EXPOSURE, INTEROCEPTIVE (TO INTERNAL CUES)

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Definition: Interoceptive exposure involves repeated engagement in tasks which reproduce the full experience of distressing emotions such as panic/anxiety and associated somatic sensations. It is commonly combined with situational exposure, cognitive restructuring, and psychoeducation in the treatment of panic/agoraphobic and other anxiety disorders.

Elements: Patients repeatedly induce emotion-evoking internal cues and sensations until those no longer feel threatening. For panic/anxiety such exercises can include spinning in a chair, breathing through a straw, vigorously exercising, and tensing muscles throughout the body.

Related Procedures: Vicarious/live/in vivo exposure, carbon-dioxide (CO_2) challenge tasks, mindfulness training

1st Use? Wolpe J (1958)

References:

1. Barlow DH, Craske MG (2000) *Mastery of your anxiety and panic (MAP-3): Client workbook for anxiety and panic (3rd ed.)* San Antonio, TX. Graywind/Psychological Corporation.
2. Ito LM, Noshirvani H, Basoglu M, Marks IM (1996). Does exposure to internal cues enhance exposure to external cues in agoraphobia with panic: A pilot controlled study of self-exposure. *Psychotherapy & Psychosomatics*, 65, 24-28.
3. White KS, Barlow DH (2002). Panic disorder and agoraphobia. In Barlow DH *Anxiety and its disorders:The nature and treatment of anxiety and panic* (2nd ed) New York:Guilford Press
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Case Illustration

Ellie first panicked at age 14 on a school trip. She suddenly felt palpitations, shortness of breath, a sense of choking, and dizziness; these lasted 10 minutes. She feared she might choke to death or embarrass herself by fainting, so she avoided caffeine, spicy foods, social activities, and sports. She sought treatment 4 months after her first panic. The therapist explained that panic disorder is maintained by avoidance of not only public places such as theaters and social events but also of other things which bring on panic-like sensations, e.g. caffeine, exercise (palpitations), hot showers (hot flushes), spicy foods (stomach discomfort), scary movies, skipping meals, wearing a scarf (sense of choking), sexual arousal. After completing tests to identify her feared sensations e.g. spinning in a chair for 60 seconds, breathing through a straw for 2 minutes, Ellie was asked to do interoceptive exposure exercises by engaging repeatedly in hitherto avoided activities like those above until she felt no fear. During the exercises she was instructed to focus fully on experiencing the sensations induced, to become a passive observer doing nothing to reduce frightening feelings, to just patiently try to get

used to them by the end of the session. For homework she was asked to do similar exercises daily 3 consecutive times. For each exercise she was told to wait for ensuing unpleasant sensations to subside, and then to repeat the procedure again. She completed interoceptive exercises of spinning in a chair for 1 minute, running in place for 1 minute, shaking her head from side to side for 30 seconds. As these became easier they were made more challenging, often by pairing them with exposure to more frightening external situations e.g. having caffeinated drinks at a mall, wearing a scarf to a social event. After 14 sessions Ellie no longer avoided frightening sensations and was instead seeking them out.