



TREATMENTS FOR CONDITIONING

Treatments and therapies for classical and operant conditioning

Note: As part of the course, you are only required to know ONE treatment or therapy that uses the principles of either classical conditioning or operant conditioning. You need only know ONE of the three choices discussed here.

Aversion therapy

This is a therapy based on the principles of **classical conditioning**. **Aversion therapy** is used to combat addictions, such as those to alcohol. In this example, the therapy is used to replace the pleasure response with an **aversion response**, that is pain or something equally unpleasant, so the alcohol, which normally provides a pleasure response, is paired with an **emetic drug** to provoke an aversion response. After a while, the alcohol should make the person feel sick (even in the absence of the drug). [Note that it is important alcoholics drink soft drinks during the course of the therapy so they are not conditioned to feel sick in response to all drinks]

Emetic drug -

a prescribed drug that makes people feel or be sick

Aversion therapy has been used to try and convert **homosexuals** to heterosexuality, and still is used in some situations. In this case, homosexuals were shown naked images of both men and women, but were electrically shocked when they saw the naked men, not when they saw the women. The aim was to pair pain to the naked men, and the negative reinforcement of having the pain removed with the naked women. One gay man, Benny Clegg-Hill was reported to have died from coma and convulsions due to injections of apomorphine that were given to make him feel sick during aversion therapy. This occurred in the 1960s, and it was not by choice that Benny had chosen to undergo aversion therapy to "cure" his homosexuality, but had been arrested for it and sentenced by a judge to mandatory treatment.

- ✓ In some situations, the therapy has proven to be a success, more so than alternative therapies, and in spite of criticism on ethical grounds, Seligman (1966) said that 50% of the gay men did not continue to practice homosexuality (although this was later questioned as it was thought to be biased)
- ✓ The therapy rests on a clear theoretical explanation as to how the initial behaviour came about, and is therefore easier to accept as a treatment
- ✗ Seligman did, however, later report that most of the men who were considered a "success" were bisexual, not homosexual; and when homosexuals only were studied the success rate was lower, and one gay man, Benny Clegg-Hill died from the therapy
- ✗ There are ethical issues to consider as those administering the therapy have power over the patient, who may not feel they have the power to decline, such as homosexuals in the past times

Systematic desensitisation

This is also based on the principles of classical conditioning, which suggests that a stimulus and an involuntary response are associated. One such response is a **phobia**. A phobia is a fear which is irrational, preventing normal functioning of life, and needs treatment to help overcome the fear. Using **systematic desensitisation** is just one of these treatments. It is sometimes also known as **graduated exposure therapy**.

The treatment involves getting the phobic person used to the phobic object or situation (or *desensitised*) in small steps (or *systematically*). This is based on the theory that a phobia is learned through classical conditioning and can be unlearned in the same way. The fear response is replaced by a relaxed, calm state. People are taught how to relax their muscles, as it is not easy to do, and then are gently introduced to the phobic object using a step-by-step approach.

The graduation involves starting with showing the person just a simple photograph, through to a film, and so on until eventually they are presented head-on to the actual object. As people learn to relax as each stage progresses, they should eventually be able to remain relaxed come meeting the real object.

The main issue with systematic desensitisation is that it is shown to work with classical conditioning principles, but there is an element of operant conditioning with phobias. A phobic object is unpleasant and so a phobic person avoids it, this is an example of *negative reinforcement*.

[youtube.com/c/MegaLecture/](https://www.youtube.com/c/MegaLecture/)

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- ✓ Compared with other therapies which deal with phobias, this is probably the most ethical (for example, **flooding** is where the phobic person is just confronted straight away with the phobic object until they calm down, theoretically when they run out of energy for maintaining the fear response)
- ✓ Again, the therapy is based on a clear theoretical explanation (classical conditioning) which is generally well-accepted
- ✓ There is a wide range of evidence supporting this type of therapy with high success rates, such as that of Capafons et al. (1998) which reduced fear of flying
- ✗ There are other factors other than classical conditioning at work with phobias – operant conditioning should also be taken into consideration, as well as cognitive processing (note that this does not mean the therapy is any less successful, it merely questions the explanation behind the therapy)
- ✗ Although the therapy is useful for phobias and anxiety disorders, it is not useful for other mental health issues, such as psychoses; also the individual needs to be able to learn to relax and remain calm throughout the whole process: not everyone can do this

Token economy programmes

This is based upon the principles of **operant conditioning**. This involves encouraging desired behaviour with the use of *reinforcement* and discouraging unwanted behaviour with the use of *punishments*. One method of *shaping* behaviour, based on operant conditioning, is the **token economy programme**.

A token economy programme might well be used in a prison, mental health unit or school. The aim is to obtain the specific desired behaviour using a rewards system. The **tokens** act as rewards and can be exchanged for something that the individual desires. People are paid these tokens for behaving in the desired way.

The steps for using a token economy programme are outlined below:

1	Identify the behaviour that has to be changed <i>It should be positive, rather than negative (for example, "remain quiet" rather than "don't shout")</i>
2	Select the tokens and decide what they can be exchanged for <i>Physical tokens can be used, or a points system; you should decide where they will be kept and recorded</i>
3	Make sure that the tokens 'buy' significant rewards <i>The rewards must have meaning to the individuals, otherwise they will not be worthwhile having as rewards</i>
4	Set goals that are achievable <i>The individuals must know what they have to do to achieve the goals, and they should be obtainable</i>
5	Explain the whole programme to the individuals involved <i>Make sure that the whole programme is clear to all of the participants, otherwise it won't work</i>
6	Feedback on progress <i>The individuals who are not progressing so well will need guidance on how to do better</i>
7	Provide the reward <i>Every so often should come the point where the points or tokens can be cashed in for the rewards</i>
8	Review the programme <i>Make amendments, such as altering the frequency of tokens given out, also give praise to those who do well</i>

- ✓ The programme has been seen to work quickly and effectively, especially in schools, where they produce the desired behaviour the programme originally set out to achieve
- ✓ The programme can be adjusted to suit each individual case, by altering the goals, tokens and the rewards they can be cashed in for, to make them meaningful to the individuals
- ✗ The programme can be very time-consuming, especially in schools, where the time-investment is too much for many teachers who would rather focus on the teaching than a rewards system
- ✗ The programme is only targeted at one certain situation, outside that situation the individual may not reproduce that same desired behaviour