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| **Learning Table 4: The Behavioural Therapy of Phobias** | |
| **AO1** | **AO3** |
| **Systematic Desensitisation (SD)**  A behavioural therapy designed to gradually reduce phobic anxiety through the principle of classical conditioning. If the sufferer can learn to relax in the presence of the phobic stimulus they will be cured. This is known as **counter conditioning**.  Processes involved in SD:   1. An **ANXIETY HIERARCHY** is put together by the patient and the therapist. This is a list of situations related to the phobic stimulus that provoke anxiety arranged in order from least to most frightening. For example, an arachnophobic may identify seeing a cartoon image of a spider as least frightening whilst having a tarantula on their face as most frightening. 2. **RELAXATION** techniques are taught to the patient. This might involve breathing exercises or learning mental imagery techniques. Alternatively relaxation can be achieved through the use of drugs such as Valium. 3. **EXPOSURE**: Finally the patient is exposed to the phobic stimulus whilst in a relaxed state. This takes place across several sessions, starting from the bottom of the anxiety hierarchy. When the patient can stay relaxed in the presence of the lower levels of the phobic stimulus they move up the hierarchy. Treatment is successful when the patient can stay relaxed in situations high on the anxiety hierarchy. | **Effective**  P: One strength of SD as a treatment for phobias is there is empirical evidence to suggest it is effective.  E: For example, Gilroy et al (2003) followed up to 42 patients who had been treated for arachnophobia in three 45 minute sessions of SD. Spider phobia was assessed on several measures including the spider questionnaire and assessing the patient response to a spider. A control group was treated by relaxation without exposure. At 3 and 33 months after the treatment the SD group were less fearful than the relaxation group.  E: This is a strength because it shows that SD is helpful in reducing the anxiety in spider phobia and that the effects are long lasting.  L: As a consequence, this strengthens the credibility of SD as a treatment for phobias.  **Patients Prefer SD**  P: A further strength of SD in the treatment of phobias is that it is preferred as a treatment of phobias when compared to flooding.  E: This is because it does not cause the same degree of trauma as flooding and it may also be because SD involves relaxation techniques which are actually a very pleasant experience.  E: This is reflected in the low refusal rates and low attrition (drop out) rates of SD.  L: As a consequence this suggests that SD is an appropriate treatment of phobic disorders. |
| **Flooding**   * Flooding forces clients to face their feared objects or situations **with no gradual build up and no means of escape.** * Flooding sessions are longer with one session often lasting two hours but less sessions (than SD) are needed for a cure. * It is vital that a client **consents** to this kind of treatment. * For example, a person with claustrophobia may be put into a large cupboard for several hours with no means of escape. * The idea of this kind of treatment is to make the client see that while in that phobic situation, **nothing bad happens to them**. * In classical conditioning terms this process is called **extinction**. A learned response is extinguished when the conditioned stimulus (a dog) is encountered without the unconditioned stimulus (being bitten). * In some cases the patient may achieve relaxation through **exhaustion** by their own fear response. | **Ethical Issues**  P- One weakness of using flooding to treat phobic disorders is that it brings with it major ethical issues for the client.  E-For example, protection from psychological harm, as they are put under major anxiety provoking conditions for many hours in order for them to supposedly overcome their phobia.  E-Furthermore, this could have detrimental effects on the patient as if it did not work it could have major long term effects for the person. Many patients are unwilling to see it through to the end.  L-This suggests that time and money are sometimes wasted preparing patients only to have them refuse to start or complete treatment. |