

Psychotherapy Guidebook

FLOODING

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Flooding

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DEFINITION

The term Flooding is applied to a range of treatment procedures that involve confronting the patient with situations, objects, or thoughts that provoke a high level of anxiety or distress. In contrast to Systematic Desensitization, Flooding denotes a rapid and prolonged exposure, usually accompanied by substantial emotional arousal. Such exposure may occur in imagination or in real life (in vivo).

HISTORY

The use of exposure in vivo has been noted by several scholars of divergent theoretical orientations (for example, Freud, 1919). Guthrie (1935) described how an adolescent girl with a phobia of riding in cars was kept in the back of a car, continuously driven for hours. Her anxiety reached a panic level, but gradually diminished. At the end of the four-hour session, she was quite comfortable and was rid of her phobia. More recently, Malleson (1959) reported the use of Flooding in imagination. The patient was an Indian student who was terrified of failing his examinations. He was asked to

imagine all the “disastrous” consequences of failing in school — being derogated by colleagues in India, disappointing his family, losing money, etc. After two days, during which he was treated twice a day and practiced several times a day by inducing those images on his own, he reported no fear of examinations.

The recent mounting interest in the study of Flooding and its application to a variety of disorders was influenced by Thomas G. Stampfl’s writing (Stampfl, 1967; Stampfl and Levis, 1967). Labeling the technique ‘implosion’ Stampfl stressed the importance of obtaining an intense reaction by presenting the patient with “horror” fantasies. The content of these fantasies include fears reported by the patient and material hypothesized by the therapist to be present but repressed (such as hostility, aggression, and sexual feelings). The psychodynamic part of the treatment is unique to Stampfl and Levis and their followers. Most other behaviorists elicit fantasies based solely on fears expressed directly by the patient.

TECHNIQUE

During the past decade numerous studies have been conducted with animals, volunteers, and patients. While these studies have not thrown much light on what mechanisms make Flooding work, they have provided valuable information about how to use it effectively.

Stampfl and Levis's theoretical formulation of Flooding suggested the use of scenes that are highly fearful. And, indeed, early reports indicate that patients were confronted with horrific images. Since then the role of anxiety in exposure has been questioned. Hussain found that Flooding in combination with the drug Thiopental was more effective than Flooding with no relaxing drugs. Similarly, my colleagues and I have reported that presentations of pleasant scenes associated with the feared object were as effective as presenting horrifying ones. It seems, therefore, that it is not necessary to include cues that maximize the distress.

The optimal point for terminating a Flooding session is not known. However, it is advisable to keep the patient exposed to the fearful situation until substantial diminution in anxiety or distress is reported. For such diminution to occur, a longer exposure (one or two hours) is required. It was indeed found that both agoraphobics and obsessive-compulsives benefited more from Flooding in vivo when sessions were of longer duration (two hours vs. a half hour).

Most clinicians conduct therapy sessions in their office. Such practice often forces the therapist who employs this technique to rely on exposure in fantasy. Yet most studies established the superiority of Flooding in vivo. When exposure in vivo is not feasible, the therapist should stress the importance of exposure to real-life situations, hitherto avoided, through self-

practice between sessions.

To minimize stress experienced by the patient during Flooding, some gradation may be employed. Although sudden and gradual exposure were found to be equally effective in one study, patients felt more comfortable when a hierarchy of about five situations was constructed. Using a scale that rates anxiety, patients would be asked to rate several situations according to the amount of subjective anxiety each evoked. Treatment involves exposure to a moderate anxiety-evoking situation, and progresses as rapidly as possible toward the more fearful ones.

In summary, a gradual and prolonged exposure in vivo, rapidly proceeding towards the most fearful situation seems to constitute the most effective treatment program. Self-exposure exercises between sessions are important. Flooding in fantasy may be applied when the feared situation cannot be produced in reality (for example, the fear that a dear person will die if certain rituals are not performed); it may also be used to facilitate later exposure in vivo.

APPLICATIONS

Flooding in fantasy, notably implosion, has been applied to a wide range of problems including depression, schizophrenia, phobias, and obsessive-compulsive disorders. Yet the measurements used in these studies do not

permit definite conclusions regarding the efficacy of implosion with some of these disorders.

Flooding in fantasy was found to be effective in specific phobias (for example, animal phobias) and in agoraphobia. However, Systematic Desensitization seems to produce greater improvement in specific phobias than in agoraphobia while the reverse is true for Flooding. Numerous studies summarized by Marks (1975) have demonstrated the efficacy of Flooding in vivo with agoraphobics, in individual as well as in group setting. Several studies have also shown Flooding in vivo to be effective in the treatment of obsessive-compulsives. In both agoraphobics and obsessive-compulsives, marked improvement has been achieved by this technique in a relatively short period (one to four weeks). Reports on the effectiveness of desensitization as well as Flooding in fantasy with these disorders are inconclusive.