

## The Behaviourist perspective 2: Treating Phobias



**You need to be able to:**

- Describe how behaviourists treat phobias
- Use evidence to assess the effectiveness of behaviourist treatment for phobias

### Deconditioning Phobias

As we have seen, behaviourists believe that phobias are an example of a conditioned reflex. That is, through some experiences the person has had, they have learned an association between an anxiety provoking stimulus and a previously neutral one (e.g. learning to fear dogs after being bitten by one).

Because behaviourists believe that such behaviour is learned, it follows that it can be un-learned. What is necessary is that the phobic person learns a new association between the phobic stimulus (e.g. a dog) and a non-anxiety response.

### Reciprocal Inhibition

The technique that is mainly used is based on the idea of **reciprocal inhibition**. This impressive-sounding phrase refers to the fact that some types of responses are incompatible with each other. For example, it is impossible to feel relaxed if you are anxious or scared and, conversely, it is impossible to feel scared or anxious if you are relaxed. So in behaviourist terms, treating a phobia requires shifting the person from:

Phobic CS → Anxiety

To:

Phobic CS → Relaxation

### Systematic Desensitisation

The procedure used to treat phobias along these lines is called systematic desensitisation. This treatment involves three separate phases:

Phase	What it involves
<b>Functional analysis</b>	The therapist sits down with the client and they construct a <b>hierarchy of fearful situations</b> . This means coming up with a range of situations (e.g. looking at a picture of a dog, having a dog in the same room, having a dog jump up at you) and arranging them in order from the least fearful to the most fearful.
<b>Relaxation training</b>	The client is then trained in methods of relaxation. This might involve releasing muscular tension, control of breathing and visualization techniques.
<b>Graduated exposure</b>	The client is then brought gradually into contact with the phobic stimulus, following the hierarchy established with the therapist. At each stage of exposure, the client uses the techniques they have learned to produce a state of relaxation. Only when full relaxation has been achieved does the treatment move on to a more intense exposure.

The duration of treatment depends on the strength of the phobia. Six to eight sessions is normal, but intense phobias can require many more sessions.

## Flooding

An alternative approach to treatment is to use flooding, which involves intense exposure to the phobic stimulus, with no graduated exposure and no opportunity to escape. This treatment is based on the idea that an anxiety response can only be sustained for a finite amount of time. After a while, the anxiety response will subside and the person will relax. At this point they will learn a new association between the phobic stimulus and the relaxed state.

## Effectiveness of Deconditioning Treatments

Flooding and systematic desensitisation are amongst the most popular treatments for phobias, being both relatively quick and relatively effective. Here are some research data on the effectiveness of these treatments. In these studies, the outcome was measured in terms of a **clinically significant improvement (CSI)**, which is not always the same as a cure.

Source	Type of client	Outcome
McGrath et al (1990)	Simple phobia	<ul style="list-style-type: none"><li>• CSI in 75% of patients</li></ul>
Menzies & Clarke (1993)	Simple phobia	<ul style="list-style-type: none"><li>• Superior to no therapy.</li><li>• In vivo exposure slightly more effective than in vitro.</li></ul>
Craske & Barlow (1993)	Agoraphobia	<ul style="list-style-type: none"><li>• CSI in 60-80% of cases.</li><li>• In many cases, improvement only slight.</li><li>• 50% relapse within 6 months</li></ul>