PSYCHOLOGICAL THERAPIES: SYSTEMATIC DESENSITISATION

Introduction

The behavioural approach argues that because abnormalities are caused by **faulty learning**, the best way to treat them is to try and **reverse** the faulty learning. One example of a *behavioural therapy* is **systematic desensitisation**.

Systematic desensitisation (SD)

SD was devised by **Joseph Wolpe**, and uses *classical conditioning* to treat **phobias**. SD aims to *substitute* the fear response with an alternative response whenever the phobic stimulus is present. There are several stages in SD:

(1) First, the therapist and client draw up a list of possible situations involving the phobic stimulus. The client then rates each of these on a scale from 1 ('makes me feel a little anxious') to 10 ('makes me feel extremely anxious'). These are then placed in order from the least feared to the most feared situation. This is called a **hierarchy of feared situations**.



An example of a hierarchy of feared responses

(2) Next, the client is taught a **deep relaxation technique**, so that s/he can relax 'on command'. This could require another therapist who has been specifically trained in teaching people how to relax.

(3) The therapist and client then meet up again, and the therapy begins with the therapist asking the client to **imagine** (or **visualise**) the least feared situation involving the phobic stimulus, whilst at the same time **relaxing**. The client is asked to rate how much anxiety s/he is experiencing. When the client says that s/he is experiencing no anxiety, the therapist goes to the next most feared situation and the process is repeated (i.e. the process is *systematic*). The therapy is complete when the client can imagine the most feared situation without experiencing any anxiety (i.e. the client is *desensitised*). At the point, the client is considered to be *cured*.



A situation that an arachnophobiac would probably rate as '10'

SD is based on the principle of **reciprocal inhibition**, which is that *two incompatible responses (such as anxiety and relaxation) cannot be experienced at the same time*. Thus, the aim of SD is to replace fear with feelings of being relaxed.

Evaluating the use of systematic desensitisation

One of the strengths of SD is that it is **effective** in treating *phobias*. Research suggests that 60-90% of people who undergo SD show a measurable reduction in their fear. Indeed, according to behavioural psychologists, once a fear has been eliminated it has gone for good (i.e. it has been **cured**). Supporters of the behavioural approach argue that this makes their therapies *better* than biological therapies, which only mask abnormalities and do not cure them.

One of the weaknesses of SD is that its effectiveness depends on the client's ability to use imagery/visualisation. With people who can't do this, the therapy is much less effective. However, with these clients the therapist might use *pictures* of the various situations the client has

identified as causing anxiety. Another approach involves *live encounters* with the phobic stimulus. For example, an arachnophobic may be desensitised by gradually approaching spiders. Research suggests that this kind of SD is almost always more effective and longer lasting than other desensitisation techniques.



SD also uses pictures and live encounters to treat phobias

Although SD is effective in treating phobias, it has been criticised for failing to address the possible deeper psychological or emotional *causes* related to that disorder. In other words, the therapy concentrates on the symptoms, and once the symptoms have gone the phobia is 'cured'. *Critics* say that although the symptoms 'go', SD has failed to address the thing that caused the symptoms in the first place.

Finally, SD also raises **ethical issues**. For example, clients may experience considerable anxiety when asked to imagine situations. Consequently, SD needs careful monitoring to ensure that clients suffer no long-term negative consequences.