The Role of Individual Differences, Response Profiles, and Treatment Consonance in Anxiety Disorders

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The importance of individual differences, response profiles, and treatment consonance in anxiety-disorders clinical research is reviewed. Anxiety-disorders assessment, synchrony, and concordance phenomena are examined within the framework of the tripartite model. Issues regarding response stereotypy, response specificity, and etiological vs. current response typologies are discussed. Interactions of varying response profiles with different treatment modalities are addressed, in terms of both previous and prospective studies. A preliminary classification schema is offered, for illustrative purposes, with empirical support for the differential outcome of anxiety patients receiving "consonant" vs. "nonconsonant" response profile x treatment type pairings. Hypotheses are presented regarding predicted effects of consonant vs. nonconsonant subject-treatment interactions. Recommendations for programmatic research are offered to accelerate scientific inquiry into the role of individual differences and response profiles in anxiety-disorders assessment, treatment, and research.

KEY WORDS: response profiles; treatment consonance; anxiety; individual differences.

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INDIVIDUAL DIFFERENCES

Recently, an innovative and potentially important area of clinical research in anxiety disorders has emerged and is receiving increased attention. Specifically, the role of individual response patterns is being examined with regard to mediating both the short- and the long-term outcome of behavioral, cognitive, and psychophysiological interventions. Over a decade ago, Paul (1969) posed an important question in treatment research: “What treatment by whom is most effective for this individual with that specific problem, under which set of circumstances and how does it come about?” (p. 44). However, over the past 15 years, since that quote first appeared, the question remains topical and, unfortunately, largely unanswered. Öst, Jerramalm, and Johansson (1981) note that

Behavioral treatments of the 70s and early 80s have, to a large extent, focused almost exclusively on what treatments are effective and to some extent how they operate most efficiently. Treatment studies abound comparing Treatment A vs. Treatment B or individual vs. group approaches. However, all subjects are generally lumped together as agoraphobics or chronic schizophrenics, etc., once they have fulfilled certain inclusion criteria. Thus, while marked individual heterogeneity and individual differences are evident, they are rarely studied in their own right.

Therefore, the other pertinent issues Paul’s question raises, regarding therapist and environmental variables, have only rarely been subjected to empirical inquiry. Borkevec (1979) stated that “This research almost completely ignored the role of individual differences in anxiety response components despite Paul’s 1969 warning that the question of technique effectiveness cannot be divorced from subject characteristic considerations” (p. 274). The concept of response patterns among anxiety-disorder patients has been cogently addressed by Rachman (1976, 1978). Recognizing that phobic disorders are conceptualized as being comprised of three loosely interwoven dimensions (i.e., cognition, behavior, and psychophysiology), a variety of response profiles is possible with regard to the patterns in which patients manifest their individual reactions across each of these dimensions (Öst et al., 1980; Rachman, 1976).

As discussed by Lang (1977), “For most psychologists, intense emotional states are defined by the simultaneous or sequential presence of high amplitude behaviors in all three response classes” (p. 179). However, when phobic stimuli are presented, patients seldom exhibit equally intense responses across all three systems. Some patients manifest powerful shifts across psychophysiological measures. Other patients evince marked phobic avoidance, and still others report cognitive distress. Thus, interventions should be designed as vigorous multisystem programs where multiple channels are addressed concurrently inasmuch as improvement in one response system does not necessarily correlate with concordant gains across other