hierarchy attentional focus that can be applied to exposure therapy
- Selectively deploying attention can be used to facilitate:
  - Coping with and tolerating distress
  - Awareness of symptoms
  - Acceptance of symptoms & feared consequences
Distress Tolerance

♦ Coping

♦ Distress is at its highest

♦ Attention is focused on aspects of the environment
  ♦ I’m in my living room

♦ Attention is focused on non-symptom internal information
  ♦ I’m walking

♦ This is exposure since anxious thoughts and symptoms are still within awareness and peripheral attention

♦ This also prevents obsessions and distress from escalating since attentional focus is on the present
Important Note

I am not recommending avoidance of thoughts or feelings

I am recommending:

- Intentionally make a choice about where to focus attention
- Selectively deploy attention broadly or narrowly
- To never shut anything out of awareness
Awareness

- **Awareness**
  - Distress is manageable
  - Attention is focused on symptoms and feared stimuli
    - My heart is racing and I’m afraid I will panic
    - I’m afraid I will lose control and hurt my baby
  - This is a more direct exposure
  - This improves awareness and distress tolerance since focus remains on the present
Acceptance

- There is greater tolerance of symptoms and the possibility of feared consequences
- Attention is focused on imaginal exposure to current and long-term fears
  - I’m walking with my baby and risking that I lose control and throw her
  - I am risking losing everyone I know and love
  - I am risking shame, guilt, rejection, and lifelong isolation
  - I am risking that I might panic or continue to obsess uncontrollably
Acceptance Needs to Occur at All Levels

- Exposure must identify and process current and long-term obsessions and emotions

  - Core obsession and emotions—lifelong rejection and shame at imperfection—are the driving forces behind disparate situation-specific obsessions

  - Core obsession and emotions may be apparent at the outset

  - If not apparent, exposure to situation-specific obsessions accesses, identifies, and gradually processes core obsessions
Acceptance Needs to Occur at All Levels

- Anxiety is not always the core emotion
  - For example, shame can drive anxiety and avoidance
  - Shame therefore is crucial to process

- Insight must be improved
  - An important treatment goal is awareness that all current obsessions are overwhelming for one reason: For example, Shame and fear of lifelong rejection
  - This awareness improves treatment compliance and distress tolerance since disparate situation-specific obsessions are recognized as coming from the same source
The hierarchy should be dynamic (not static) on two dimensions:

1. First Dimension
   - Attention is placed on a manageable trigger
   - Graduated exposures are engaged in
   - Already completed exposures are maintained
Designing the Hierarchy

2. Second Dimension

- **Acceptance** (Hardest) - Imaginal exposure to core and long-term fears
- **Awareness** (Moderate) - Attend to obsessions and physiological symptoms
- **Coping** (Easiest) - Attend to the present environment and non-symptom feelings

Attention shifts to maximize distress tolerance, awareness, and acceptance:
Constructing Imaginal Exposures

- Describe the current and long-term fears
  - I’m walking with my baby and risking that I lose control and throw her
  - I am risking losing everyone I know and love
  - I am risking shame, guilt, rejection, and lifelong isolation
  - I am risking that I might panic or continue to obsess uncontrollably

- Accept intellectually that my feared consequence could happen and is out of my control
  - The first step is to accept this intellectually
  - Exposures should always tell the truth
Constructing Imaginal Exposures

- Intellectual acceptance relates directly to acceptance of the entire treatment goal.
- Describe why one would accept this truth:
  - My rituals don’t perfectly prevent my fear, even if I ritualize more and function less.
  - My loved ones and I suffer greatly as a result of my OCD.
- *In vivo* and imaginal exposures are acceptance of these possibilities through action.
- Freedom from OCD occurs through acceptance.
Managing Comorbidity

- Triggered obsessions frequently trigger comorbid emotions
  - Ex: Anxiety and shame about harming my baby can trigger depression

- Triggered comorbid emotions can deflect attention from the obsessions and core emotions
  - Ex: Now I’m ruminating about how I’m a bad mother

- Triggered comorbid emotions can interfere with exposure
Managing Comorbidity

- Redirect attention to the experience and tolerance of the obsession and core emotion
  - Ex: I feel such shame at the thought of harming my baby

- Provide strategies to process the comorbid emotion. This is very important at this point since the comorbid emotions are activated
  - Ex: I am so tempted to ruminate about how I’m a bad mother, but I know that not avoiding my baby makes me the mother I want to be
Managing Comorbidity: Examples

◊ I am such a bad mother. It’s hopeless.

◊ I am tempted to get stuck feeling depressed and hopeless. Not avoiding my baby and not avoiding my intense shame will help me become more tolerant of imperfection. This is the mother I want to be.

◊ I am so enraged at having OCD. I can’t even hold my own baby. Why me?

◊ My rage takes me out of the reality of the present. The truth is that I’m horribly anxious and ashamed. I accept my anxiety and shame because I know that accepting these feelings is the only way to change them.
Thank you!

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