Implosion Technique of Psychotherapy: A Critical Appraisal

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Abstract

This paper is a library-based research work that examined implosion (or implosive) technique of psychotherapy. It critically discussed implosion (or implosive) psychotherapy with the aim of bringing to limelight its usefulness in the field of psychological interventions. Most individuals are under the siege of constant fear of one object or another, which is detrimental to their physical, social and psychological well-being. Therefore, in this paper, the various things that make implosion psychotherapy a veritable psychological tool for addressing different types of fears or phobias are highlighted. This discourse considered what implosion psychotherapy is about, how it came into existence as a form of psychological treatment for fears and phobias, clinical experimental illustrations of implosion therapy, therapeutic procedures as well as criticisms of it. Furthermore, the discourse was concluded with a warning to practitioners that implosion psychotherapy is not a cure-all technique and that Counselors and Psychologists who find it necessary to use should do so with utmost care in order to avoid unforeseen adverse consequences.

Keywords: Anxiety, imagination, implosion, phobia, therapy.

Introduction

For a long period, fear had been conceptualized as a very strong emotion, usually associated with symptoms of anxiety such as rapid heartbeat; palm sweating, restlessness, headaches, dizziness and failure to concentrate (Ellis, 2017). Fear refers to a feeling triggered by an assumed danger or menace that happens in individuals that alters their metabolic or organic activities and eventually changes their behaviours, like hiding, fleeing, or freezing from assumed shocking emotional incidents. A person's fear could arise in reaction to a particular event at the moment or envisaged or an expected future event assumed to be a potential danger to them. The emotion of fear occurs from the perceived threat (otherwise referred to the flight-or-fight response) which in utmost instances of fear (horror and terror) could be a freeze reaction or becoming paralyzed (Towey, 2017). However, when people are in constant fear, whether from physical dangers or threats they perceive, they can be incapacitated (Ellis, 2017). Fear terrorizes and serves the function of torment to the person concerned. It triggers off the flight-or-fight syndrome. In that situation, the source of fear would normally control the individual irrespective of whoever they are. A person that is persistently emitting fear emotional behaviour is trapped in a toxic emotional state (Okorodudu, 2016).

Being under the control of constant fear has serious adverse effects on the individual. There are some unpleasant consequences of protracted fear which, according to Towey (2017) include:

a. Physical health: The fear emotion can weaken an individual's immune system and trigger cardiovascular destruction, gastrointestinal issues like ulcers, irritable bowel syndrome and reduced fertility. It also has the ability to ability to quicken ageing and premature death.
b. Memory: Dysfunctional fear may disrupt the development of long-term memories and cause destruction of brain parts like the hippocampus. It may even cause fear regulation difficulties that can make one to be frequently anxious. The world appears scary to a person suffering from severe fear, and their memories attest to that.
c. Brain processing and reactivity: Fear can interrupt processes in a person's brain that allows them to regulate emotions, read non-verbal cues and other information presented to them, reflect before acting and act healthily. This impacts a person's thinking and decision-making in negative ways, leaving them susceptible to intense emotions and impulsive reactions. The totality of the consequences can prevent a person from taking appropriate actions.
d. Psychological health: Additional effects of prolonged fear may be fatigue, severe depression and post traumatic stress disorder (PTSD). While responding to the question, ''how does fear affect people's lives?'', Ellis (2017) stated that the answer is tied to one thing: REGRET, and that regret leads to things like unhappiness, emptiness, stress, self-pity, disappointment, inadequacy, dissatisfaction, bitterness, depression and other problems. He further stated that, when fears are bigger than a person and they never take

action to overcome them, it leads them down the rocky road of regret. Moreover, regret equally pushes a person to a life filled with misery.

When an individual starts to experience fear in a condition where there is no apparent dangerous stimulus, such a fear is irrational and it is referred to as a phobia (Cherry, 2023; LeWine, 2022). Secondly, when the individual begins to react to this non-dangerous feared stimulus or situation by intentionally avoiding it, then their fear has led to what is termed a phobic reaction. Phobic reactions are generally regarded as part of the most common forms of maladaptive behaviours of humans. Both adults and children do exhibit these. In fact, because of the high incidence, some phobias are taken to be ‘’normal’’ in adults and children. Fear of the dark, fear of dogs and ghosts are examples of the normal phobias in adults.

People in the helping professions such as Counsellors, Psychologists, Psychiatrists, Social workers and others have evolved several procedures for the treatment of phobias. One of such specific procedures, which have been empirically proven effective in the treatment of fears and phobic reactions, is “implosion or implosive therapy’’, which is the focus of this paper.

Implosion (or implosive therapy)

Implosion or Implosive therapy, otherwise referred to as ‘’treating fear with fear’’, was developed by Stamfl and Lewis in 1968 for the treatment of phobias. It involves the client’s exposure to a very fearful episode or stimulus at full intensity by imagination. In implosion, the therapist urges the client to keep on imagining the most stressful or feared situation for a considerably long period (McLead, 2023). The main purpose of this form of therapy is to generate a frightening experience in the client to such a great dimension that it will by and large reduce his fear of the particular stimulus or frightening situation rather than increase it. In this regard, Rosenhaft (2013) opined that the mechanism of implosion is based on the fact that extinction of anxiety can be most effectively obtained by repeated elicitation of heightened emotional responses without the real occurrence of physically injurious consequences. Just for the reasons of ease, handling the emotional responses is symbolically activated.

The originators of implosive therapy were of the belief that the kinds of fears that people bring to the psychotherapist for treatment have been acquired from the nature of relationship existing among the three personality structures namely; id, ego and super-ego. In other words, the proponents of implosive therapy attribute all fears to manifestation of unresolved and unconsciously repressed conflicts arising from interaction of id, ego and super-ego. Fear resulting from their conflicts, which was once repressed, begin later to manifest unconsciously towards things in the environment. Implosion is therefore a method to relieve psychological distress by imagining a situation whereby the client provokes that distress. This psychotherapeutic method requires, from the start, the client imagines a very fearful and threatening situation for a protracted period of time, without really undergoing any previous relaxation technique. It consists of having to confront his feared situation in imagination,

deliberately provoking high levels of anxiety through vivid descriptions of the ultimate fear encounter.

Imagination in this form of therapy can produce intense emotions, and that implosion can be administered in many ways, some of which are so different as to bring into question the similarity between them. For example, the imagination may occur individually or in groups, for shorter or longer durations, for intermittent or continuous periods, with escape allowed or curtailed, with anxiety minimized or deliberately provoked, with less or more elaboration of the distressing situation, and with varying therapeutic expectancies and instructions. It is very unlikely that such a plethora of variants would all work in precisely the same fashion. To the extent that they share a common element they operate through similar mechanisms, with other components added in varying degrees (Biology Online, 2021). Hogan (1966) as cited in Rosenhaft (2013) presented the following typical story of a snake-phobic, which can be imagined during implosion:

> A person afraid of a snake would be requested to view himself picking up and handling a snake. Attempts would be made to have him become aware of his reactions to the animal. He would be instructed to feel how slimy the snake was. Next, he would be asked to experience the snake crawling over his body and biting and ripping his flesh. Scenes of snakes crushing or swallowing him or perhaps his falling into a pit of snakes would be appropriate implosions (p. 86).

Clinical experimental illustrations

Hogan (1966) treated 26 psychotic patients with implosion therapy. The patients were known to manifest violent reactions towards their personal hallucinations and delusions during which they were punished by mild flogging. It was also observed that they froze to the bone marrow on exposure to corporate punishment such as beating with fists, canes or clubs. That is to say that they were phobic to severe beating or clubbing. The patients were randomly assigned to treatment and control groups. Implosion therapy that was given to the treatment group involved getting them to imagine serious corporal punishments in the form of beating with hands, sticks and strong wires. After many weeks of treatment, phobic reaction to corporal punishment was completely eliminated in the treatment group. It was also observed that violent reactions to their personal hallucinations and delusions reduced dramatically.

In another experiment, Hogan and Kirchner (1967) compared implosion therapy and mild relaxation in female college students who showed fear of rats. After one short session, 14 0f the 21 experimental subjects picked up a white rat, whereas only two of the 22 controls could do so. Hagan and Kirchner gave an illustration of implosion therapy in the treatment of fear of rats thus:

‘’Imagine that you are touching a rat in the laboratory…….. it begins nibbling at your finger…..and then runs across your arm. The rat suddenly bites your arm, and then you feel it run

rapidly over your body. It begins biting your neck and swishing its tail in your face…..then it climbs up your face into your hair….. clawing in your hair….. you try to get it with your bloody arm, but you cannot. It then goes for your eyes……you open your mouth and it jumps in and you swallow it……It then begins to eat away at various internal organs like your stomach and intestines causing you great discomfort and pain……etc''.

Implosion therapy was also used by Smith and Sharpe (1970) to treat school-phobia. They described treatment of a 13-year old boy who had severe school phobia of 60 days duration. He was treated by ten sessions of implosion that evoked much anxiety. According to them, the child returned back to school after the first session and that by the tenth session he had apparently lost his anxiety at school. At 13 weeks follow-up, his improvement was maintained. Similarly, Barrett (1966) also treated a 10-year old school phobic girl successfully by implosion therapy.

Therapeutic procedure

It has been suggested that once implosion or implosive therapy has been chosen as an appropriate technique, it is important that the client too understands and accepts the treatment process (Biology Online, 2021). Both the theory and course of treatment should be made clear to the client, that the anxiety is the result of learning and the treatment is an unlearning process. The explanation approximates thus:

> ''The emotional reactions that you experience as a result of your previous experiences with aversive situations often lead to feelings of anxiety or tenseness that are really inappropriate. As long as you can recall how you have felt in these situations, it is possible to work with your reactions right here in this office by having you imagine yourself in these situations as vividly as possible'' (p. 2).

This is the preliminary session after which the treatment will commence. At every stage of the treatment process, the client's level of anxiety is increased. During the therapeutic session, the client is not allowed to verbalize at will. The reason is because speech is usually used as a means of escape or a defense mechanism to avoid anxiety. A nod of the client's head is okay. Another good method of determining if the scenes are really evoking anxiety in the client is to observe if the client is sweating, flushing, grimacing, moving head from side to side, or increasing his uncoordinated motor activities in the chair. The implosion therapy procedure is maintained for roughly half an hour to forty minutes.

To achieve the objectives of implosion, the client is encouraged to act-out fully in his imagination his part in the scene. As part of the role of the therapist, he should continue to monitor any sign or symptom of anxiety and assist the client by suggesting that he vividly imagines the scene. Alley dog (2023) added that the therapeutic ingredient of treatment by

implosion therapy could therefore be construed as habituation of the client to the fear-evoking stimuli.

Criticism of implosion therapy

Several comments have been made against the use of implosion therapy by scholars in spite of the fact that a lot of others commend its efficacy in the treatment of phobias. For example, Biology Online (2023) advocates the amenability of implosion technique to all forms of phobias such as fear of darkness, blood, animals and so on, as well as compulsive disorders like washing hands a dozen times an hour for fear of contamination. It has also been useful in producing effective and rapid outcomes. Hence, it can be applied in the home, school and in clinical settings.

On the other hand, Rosenhaft (2013) warns that implosion therapy is not a ‘’cure-all’’ technique. The criteria for selection of this therapeutic method as counseling technique have yet to be developed. Therefore, in the meantime, the decision to use implosion is primarily up to the counselor. The nature of one’s client may be a deciding factor as to how often implosion is utilized. For a counselor who wants to apply this therapy, they should be quite knowledgeable in the areas of psychoanalytic theory. Another criticism is that, because of the use of imagination in therapy, clients who cannot imagine vividly, especially when the feared object cannot be seen physically, will hardly benefit from implosion therapy. A third criticism is that, it is inhuman, vulgar and cruel to expose clients to a very fearful stimulus at full intensity by imagination. Where the technique fails to achieve its objective, it may cause an aggravation of the phobic reaction to the particular stimulus. This technique should therefore be used with utmost carefulness as it may backfire and intensify the problem (Alley dog, 2023).

Conclusion

Good evidence is available about the efficacy of implosion therapy in phobic disorders. It is equally important to note that clients will need to be well motivated and made to understand what is required of them in implosion therapy; otherwise they might terminate treatment prematurely and enhance future tendencies to escape. Their commitment to face unpleasantness in treatment has to be obtained beforehand. Implosion treatment can either be administered live or on tape recorder. Longer sessions appear more potent than shorter ones but the optimum duration is not known; and less than 15 minutes, apparently seem too short, but 1 or 2 hours may be useful. It is possible that duration alone is a less satisfactory criterion than that of terminating the session only after the client’s distress has ceased and he has felt comfortable for several minutes. Finally, it should be taken into cognizance that implosion therapy is a composite treatment, the constituents of which will vary according to the preference of the therapist and the problem to be tackled.

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