

Psychotherapy Guidebook

# SYSTEMATIC DESENSITIZATION



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# Systematic Desensitization

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## DEFINITION

Systematic Desensitization is a therapeutic procedure for overcoming fearful responses or anxiety in certain situations. It consists of graded exposure to fear-provoking stimuli under special conditions, so that emotional reactions other than fear or anxiety predominate. This technique belongs to the family of techniques based on learning principles called behavior therapy.

## HISTORY

The technique of Systematic Desensitization is attributed to Dr. Joseph Wolpe, who devised it following the conclusion of a series of experiments during the 1950s in which he made cats fearful of certain situations by applying repeated electrical shocks to them. He noted that the neurotic cats exhibited fearful behaviors as well as the inhibition of certain appetitive behaviors, such as eating in the situations in which they had been shocked. He noted further that if such cats were induced to eat in situations that somewhat resembled those in which they had received the shock, and then

further induced to eat in situations gradually approximating the original shock situation, then they would gradually lose their neurotic fears and inhibitions. To explain these observations, Wolpe elaborated on the theory of reciprocal inhibition that states that neurotic fear may be overcome by eliciting in the fear-provoking situation behaviors or emotions incompatible with and stronger than the fear. In 1924, utilizing identical principles, Mary Cover Jones described the successful treatment of a neurotic child, using eating as the reciprocal inhibitor.

Systematic Desensitization is frequently used in the behavior therapy treatment of neurosis and is the most researched psychotherapeutic technique.

## TECHNIQUE

Systematic Desensitization consists of four operations: 1) behavioral analysis; 2) relaxation training (or training in developing another reciprocal inhibitor); 3) hierarchy construction; and 4) hierarchy presentation.

Behavior analysis subsumes a complete psychiatric evaluation with an emphasis on stimulus-response relationships. This indicates whether anxiety habitually occurs in response to inherently innocuous stimulus situations. If it does, then Systematic Desensitization is frequently indicated.

Relaxation training is usually affected by a modified version of Jacobson's Progressive Muscle Relaxation Method. This involves the deliberate and sequential contracting and relaxing of skeletal muscles, the goal of which is a subjective sense of complete muscular and psychological relaxation.

To enable the patient to quantify the degrees of relaxation, he is introduced to the subjective units of distress scale, given the acronym SUDS. This scale ranges from 0 to 100. The 0 point represents total relaxation; the 100 point represents panic — an anxiety as intense as the patient imagines he can feel. The 50 point represents a subjective sense of unpleasant emotional tension accompanied by some muscular tension, sweating, palpitations, or “butterflies in the stomach.”

Each relaxation training session in the office lasts ten to fifteen minutes. Typically, training begins with clenching of the fists, followed by relaxation. Tension lasts five to seven seconds, relaxation lasts approximately twenty seconds. This is repeated two or three times and followed by tensing and relaxing the biceps, triceps, and shoulders. The subject is instructed to practice ten minutes twice a day at home between sessions. At the subsequent session, the muscle groups done previously are quickly reviewed and new muscle groups essayed. Training proceeds until the patient can reliably reach zero on the SUDS scale. At this point, he is ready for a

presentation of the hierarchy.

## **Hierarchy Construction**

One frequently observes that the clinically relevant anxiety-provoking situations may be sorted into families, or potential hierarchies on the basis of themes. Each of these themes forms the basis of a hierarchy that typically consists of six to twelve situations, which are briefly described, and vary in anxiety-provoking potential from a low of 5 — 10 SUDS to 90–100 SUDS. These are arranged in ascending order of SUDS level with an interval of ten to fifteen SUDS between successive items.

## **Hierarchy Presentation**

The patient is instructed to become completely relaxed and to signal attainment of this state. When this has been accomplished, the patient is asked to repeatedly imagine the first item, or situation, until it no longer evokes any anxiety. Between presentations of each scene, the patient is instructed to relax completely. The same is done for each successive item. Whenever possible, the patient should be instructed to expose himself in real life to situations already overcome in the office.

Alternatively, Systematic Desensitization may be affected in vivo where the nature of the hierarchy and the environment allow. In vivo exposure is



superior to imaginal exposure.

## APPLICATIONS

Most nonbehavioral professionals perceive Systematic Desensitization as an effective treatment for phobic neurosis only. However, if one views neurosis as a habitual anxiety response to inherently innocuous stimuli based on learning, then a great majority of all neuroses may be seen to have “phobic” elements. Consequently, Systematic Desensitization may be applied in the treatment of most neuroses, frequently as one of a number of interventions. Agoraphobic and obsessive-compulsive neuroses are best treated by methods other than Systematic Desensitization. Systematic Desensitization may be useful in: phobic, anxiety, and depressive neuroses; sexual dysfunction; sexual orientation problems, such as homosexuality and pedophilia; alcoholism; drug abuse; and also psychosomatic problems, such as tension headaches, muscle tension, asthma, hyperacidity, and dyspepsia.

### **Key Issues in Relation to Other Therapies**

Systematic Desensitization was the first psychotherapeutic procedure amenable to a simple operational description. It is a widely researched psychotherapeutic technique and the majority of studies have shown it to be superior to placebo, supportive, and other nonbehavioral therapies. It has an

easily recognizable end point: when the last item on the last hierarchy has been completed, then the Systematic Desensitization treatment is finished. Furthermore, the procedure is easily taught to novices.