
Therapeutic Measures Used To Combat Phobias Induced By Classical Conditioning

Barb, a normal, healthy young woman, had a very inconvenient quirk: She was terrified of flying. The mere thought of getting into a plane was enough to make her panic". (Martin & Pear, 2003, p. 339). A quirk such as this is defined as a phobia. Some phobias are so intense that they can interfere with an individual's everyday life, leaving them mentally incapacitated. Some phobias cause more anxiety than others, enough to warrant them as a mental health condition. When exposed to a reactive phobia, a person displays physiological indicators that express their discomfort. As set out by the DSM IV (American Psychiatric Association, 1994) (Martin & Pear, 2003, p. 340), these disorders are characterized by (a) fear/anxiety that results in physiological changes such as sweaty hands, dizziness, or heart palpitations; (b) the escape and/ or avoidance of situations in which the fear is likely to occur; and (c) interference by the behaviors with the individual's life.

Classical Conditioning

Alternatively known as Pavlovian/Respondent conditioning. According to the (International Encyclopaedia of the Social & Behavioural Sciences 2001, Pages 1942-1945) Classical conditioning manifests itself "when neutral stimuli become associated with a psychologically significant event. When presented with the neutral stimuli, the individual in question begins to evoke behaviors or mannerisms that are associated with clinical disorders. Recent research suggests the concept that conditioned stimuli play a key role in establishing repetitive physiological behaviors conducted by the organism in anticipation of the "psychologically significant event". In other words; a simple fear or a phobia. A large proportion of individuals in society live and function efficiently with their phobia or fear. Such mild phobias do not interfere with their everyday lives as they can be classified as sub-clinical phobias who do not cause an acute emotional or physiological behavior from the respondent. The American Psychiatric Association uses the (DSM-IV-TR) diagnostic criteria to determine whether the phobia is disruptive enough to be classified as clinical or efficient enough to be classified as sub-clinical. As stated by; (Davey G. C.L, Psychiatry, volume issue 6:6 "Psychopathology and treatment of specific phobias" p. 247-253) Approximately "10% of people will meet criteria for a simple phobia within their lifetime, which suggests that severe and disruptive phobic symptoms can be quite common". Since phobias are a common ailment, much studies have been placed into them. However, in order to therapeutically treat and alleviate the phobia. It is essential to understand how exactly the phobia is initiated.

Phobias and Classical (Pavlovian) Conditioning.

The concept that certain conditioning principles are a contributing factor to phobia development can be traced back to 1920. In particular, the highly publicized "Little Albert" study conducted by Watson and Rayner (Classical Conditioning study, J. Watson & R. Rayner, 1920). The pair set out to condition the young 11-month-old child to develop a phobic response when in proximity with his pet white rat. They were successful in their attempt. Rayner would present Albert with the rat (Conditioned Stimulus-CS) and once the stimulus was presented, Watson

would strike an iron bar to produce an exasperating noise (Unconditioned Stimulus-UCS). As the experiment continued, Albert began to subconsciously realize the rat's presence was certain to be followed suit with the unsatisfactory loud noise. Hence, he would begin to cry in distress whenever he was enticed to interact with the white rat. This phobic response was not limited, he also began to react to other objects who resembled the rat. This study has generally been accepted as a plausible theory as to how phobias develop, "for the past 80 years". (Davey G. C.L, Psychiatry, volume issue 6:6 "Psychopathology and treatment of specific phobias" p. 247-253).

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