CHAPTER 7

Imaginal Exposure: Facing Your Fears in Your Imagination

We are healed of a suffering only by experiencing it to the full.

—Marcel Proust

ERP is the core of the self-directed program. You can enhance this approach and make it more powerful by using additional tools and techniques. Imaginal exposure is especially effective for people with OCD, because they are afflicted by recurrent and powerful images of possible dangers. Although the images are often triggered in relatively harmless situations, they tend to be highly charged and frightening. These images about future disastrous events fuel obsessive worry and compulsive rituals.

The object of doing ERP is to free your mind from needless worry about possible dangers and disasters. As explained earlier, in vivo ERP involves confronting the situations you fear in real life, in part so you can learn that what you fear is highly unlikely to happen. However, there are situations that are either impossible or just too impractical to re-create in real life for the purpose of ERP.

This was the case for Mary, whom you've gotten to know in earlier chapters. Her biggest fear involved becoming infected with HIV and then possibly transmitting it to others she cared about. She was well versed in the facts about how HIV is actually spread. Still, she couldn't shake the feeling that

harmless events such as using a public restroom, shaking hands, or being in the range of an errant cough or sneeze could expose her to the virus.

Mary washed her hands as many as one hundred times a day and took one-hour showers. Her fear of getting AIDS involved images of increasing inability to take care of her family. The thought of not living up to her responsibilities as a wife and mother was particularly distressing. She also had images of being responsible for others becoming ill, and of shame due to disappointing her immediate and extended family.

Exposure and response prevention for feared situations such as using public bathrooms and shaking hands was very helpful, but Mary also needed to do ERP to break free from her fears of future disaster involving contracting HIV and becoming sick with AIDS. Imaginal exposure allowed her to do this. You can see how this approach would also be helpful with images associated with losing a loved one, "going crazy," being held responsible for a crime, or being rejected by others.

DOING IMAGINAL EXPOSURE

In imaginal exposure, you purposely think uncomfortable, fear-provoking thoughts and hold them in your mind until you become habituated and your distress diminishes. With this approach, you'll eventually be able to experience these thoughts without excessive discomfort. You'll feel less anxious when you have a "bad" thought and learn to accept such thoughts for what they are: just thoughts. In time, your anxiety-provoking thoughts are likely to lessen in intensity. The goal of in vivo exposure is to provide real-life opportunities to become habituated to feared situations, whereas the goal of imaginal exposure is to provide opportunities to become habituated to your own fear-provoking thoughts.

Imaginal exposure is a straightforward process: First you write a detailed narrative describing the feared scenario, then you record it and listen to it repeatedly, as described below. But before you proceed, a word of caution is in order. There are some people who shouldn't try imaginal exposure without the supervision of a qualified therapist. These include people who have borderline personality disorder, a history of psychosis, or severe OCD combined with a strong belief that their obsessive thoughts are real and make sense. Assuming that this doesn't apply to you, you're ready to begin.

Writing and Recording the Narrative

Write a three- to five-minute narrative in the first person present tense ("I am..."), describing what you fear would happen if you didn't check or carry out a compulsive ritual or behavior. Make it as vivid as possible, and include all relevant fear triggers and avoided situations. Write it as if you were describing a scene from a movie, frame by frame. The scene should include all of the following elements (thanks to Dr. Patricia Perrin, via personal communication, for this material). We've included an example from Mary for each element:

1. **The triggering situation:** *While shopping at the grocery store, I accidentally brushed up against a homeless person with a cut on his arm.*

2. **Initial fearful thought:** *What if I was infected with HIV?*
3. **Emotional reactions and physical symptoms:** *I'm feeling sweaty and I'm shaking with fear.*
4. **Additional fearful and doubting thoughts:** *I wonder whether my teenage daughter touched the man with the cut on his arm?*
5. **Urges to ritualize, without following through:** *I wanted to take my teenage daughter into the bathroom at the store so she could wash, but she wouldn't hear of it.*
6. **What this would say about me if the worst happened:** *I'm a bad mom if I don't insist that my daughter take a long shower when we get home.*
7. **Core fear or worst-case scenarios:** *I let it go, and then one month later my daughter gives blood at a local blood bank and discovers that she is HIV positive. Within six months, she dies a slow, painful death, and it's all my fault. I will live in perpetual guilt for the rest of my life.*

As with exposure in vivo, your imaginal exposure should create an initially high SUDS level. The higher the SUDS level you evoke and tolerate with your narrative, the more effective the exposure will be. However, some images, such as the death of a loved one, may seem too scary to include in a narrative, especially in the beginning. In this case, describe a situation that provokes a medium-high level of fear (a SUDS level of about 60 to 75), such as a loved one spraining an ankle or catching the flu. When you've habituated to that situation, do another narrative with more frightening images, with a SUDS level of about 80 to 90. If you're unsure about how to write your narrative, read on. A bit later in the chapter we've provided several examples.

Once you have a vivid, cohesive narrative, record it using a digital recorder or cassette tape. When you use the recording, you'll need to listen to your narrative over and over for about forty-five minutes a day for a full week. If you're using a tape, you may want to record three to five repetitions of the same narrative so you don't have to repeatedly rewind. If you record it electronically, it should be easy to repeat it over and over again.

If you don't like the sound of your recorded voice, you can simply read your narrative aloud over and over again. Similarly, if hearing the recording provokes too much anxiety, you can begin by simply reading your narrative over and over again. Once your SUDS level falls to more manageable levels, record the narrative and proceed as described.

Using Your Recording for Imaginal Exposure

For at least one week, listen to your recording over and over again in an extended session each day. Monitor your SUDS level (0-100) after each repetition of the narrative using the Imaginal Exposure Monitoring Form that follows. (Make copies so you can use it repeatedly; you'll need one form for each session.) Alternatively, you can monitor your SUDS levels in your journal. The goal is to play your narrative over and over until your SUDS level decreases to 20 or less, indicating that habituation has probably occurred. This often takes about forty-five minutes, but everyone is different, and your habituation may take less or more time.

Just as with in vivo ERP, when the images from this narrative no longer evoke excessive discomfort, write another narrative using a more fear-provoking situation and use it for imaginal exposure. Proceed in this way until all of your frightful images have been confronted and your fear of the images reduces.

Imaginal Exposure Monitoring Form

Date: _____ **Total imaginal exposure time:** _____

	SUDS		SUDS		SUDS
1.	_____	7.	_____	13.	_____
2.	_____	8.	_____	14.	_____
3.	_____	9.	_____	15.	_____
4.	_____	10.	_____	16.	_____
5.	_____	11.	_____	17.	_____
6.	_____	12.	_____	18.	_____

Average SUDS level for this session (total SUDS divided by number of repetitions): _____

Mary's Experience with Imaginal Exposure

Because Mary found images of the death of immediate family members too scary to begin with, her first imaginal exposure narrative consisted of frightening images intended to create moderate anxiety (a SUDS level of about 40 to 60). She imagined that she caused someone who was well-known to her to become sick with AIDS and die a long, painful death as a result. She chose a single mother who lived nearby and was a fairly good friend. Her narrative describes a situation (which she knew was extremely unlikely, even preposterous) where her "negligence" resulted in the neighbor becoming contaminated. The scenario involves Mary having to shoulder the sole responsibility for her neighbor's illness and death. Here's the imaginal exposure narrative Mary came up with, using the suggested format:

I'm sitting at my kitchen table and the doorbell rings. It's my neighbor, who's come over to borrow some sugar. I hand her a glass bowl of sugar, but as my hands are wet from cooking, the bowl is slippery and it slips out of my hands. It falls to the floor, shattering into a hundred pieces. Some sharp pieces of glass cut my neighbor's skin, puncturing it and causing bleeding. I grab a napkin to wet it with water and wash the cuts, and in that brief moment when I'm looking away, my neighbor walks over to my husband's "contaminated" chair and sits in it so we can tend to the cuts on her leg.

Upon realizing what's happened, I'm frozen in terror. The open cuts will surely result in her being infected with HIV. I take care of my neighbor's cuts, and she eventually leaves. Six months later, I'm visiting my neighbor at her house, and she tearfully discloses that she has tested positive for HIV and it has already progressed to AIDS, and the cause was what happened six months ago, at my house. I'm totally devastated. My mishap caused this tragedy, and now my neighbor is going to die from AIDS. I'm a careless, irresponsible, and despicable human being!

Over the next few months, I notice the deterioration of my neighbor's health. She's becoming thinner and weaker. I know she has doctor's appointments every week to be treated for her disease. She has four small children who will now be deprived of a mother because of my negligence. Over the next several weeks she becomes sicker and sicker, and eventually she can't take care of herself. I can't bear to look into the eyes of those poor children. My family shuns me for my irresponsible behavior. I can't bear that I must live with this mistake for the rest of my life.

Mary listened to this three-minute narrative for forty-five minutes to an hour daily. For the first week, it evoked powerful feelings of pain and dread, and Mary was resistant to listening to the recording, even terrified. She felt as if merely hearing these thoughts said aloud would somehow magically cause those terrible events to occur. But even so, after hearing the narrative repeated about ten times, she found that she was distracting herself from the horrific images by numbing out or by thinking about innocuous events that just popped into her mind. Each time her mind wandered, she'd make an effort to focus on the images in the narrative. It's important to maintain your focus on the narrative with the intention of eventually becoming bored with the images. In this way, they lose their ability to disturb you.

During the second week, Mary reported that listening to the recording was becoming less disturbing. She also said that she could recite the narrative by heart, like a movie script she'd memorized. And by the end of the second week, her overall SUDS level had dropped to around 30 to 40 and she was starting to become bored with the narrative. The images were having much less impact than in the beginning.

So she devised another narrative, this time involving images of herself becoming infected with HIV due to touching a homeless person. She reluctantly infused the narrative with painful images of being rejected by her family, followed by her death and not being around for her children as they grew up. As before, after listening to the tape over and over again, this more disturbing and fearful imagery began to lose its charge and intensity. It also became less believable that such a thing could just happen. As she continued playing the tape, her "logical brain" was better able to overcome the irrational OCD images. After just one week of daily exposure to these images, she was able to tolerate them with much less discomfort.

Melody's Experience with Imaginal Exposure

Remember Melody, the college student from chapter 1? Her need to check the door, stove, windows, and appliances was taking up more and more of her time, and she was overwhelmed by the fear that she may have harmed someone. She was diagnosed with OCD and her symptoms improved with medication. She graduated from college and passed the bar At age thirty-three, she was single and a successful attorney—and still struggling with OCD.

Melody's symptoms included compulsively checking her car at night. She feared she might have car trouble in the morning because of a flat tire or some sort of mechanical failure. She woke up worried every night and spent one to two hours checking her car for leaks and flat tires. She described feelings of horror at the thought of being late for work, being fired from her job because of it, and her promising career fizzling out as a result. Her ultimate fear was that all of this would make her a disappointment to her parents. Here's the imaginal exposure narrative Melody came up with, using the suggested format:

It's the first day of my new job as an attorney for a prestigious law firm. I'm getting ready to go to work. I leave my apartment, walk downstairs, and look at my car. I'm shocked at what I see. One of the tires is completely flat.

I wonder how in the world I'm going to get to work. I can feel the sweat starting to pour out. I walk around the car and am horrified to see that there's a puddle of oil beneath the engine. I open up the hood of the car and am appalled to see that oil is splashed all over the engine compartment—on the engine, the electrical system, all over the radiator, throughout all the wiring—everything is coated with the thick, slippery substance.

I get into the car to start it, but it won't start. I look at the passenger side and my heart pounds even harder when I see a puddle of oil on the floor of the passenger side. I'm feeling hopeless and helpless. I go upstairs to call a garage for help, but they tell me they're backed up with calls and won't be able to come look at my car for several hours, if at all. I call another garage and they tell me the same story. I call another, and still another... They're all busy and can't help me now.

The sweat is pouring from my body now, and my heart is beating so fast I think I might have a heart attack. I call my new boss to tell him it will be at least several hours before I can get to work today, and that I may not be able to make it at all. He answers me in a cold, harsh, and critical voice: "If this is how you act, then perhaps you don't deserve to work in the law profession! How could someone so irresponsible, someone so careless, be a decent lawyer?" I beg him to take into consideration that something unexpected happened, something beyond my control, but to no avail. My boss replies that as far as he's concerned, I should look for another job, but that it's unlikely that any legal firm in this town would hire someone so irresponsible and careless in her professional responsibilities.

I feel rejected, hopeless, discouraged, and angry. How will I ever find another job in this city? Maybe I'll never get another job... Someone so careless and irresponsible doesn't deserve to work with people in trouble. Word gets out that I'm irresponsible, and after several months and ten different job interviews, nobody will hire me for anything. I can't find any job, anywhere. I start to wonder if I'll always be alone and lonely. No man would want to be with someone so irresponsible. I become a burden to my parents and to society, and eventually I wind up homeless, living on the street.

Melody recorded this imaginal narrative and listened to it over and over for an hour every day, picturing the images in her narrative vividly. During her initial listening, the images provoked intense anxiety, and even tears at the thought of being reprimanded by her boss and losing her job. Her average SUDS level for that first imaginal exposure was 85. After a week of repeated listening, her average SUDS level had only dropped down to about 70.

But by the middle of the second week, she reported that the narrative had become monotonous, even boring. Her average SUDS level decreased to about 25, and with repeated listening, she was better able to access her rational mind and reassure herself that her job performance had been deemed excellent by her boss.

Although thoughts of catastrophic harm to her career still bothered Melody, the idea of actually being fired from her job because of being late became an absurd and remote possibility. An additional benefit of listening to her imaginal exposure tape was that Melody developed an increased awareness of her excessive perfectionism and how it pervaded her life. She started sleeping better, too. The exercise bolstered her ability to resist her nightly rituals of checking her car, and after five weeks of listening to the tape, she stopped getting up at night to check her car and often slept through the night.

Robert's Experience with Imaginal Exposure

Robert, whom you also met in chapter 1, was a thirty-two-year-old salesman with a six-month history of OCD. His symptoms involved obsessive concern and preoccupation with the possibility of harming someone while he was driving. He lived a nightmare of guilt, fear, and dread every time he got behind the wheel. A simple bump in the road, an unexpected noise, a shadow, or flash of light—all triggered a heart-pounding, tire-screeching U-turn back to the scene. To relieve his feelings of panic and dread, Robert had to return to the location where he thought the accident had occurred to make sure it hadn't happened.

As soon as he felt reassured no accident took place, his anxiety was relieved, but only briefly. Feelings of intense doubt and fear would recur, compelling yet another U-turn back to the scene of the "accident." Driving near schools, children, and bicyclists was especially nerve-wracking. Potholes and speed bumps felt like driving over a body, triggering his compulsion to check for signs that he'd injured someone.

In doing imaginal exposure, Robert described his worst nightmare: being held responsible for a driving-related accident that resulted in his incarceration. Here's the narrative Robert came up with, filled with images of guilt, shame, and loss of freedom:

I'm out with a couple of buddies. We're blowing off some steam watching a football game at a local watering hole. I have a beer and a snack, and when the game ends, I leave to drive back home. I stop at a gas station a half mile from my house to get some gas.

I go in, pay for the gas, and then get back in the car. As I pull out of the parking lot onto the road, I suddenly feel a strong bump, a jolt to the car. I pull over, stop the car, and get out to see what happened.

Sure enough, there is the body of a child lying on the ground, bloody and mangled. My heart begins to pound and my stomach turns as I view this horrible, gruesome sight. The girl looks to be about seven years old and is unconscious. Blood is everywhere. I see bloodstains on my fender and know that I hit this poor innocent child. I look up and see a police car approaching, with its flashing lights and siren, then ambulances arrive at the scene. The emotional pain is unbearable. Due to my reckless and careless behavior, this innocent child's life is now hanging by a thread! If I had been more careful, more responsible, this never would have happened.

The girl is transported to the nearest hospital. Her parents, terribly distraught and in shock, come into the emergency room. They look at me with contempt. They ask me why I did what I did. I'm speechless. I feel like my world is coming to an end. After a few hours, I'm notified that the child is dead. The sickest feeling of all comes over me. I feel like vomiting. The grief and remorse are overwhelming.

After a few days, the sheriff's office notifies me that I'm being charged with vehicular manslaughter and reckless driving. If convicted, I face a prison sentence and years of probation. Rather than fight the charges, I plead guilty as charged. In a brief court appearance I'm sentenced by a judge to ten years in prison. I'm escorted out of the courtroom and taken to a county prison, where I must spend the next ten years of my life with a variety of criminals who have done all kinds of violence to people. The feeling of being confined, of losing my freedom, of my life going down the drain, is too painful to bear.

Robert listened to his narrative for forty-five minutes to an hour daily for ten days. His initial SUDS level was 95. Although he felt extremely uncomfortable at first, his SUDS level lowered to about 50 during the second week of listening. By combining the imaginal exposure with in vivo ERP, Robert was able to get his OCD symptoms under control in a very short time.

Some Tips for Effective Imaginal Exposure

Here are some common problems that may arise while doing imaginal exposure, and some possible solutions:

You can't tolerate the anxiety level your imaginal exposure causes. Intolerance of the anxiety is usually associated with a fear of being anxious. You may hold beliefs that anxiety is somehow dangerous to you or will cause you to lose control. It is important to actively challenge these ideas in gradual steps. First, consider making your narrative shorter and less fear provoking. Aim to have your imaginal exposure create a SUDS level of about 50 to 60, rather than 90 to 100. If you can make the narrative really absurd, even ridiculous, it will take the edge off. When you've habituated to that situation, do another narrative with scarier images, with a SUDS level of about 80 to 90. Remember, as in all ERP, the more discomfort you're willing to experience, the more benefit you'll derive from the exposure.

Your imaginal exposure doesn't arouse much anxiety. Your narrative may be too generalized. Make it more vivid and include specific disturbing images of situations you fear. For example, if you fear being ill in the future, describe a specific image of being in a hospital hooked up to IVs and a breathing machine, or of being alone and unable to call for a nurse for help, and so forth. Also, you may be blocking the full emotional impact of the experience while listening, perhaps by distracting yourself or thinking about other things while listening to the tape. Try to get into the words, feelings, and images as much as possible.

You're relying on safety signals. Another reason why an exposure may not arouse much anxiety is the presence of safety signals. These are environmental or situational cues that provide a feeling of safety and thereby interfere with exposure. For example, having your partner or a friend or family member present during the exposure may be comforting, but it tends to interfere with the activation of your anxiety during the exposure. Another example would be removing all knives from your home while doing imaginal exposure to thoughts of losing control and harming others with a knife. Using safety signals to provide a feeling of protection and security may be a useful strategy when you first begin doing imaginal exposure. However, you must eventually challenge yourself to do the exposures without relying on them. This will give you the best opportunity to benefit from imaginal exposure.

Just imagining the scary scene isn't enough to provoke anxiety. Some people can imagine scenes vividly but don't find that purposely thinking of feared possibilities makes them anxious. If this is your situation, it's best to do in vivo exposure, as described in chapter 6.

MAKE IMAGINATION YOUR ALLY AGAINST OCD

For many people with OCD, the fear and worry involved in attempts to ward off an imagined unlikely feared event can be more emotionally disabling than if some difficult life situation were to actually occur. OCD hijacks your natural powers of imagination to fuel obsessive worries and compulsive rituals. Using imaginal exposure, you can turn the tables and make imagination your ally *against* OCD. Use this powerful technique to face and overcome the OCD fears that can't be re-created in real life. Just as Robert did, you can use imaginal exposure to complement real-life, or in vivo, exposures.

HELP FOR FAMILY AND FRIENDS

Imaginal exposure is a powerful tool for people with obsessive worries about dangers and disasters they fear will happen in the future. The goal is to see the thoughts for what they are: just thoughts. For this approach to be effective, it's vital that the exposure activate the person's fear, dread, and doubt. Offer praise and reinforcement when your loved one appears to be doing imaginal exposures effectively. Do not, however, act like the "exposure police." If you see signs that your loved one is avoiding the imaginal exposure, perhaps through distraction or zoning out, offer gentle reminders of the goals that he or she set in regard to the self-directed program. If necessary, look for a good time to discuss progress. Is your loved one still committed to getting better? If exposure seems to be too difficult for your loved one to do alone, seeking professional help may be a necessary next step.

When people with OCD confront their fears via imaginal exposure, they are also confronting what it means to live with uncertainty and risk. Everyone must learn to live life despite the uncertainties inherent in living. A common way people with OCD avoid accepting uncertainty and thereby perpetuate anxiety is by asking for reassurance from trusted others. In essence, reassurance seeking is a way of avoiding responsibility. It gives the person an "out": "If something bad happens as a result of not doing my ritual, it's not my fault because you told me it would be okay." It's extremely important that family members not feed into the person's craving for certainty. Discuss in advance how you'll handle requests for reassurance during exposure exercises. (See chapter 18 for more guidance on this.) The more often people with OCD face and accept uncertainty without doing their rituals, the more they loosen OCD's grip on their lives.