Behavioral Therapy

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Behaviorism conceptualize psychological disorders as the result of maladaptive learning, as people are born tabula rasa (a blank slate). They do not assume that sets of symptoms reflect single underlying causes.

Behavioral therapies (also called behavior modification) are based on the theories of classical and operant conditioning. The premise is that all behavior is learned; faulty learning (i.e. conditioning) is the cause of abnormal behavior. Therefore the individual has to learn the correct or acceptable behavior.

An important feature of behavioral therapy is its focus on current problems and behavior, and on attempts to remove behavior the patient finds troublesome.

This contrasts greatly with psychodynamic therapy (re: Freud), where the focus is much more on trying to uncover unresolved conflicts from childhood (i.e. the cause of abnormal behavior).

Classical conditioning

The theory of classical conditioning suggests a response is learned and repeated through immediate association. Behavioral therapies based on classical conditioning aim to break the association between stimulus and undesired response (e.g. phobia, additional etc.).

Originally this type of therapy was known as behaviour modification but, these days, it is usually referred to as applied behaviour analysis. Examples include:

Aversion Therapy

This process pairs undesirable behaviour with some form of aversive stimulus with the aim of reducing unwanted behaviour. For example, alcoholics enjoy going to pubs and consuming large amounts of alcohol

Aversion therapy involves associating such stimuli and behavior with a very unpleasant unconditioned stimulus, such as an electric shock.

The client thus learns to associate the undesirable behavior with the electric shock, and a link is formed between the undesirable behavior and the reflex response to an electric shock.

In the case of alcoholism, what is often done is to require the client to take a sip of alcohol while under the effect of a nausea-inducing drug. Sipping the drink is followed almost at once by vomiting. In future the smell of alcohol produces a memory of vomiting and should stop the patient wanting a drink.

More controversially, aversion therapy has been used to "cure" homosexuals by electrocuting them if they become aroused to specific stimuli.

Critical Evaluation

Apart from ethical considerations, there are two other issues relating to the use of aversion therapy.

First, it is not very clear how the shocks or drugs have their effects. It may be that they make the previously attractive stimulus (e.g. sight/smell/taste of alcohol) aversive, or it may be that they inhibit (i.e. reduce) the behavior of drinking.

Second, there are doubts about the long-term effectiveness of aversion therapy. It can have dramatic effects in the therapist's office. However, it is often much less effective in the outside world, where no nausea-inducing drug has been taken and it is obvious that no shocks will be given.

Also, relapse rates are very high – the success of the therapy depends of whether the patient can avoid the stimulus they have been conditioned against.

Flooding

Flooding (also known as implosion therapy) works by exposing the patient directly to their worst fears. (S)he is thrown in at the deep end. For example a claustrophobic will be locked in a closet for 4 hours or an individual with a fear of flying will be sent up in a light aircraft.

What flooding aims to do is expose the sufferer to the phobic object or situation for an extended period of time in a safe and controlled environment. Unlike systematic desensitisation which might use in vitro or virtual exposure, flooding generally involves vivo exposure.

Fear is a time limited response. At first the person is in a state of extreme anxiety, perhaps even panic, but eventually exhaustion sets in and the anxiety level begins to go down.

Of course normally the person would do everything they can to avoid such a situation. Now they have no choice but confront their fears and when the panic subsides and they find they have come to no harm. The fear (which to a large degree was anticipatory) is extinguished.

Prolonged intense exposure eventually creates a new association between the feared object and something positive (e.g. a sense of calm and lack of anxiety). It also prevents reinforcement of phobia through escape or avoidance behaviors.

Critical Evaluation

Flooding is rarely used and if you are not careful it can be dangerous. It is not an appropriate treatment for every phobia. It should be used with caution as some people can actually increase their fear after therapy, and it is not possible to predict when this will occur.

Wolpe (1969) reported the case of a client whose anxiety intensified to such as degree that flooding therapy resulted in her being hospitalized.

Also, some people will not be able to tolerate the high levels of anxiety induced by the therapy, and are therefore at risk of exiting the therapy before they are calm and relaxed. This is a problem, as existing treatment before completion is likely to strengthen rather than weaken the phobia.

However one application is with people who have a fear of water (they are forced to swim out of their depth). It is also sometimes used with agoraphobia. In general flooding produces results as effective (sometimes even more so) as systematic desensitisation.

The success of the method confirms the hypothesis that phobias are so persistent because the object is avoided in real life and is therefore not extinguished by the discovery that it is harmless.

For example, Wolpe (1960) forced an adolescent girl with a fear of cars into the back of a car and drove her around continuously for four hours: her fear reached hysterical heights but then receded and, by the end of the journey, had completely disappeared.

Systematic Desensitization

Systematic desensitization is a type of behavioral therapy based on the principle of classical conditioning. It was developed by Wolpe during the 1950s. This therapy aims to remove the fear response of a phobia, and substitute a relaxation response to the conditional stimulus gradually using counter conditioning. There are three phases to the treatment:

First, the patient is taught a deep muscle relaxation technique and breathing exercises. E.g. control over breathing, muscle detensioning or meditation. This step is very important because of reciprocal inhibition, where once response is inhibited because it is incompatible with another. In the case of phobias, fears involves tension and tension is incompatible with relaxation.

Second, the patient creates a fear hierarchy starting at stimuli that create the least anxiety (fear) and building up in stages to the most fear provoking images. The list is crucial as it provides a structure for the therapy.

Third, the patient works their way up the fear hierarchy, starting at the least unpleasant stimuli and practising their relaxation technique as they go. When they feel comfortable with this (they are no longer afraid) they move on to the next stage in the hierarchy. If the client becomes upset they can return to an earlier stage and regain their relaxed state.

The client repeatedly imagines (or is confronted by) this situation until it fails to evoke any anxiety at all, indicating that the therapy has been successful. This process is repeated while working through all of the situations in the anxiety hierarchy until the most anxiety-provoking.

Operant Conditioning

Operant conditioning is a method of learning that occurs through rewards and punishments for behavior. Through operant conditioning, an individual makes an association between a particular behavior and a consequence (Skinner, 1938). Examples of therapies using the principles of operant conditioning include:

Token Economy

Token economy is a system in which targeted behaviors are reinforced with tokens (secondary reinforcers) and later exchanged for rewards (primary reinforcers).

Tokens can be in the form of fake money, buttons, poker chips, stickers, etc. While the rewards can range anywhere from snacks to privileges or activities. For example, teachers use token economy at primary school by giving young children stickers to reward good behavior.

References

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Further Information

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