

Living With Your Worst Nightmares: The Role of Mindfulness and Acceptance in Exposure and Response Prevention

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Acceptance and mindfulness are concepts that have been practiced in spiritual teachings for many thousands of years. More recently, psychologists have begun to apply acceptance and mindfulness techniques to the treatments of many different problems. Unfortunately, when new techniques are adopted, there is often a great deal of misinformation as to how to use them and what to expect from them. Currently, we are beginning to explore the usefulness of these techniques in the treatment of Obsessive Compulsive Disorder (OCD). In this article, we hope to answer three questions:

1. Does it make sense to incorporate acceptance and mindfulness techniques into the treatment of OCD?
2. What is acceptance and what is its role in the treatment of OCD?
3. What is mindfulness and what is its role in the treatment of OCD?

Exposure and Response Prevention (ERP) is still the core cognitive-behavioral treatment (CBT) of choice for OCD. The majority of sufferers will receive some benefit from ERP, even if it is poorly done. However, significant benefit as opposed to some benefit is our treatment goal. Because of this, those who work with OCD are always looking for ways to improve treatment. For example, there has been a great deal of work during the past few years focusing on adapting cognitive techniques from the CBT arsenal to the treatment of OCD. With the growing research and press coverage on acceptance and mindfulness, it makes sense for us to shift our attention to their usefulness in the treatment of OCD.

The answer to the first question is easy: yes. As Hannan and Tolin (2005) point out in a recent book chapter, ERP is already an acceptance-based technique. How is this so? At our Center, we see intolerance of uncertainty as the core problem for most manifestations of OCD. With this in mind, the goal of treatment is to learn to live with uncertainty, that is, to learn to live and cope in a world where your worst fears

might come true, i.e., that your house might burn down, that the world will always be dirty or that your loved ones might die. We define treatment readiness as being willing to learn how to accept living with uncertainty. We say learning, because if accepting uncertainty were a simple decision, then we would cure everyone in a single session. Acceptance of feared consequences is hard work, but this acceptance is critical if ERP is to commence. If the sufferer isn't willing to do this, then we won't begin the ERP part of treatment. To put it another way, how can someone get better if the goal isn't to get better?

Despite the fact that ERP is, by its nature, an acceptance-based procedure, further examination of acceptance and mindfulness provides us with an opportunity to improve and refine our use of these in ERP. Hopefully, this will result in better treatment and will, perhaps, help sufferers to choose the goals of treatment over suffering.

Having answered the first question and one-half of the second (what is the role of acceptance in the treatment of OCD), you may be wondering what acceptance is. Acceptance and its opposite, denial, are terms you often hear mental health professionals use, but you rarely hear them defined. Let us start with denial. You may have been accused of this or have heard about someone having lost a loved one and being in denial over the death. Have you ever considered how this is possible? A mourner accused of this might likely challenge us and reply that they aren't in denial, that they know that their loved one has died and isn't coming back. If they didn't know this, we would be talking about psychosis or a break with reality rather than denial. Denial occurs whenever the sufferer is comparing fantasy with reality. So in the case of someone who has lost a loved one, the statement of denial is: life would be better if my spouse were still here. There may be some truth to this. But this is a fantasy; it will never happen again. The problem with comparing fantasy with reality is that fantasy always wins, because we don't include problems or difficulties in denial fantasies. The two major problems with denial are that the fantasies won't or are unlikely to occur and they end up demeaning the present.

To see how this works, imagine the following scene: A man is sitting with his wife by a mountain lake in the Pocono Mountains at sunset. Then he thinks to himself: if we were rich right now, we could be sitting on the beach of a fabulous Caribbean resort, having waiters bring us rum punches at the snap of our fingers, while watching a spectacular sunset over the Atlantic. It's a nice fantasy, but in that moment he has now tarnished a real moment that he could have been sharing with his wife. And if a pleasant experience like this can be turned into sadness, think about how much worse a sad, anxious, or stressful time can be.

At our Center, we call the act of engaging in the denial, the wishing ritual. Like all OCD manifestations, people without OCD also use this. If you examine your own behavior you may recognize some of the following wishing ritual statements: "There should be an easier way to get over my OCD;" "I have to get rid of this image in my head;" "I can't live with this anxiety;" "If only my boyfriend would be nice to me all of the time." Can you identify the fantasy in each statement?

In the first, the sufferer is comparing the work of ERP to an easy imaginary treatment. In the second, the sufferer is comparing life with the image to life without it. The last two wishing statements aren't exclusive to OCD. In the first, the person is comparing their current life with anxiety to one without it. In the last, the lover is actually imagining a boyfriend who is a different person than the one she has.

In each of the above, the problem with giving up denial is that you have to suffer a loss. Treatment will be hard. You will have to use ERP to learn to live in peace with the image. You will have to coexist with the anxiety. And the lover will have to leave her boyfriend and find herself alone for an unknown amount of time. No one wants to have a loss. However, to stay in denial is to go in an endless circle of not confronting a problem and having it torture you forever.

Mourning is the process of moving from denial to acceptance. You can't do it instantly. For example, we noted above