

THREE METHODS OF DESENSITIZATION
FOR FEARS AND PHOBIAS

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1. **Definitions:** fears, phobias, talking therapies, cognitive therapy, cognitive behavior therapy, desensitization.

2. **Flooding or implosion.** Mere exposure to the dreaded situation is not enough. There needs to be an integrated experience of efficacy or mastery of the emotional response in order for true desensitization to occur. The mastery must be felt as a secure and dependable response, not a lucky fluke.

3. **Systematic Desensitization (SD)** (Wolpe & Lazarus, 1958). Principle of reciprocal inhibition of the sympathetic nervous system by the parasympathetic. Relaxed state secured. Hierarchy of static or dynamic scenes presented for about 10 or 15 seconds, then scenes switched off and relaxation continues. If client blocked at a scene, go back to earlier scenes or fragment stimulus elements of the scene and recombine later.

Likely to be fully effective 80-95% of cases with 16-22 sessions, several homework or in vivo. Important to note the absence of symptom substitution, and in fact an overall improvement in functioning and self-esteem resulting from this mastery experience.

Tried and true method, but allows escape from the feared stimulus, thus weakening the process of stimulus exposure.

Research issues include: do the stimulus situations have to be presented hierarchically? How many exposures are optimal?

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3. **Expanding Videoscreen Desensitization (EVD)** (Young, 1993). Key differentiating feature is the continuity of the feared stimulus presentation, although in diminished form, whenever a fear response occurs. The client, in a relaxed setting, observes an imagined videotape monitor reviewing as aspect of the frightening scene. As the scene becomes tolerable and comfortable, the screen and sound become bigger and wraparound. Difficulties are met with diminishing the size of the screen and the volume of the sound until tolerable.

Excellent 95-100% results in usually less than 10 sessions, typically 4-6. Absence of comparative empirical studies to validate this clinically effective method. A sound theoretical rationale (continuous exposure) for efficacy observed.

4. **Eye Movement Desensitization and Reprocessing (EMDR)** (Shapiro). All desensitization is done with eyes open, therapist nearby, and a distracting and fragmenting eye-movement task in the foreground. Excellent results in PTSD, very good results in other anxiety-related disorders. Not enough comparative studies pitting various forms of desensitization against each other in highly controlled circumstances. Great research field to investigate.

5. Questions and case discussions.
