The behavioural approach to explaining phobias

The two-process model

The **behavioural approach** emphasises the role of learning in the acquisition of behaviour. The approach focuses on behaviour – what we can see.

The behavioural approach is geared towards explaining the key behavioural aspects of phobias – avoidance, endurance and panic rather than the cognitive and emotional aspects of phobias.

Hobart Mowrer (1960) proposed the **two-process model** based on the behavioural approach to phobias. This states that phobias are acquired (learned in the first place) by **classical conditioning** and then continue because of **operant conditioning**.

Acquisition by classical conditioning

Classical conditioning involves learning to associate something of which we initially have no fear (called a **neutral stimulus**) with something that already triggers a fear response (known as an unconditioned stimulus).

John Watson and Rosalie Rayner (1920) created a phobia in a 9-month-old baby called 'Little Albert'. Albert showed no unusual anxiety at the start of the study. When shown a white rat he tried to play with it. However, the experimenters then set out to give Albert a phobia. Whenever the rat was presented they made a loud, frightening noise by banging an iron bar close to Albert's ear. This noise is an **unconditioned stimulus** (**UCS**) which creates an **unconditioned response** (**UCR**) of fear. When the rat (a neutral stimulus, **NS**) and the **unconditioned stimulus** are encountered close together in time the NS becomes associated with the UCS and both now produce the fear response – Albert became frightened when he saw a rat. The rat is now a learned or **conditioned stimulus** (**CS**) that produces a **conditioned response** (**CR**).

This conditioning then **generalised** to similar objects. They tested Albert by showing him other furry objects such as a non-white rabbit, a fur coat and Watson wearing a Santa Claus beard made out of cotton balls. Little Albert displayed distress at the sight of all of these.

Maintenance by operant conditioning

Responses acquired by classical conditioning usually tend to decline over time. However, phobias are often long lasting. Mowrer has explained this as the result of operant conditioning.

Operant conditioning takes place when our behaviour is **reinforced** (rewarded) or

punished. Reinforcement tends to increase the frequency of a behaviour. This is true of both **negative reinforcement** and **positive reinforcement**. In the case of negative reinforcement an individual *avoids* a situation that is unpleasant. Such a behaviour results in a desirable consequence, which means the behaviour will be repeated. Mowrer suggested that whenever we avoid a phobic stimulus we successfully escape the fear and anxiety that we would have suffered if we had remained there. This reduction in fear reinforces the avoidance behaviour and so the phobia is maintained.

The behavioural approach to treating phobias

Systematic desensitisation

Systematic desensitisation (**SD**) is 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.

Essentially a new response to the phobic stimulus is learned (phobic stimulus is paired with relaxation instead of anxiety). This learning of a different response is called **counterconditioning**.

In addition it is impossible to be afraid and relaxed at the same time, so one emotion prevents the other. This is called **reciprocal inhibition**.

There are three processes involved in SD.

1. **The anxiety hierarchy** is put together by the patient and 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** might identify seeing a picture of a small spider as low on their anxiety hierarchy and holding a tarantula at the top of the hierarchy.

2. **Relaxation** The therapist teaches the patient to relax as deeply as possible. This might involve breathing exercises or, alternatively, the patient might learn mental imagery techniques. Patients can be taught to imagine themselves in relaxing situations (such as imagining lying on a beach) or they might learn meditation. Alternatively relaxation can be achieved using drugs such as *Valium.*

3. **Exposure** Finally the patient is exposed to the phobic stimulus while in a relaxed state. This takes place across several sessions, starting at 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.

Flooding

Flooding also involves exposing phobic patients to their phobic stimulus but without a gradual build-up in an anxiety hierarchy. Instead ooding involves immediate exposure to a very frightening situation. So an arachnophobic receiving ooding treatment might have a large spider crawl over them for an extended period. Flooding sessions are typically longer than systematic desensitisation sessions, one session often lasting two to three hours. Sometimes only one long session is needed to cure a phobia.

How does flooding work?

Flooding stops phobic responses very quickly. This may be because, without the option of avoidance behaviour, the patient quickly learns that the phobic stimulus is harmless. In **classical conditioning** terms this process is called **extinction**. A learned response is extinguished when the **conditioned stimulus** (e.g. a dog) is encountered without the **unconditioned stimulus** (e.g. being bitten). The result is that the conditioned stimulus no longer produces the conditioned response (fear).

In some cases the patient may achieve relaxation in the presence of the phobic stimulus simply because they become exhausted by their own fear response!

Ethical safeguards

Flooding is not unethical per se but it is an unpleasant experience so it is important that patients give fully **informed consent** to this traumatic procedure and that they are fully prepared before the ooding session. A patient would normally be given the choice of systematic desensitisation or flooding.