The Journal of Sociology & Social Welfare

Volume 14
Issue 3 *September*

Article 10

September 1987

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Recommended Citation

Thyer, Bruce A. (1987) "Community-Based Self-Help Groups for the Treatment of Agoraphobia," *The Journal of Sociology & Social Welfare*: Vol. 14: Iss. 3, Article 10.
DOI: https://doi.org/10.15453/0191-5096.1827
Available at: https://scholarworks.wmich.edu/jssw/vol14/iss3/10

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COMMUNITY-BASED SELF-HELP GROUPS FOR THE TREATMENT OF AGORAPHOBIA*

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The design and conduct of community-based self-help groups for the treatment of agoraphobia are discussed. Such groups incorporate procedures encouraging members to engage in prolonged therapeutic exposure to anxiety-evoking situations. Exposure therapy and its variants have been empirically established as the treatment of choice for agoraphobia, and self-help groups lend themselves extremely well to community mental health outreach and service efforts.

Anxiety disorders are one of the most prevalent forms of mental illness, and agoraphobic patients comprise the largest subcategory of such conditions (Turns, 1985). The majority of agoraphobics appear to be women and the disorder has a mean age of onset of 26 years (Thyer, Parrish, Curtis, Nesse & Cameron, 1985). Agoraphobia can be quite disabling, being characterized in its extreme form by individuals unable to leave the home alone, to venture forth without a trusted companion, or even to be alone in their own home (American Psychiatric Association, 1980). Agoraphobic symptomatology may wax and wane from day to day, occupational and social functioning is often quite impaired, and its sufferers are at risk for the devel-

*Requests for reprints should be addressed to Bruce A. Thyer, Ph.D., School of Social Work, Florida State University, Tallahassee, Florida 32306. A list of agoraphobia self-help groups located in southeast Michigan is available from the author. Nationwide, inquiries may be directed to The Phobia Society of America, 6193 Executive Ave., Rockville, MD 20852.

opment of secondary depression or alcohol abuse. The role of predisposing factors is unclear; speculation that childhood separation anxiety disorder is a precursor to adult agoraphobia has not been born out by empirical research (Thyer, Nesse, Cameron & Curtis, 1985).

Although traditional interventions such as dynamic or supportive psychotherapy or sedative drugs are not, as a rule, efficacious in relieving agoraphobia, the last 15 years have witnessed the development and clinical testing of effective treatments based upon the principle of therapeutic exposure. In their recent review of exposure-based therapies for agoraphobia, Janssen and Ost (1982) found 24 well-controlled clinical trials, involving a total of 654 patients, with follow-up periods of up to nine years. They concluded that ". . . apparently 60–70 percent of the patients treated with exposure *in vivo* showed clinically significant improvements in agoraphobic problems immediately after treatment and at a six-month follow-up" (Janssen & Ost, 1982, p. 311).

At its core, exposure therapy involves the patient being induced to gradually enter into phobic situations of increasing severity, remaining in each such situation until anxiety subsides and the patient becomes calmer, prior to attempting a more difficult assignment. It is usually assumed that agoraphobic avoidance is resistent to "natural" extinction due to consistent avoidance, whenever possible, of feared situations. Complete detailed descriptions of the conduct of exposure therapy are available in the social work literature (Thyer, 1983, 1985, 1987; Selan, 1985), with adjunctive variations including therapist-assisted exposure, modeling techniques, contingently-delivered verbal praise accompanying successes, concommitant training in somatic relaxation techniques or calming self-instructions, waning doses of tranquilizers, or exposure conducted in small groups. It is clear, however, that the critical ingredient to the success of therapeutic exposure is real-life practice by the phobic patient in feared situations (Barlow & Wolfe, 1981; Marks, 1981).

Due to this latter point, of the singular importance of self-exposure to phobic situations, a number of clinical researchers

have investigated the extent to which agoraphobia treatment can be conducted on a self-help basis. Several self-help manuals designed for the agoraphobic and their spouse or support person are now commercially available (Marks, 1978; Mathews. Gelder, & Johnston, 1981), and have been subjected to careful evaluation. It now appears that exposure therapy is equally efficacious, regardless of whether or not treatment consists of direct therapist accompaniment into phobic situations, therapist-delivered instructions and homework assignments to be carried out by the patient, computer-delivered exposure assignments, or by the patient independently pursuing the courses of action outlined in the treatment manuals (Mathews, Teasdale, Munby, Johnston & Shaw, 1977; McDonald, Sartory, Grey, Cobb, Stern & Marks, 1979; Jannoun, Munby, Catalan & Gelder, 1980; Ghosh, Marks & Carr, 1984).

These findings suggest that exposure therapy techniques may be fruitfully employed by non-professional, community-based self-help groups aimed at relieving phobic anxieties, including agoraphobia. During the last five years the author became aware of the establishment of six such groups in the southeast Michigan area, each comprising from 8 to 125 active members meeting on a weekly basis. Contact with these groups lead to the establishment by the author of a further self-help group, affiliated with a university hospital-based anxiety disorders program, and more recently, another associated with a local community mental health center in Florida. The formation of each of these groups, except the hospital-based group, was assisted by a recovered or recovering agoraphobic. Meeting locations were at local churches, schools or private homes, although the latter two formed by the author met at the hospital and community mental health clinic, and were advertised by word-of-mouth, radio and television interviews, and newpaper reports.

GROUP SERVICES

Agoraphobia self-help groups serve at least three primary functions. In the first, these groups establish an invaluable social support network. Agoraphobics often believe that they are

the only sufferers of this inexplicable malady and are relieved to find other individuals similarly afflicted. Equally important, recovered and recovering agoraphobics serve as role models for the newer members, conveying a message of potential recovery. Usually members establish a mutual telephone support network whereby panicky individuals can receive reassurance or request aid from other members of the group.

The second major service provided by agoraphobia self-help groups is educational in nature. All groups with which the author is familiar have made handouts, books and magazine articles available to their members, usually popular press materials such as Weekes (1972), Smith (1978) or Marks (1978). These materials serve to educate the agoraphobic about the nature of their condition and help set the stage for aggressive attempts at recovery. Professionals active in the treatment of anxiety disorders are usually eagerly sought to give talks and lead discussions at these agoraphobia self-help groups and often a reciprocal relationship is arranged, wherein individuals resistent to self-help approaches are referred for professional treatment, and professionally-treated patients are referred to the self-help group for follow-up care or adjunctive services.

Lastly, the community-based self-help group can serve as an effective catalyst for the individual to take the necessary steps of engaging in therapeutic exposure activities. The book *Living with Fear* by Isaac Marks (1978) is a particularly useful self-help manual containing explicit instructions for the patient and their support person on how to gradually engage in this process of entering phobic situations and remaining there until anxiety subsides. These groups usually allocate a portion of the meeting's program for members to report on self-exposure tasks attempted during the previous week, to receive public acclaim and support for their efforts, and for members to publicly state their personal goals for the coming week (i.e., 'I will go to the grocery store and purchase five items'). Networks of support persons may be established, whereby advanced members of the group accompany newer members on their initial exposure tasks. Generally, initial successful self-exposure experiences serve as an impetous for further attempts in more fear-

provoking situations. Set-backs are dealt with by experienced members in a matter-of-fact manner, and the explanation given that such experiences are an expected component of the recovery process. Also of great value are field trips arranged by group members to travel *en mass* to particularly fear-evoking situations such as shopping malls, grocery stores, church services or express-way driving. Joint journeys by train or bus have been arranged, as well as group visits to concerts or plays.

With continued practice, the agoraphobic can gradually expand his/her effective radius of action. Most groups encourage largely recovered agoraphobics to individually work with newer members, and this helping relationship often serves to consolidate the gains made by the more experienced group member.

SUMMARY

Self-help groups have been shown to be an effective means of support and recovery for a variety of mental and physical disorders (Lieberman & Borman, 1979) including schizophrenia (Levy, 1981), pathological gambling (Scodel, 1964), obesity (Wagonfeld & Wolowitz, 1968), substance abuse (Robinson, 1979), rape trauma (Underwood & Fiedler, 1983) and chronic illness (Gussow & Tracy, 1976).

Agoraphobia treatment seems particularly well suited to the ideology of self-help groups (Suler, 1984) and the therapeutic exposure techniques lend themselves for direct use by recoverying agoraphobics, or their peers and support persons. Accordingly, self-help groups for the treatment of agoraphobia and other anxiety disorders may be a valuable adjunct to community mental health treatment and outreach efforts. Generally, a few advertisements placed in local newspapers announcing the formation of such a group are sufficient to generate an adequate number of inquiries to establish a self-help group. Clinical social workers and other human service professionals can play a valuable role in helping recovering agoraphobics develop and maintain such self-help groups (King & Mayers, 1985), providing another interventive tool based upon empirically validated practice techniques.

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