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## Rebecca Saavedra and Silverman. [Button Phobia]

The psychology being investigated

### • Phobias

A phobia is an intense fear or anxiety that occurs every time a person comes into contact with certain with a object or situation. [intense fear of or anxiety].

### • Classical conditioning

If a neutral stimulus (something that normally does not cause fear) is present at the same time as something scary, we may learn to associate the neutral stimulus with scary stimulus. The previously neutral stimulus is now a condition stimulus.

### • Evaluative learning

→ Type of classical conditioning.

→ If a neutral stimulus is paired with something that the person finds really disgusting, then the previously neutral stimulus may now provoke the same negative reaction as the disgusting stimulus.

### • Operant conditioning

They used positive reinforcement (praise from his mother) to reward him for handling button's phobia during the therapy sessions. This made it more likely that he would approach buttons in a positive way in the future.

## Background

• Diagnostic manuals (DM) are used to decide whether a person's symptoms are severe enough to require a diagnosis and subsequent treatment.

## • Disgust

Disgust is an important human emotion that helps us to survive. The negative feelings that are produced, including feeling sick/nauseous, ensure that we avoid certain things that could make us ill.

## Aims

1. Highlight the role of evaluative learning and disgust in the development and treatment of children's phobia.

2. Test the efficacy [effectiveness] of imagery exposure as a part of an exposure-based cognitive-behavioural treatment for a specific phobia of buttons.

## Procedure

An exposure-based treatment programme that tackled cognition and behaviours was used. With the suggestion of the boy, a special disgust and fear hierarchy using a distress rating from 0-8 was devised, with 8 being 'small clear plastic buttons' and 0 being 'large denim buttons'. The boy was asked to rate 11 different scenarios that included buttons. The subjective ratings were used as a Feeling Thermometer.

## ~~Interview~~ Interventions used.

2 interventions were used:

1. Positive Reinforcement Therapy → a behavioural therapy based on operant conditioning. Using positive reinforcement principal, contingency management was applied. The boy was rewarded for showing less

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fear and handling the buttons. The mother provided positive reinforcement if the boy completed the gradual exposure to buttons.

Sessions lasted for about 30 minutes with the boy alone, and 20 minutes with the boy and his mother.

2. Imagery Exposure → Imagery exposure therapy was based on classical conditioning using the Vivo method.

An interview with the boy revealed that he found buttons touching his body disgusting and believed that buttons smelled unpleasant. This formed the basis for imagery exercises. The boy was asked to imagine buttons falling on him, and consider how they looked, felt, and smelled. Exposures progressed from images of larger to smaller buttons, in line with the boy's fear hierarchy.

### Sample Size

- A 9-year-old Hispanic American Boy.
- He started showing symptoms for 4 years prior to the start of the study when he knocked over a bowl of buttons through opportunity sampling technique.
- The boy and the mother gave informed consent to participate and publish the result.

### Methodology

The DSM-IV (4<sup>th</sup> edition of the Diagnostic and Statistical Manual of Mental Disorders) was used to diagnose him with button phobia.

## Results

### Positive reinforcement therapy

- The boy was observed approaching the buttons more positively. His objective ratings of distress increased between sessions 2 & 3. By session 4, the no. of items on the hierarchy increased in dislike from the original scores.

### Imagery exposure therapy

- The therapy was successful in reducing his rating of distress. For example, when he had to imagine buttons falling on him, prior to imagery therapy / cognitive restructuring, he rated the experience as 8 out of scale of 0 to 8.

This rating decreased to 5 midway through the session, and was just 3 by the end of the session.

- The boy was followed up 6 & 12 months after treatment and at both times he did not meet the DSM-IV criteria for a specific phobia anymore.

He could wear clear plastic buttons on his school uniform shirt.

## Conclusion

## Strengths & Weaknesses

- The study is highly valid as the participant was studied over a period of time.
- Standardised measures such as the Feelings Thermometer were used.
- Quantitative data showed the improvements seen which were highly likely due to the treatment.
- Qualitative data collected was helpful in understanding the reasons underlying phobias.
- They got rid of his phobia.
- The sample is difficult to generalise from the case is less likely to be representative of the general population.
- The study is subjective as the boy created his own hierarchy of disgust/fear and gave personal ratings.
- The case study involved building rapport with the participant thus, less room for objectivity researcher bias may take place, further compromising validity.
- There might have been demand characteristics shown as the boy was fully aware he was undergoing therapy; this might have affected the ratings he gave.

Use of children in psychological research.

→ The boy and the mother gave informed consent. The study was highly distressing however, the researcher aimed to improve his quality of life which may justify the temporary distress caused during the treatment.

Application to real life

→ Shows how therapy based on classical conditioning can be used to treat some phobias. It can also show the long term improvement from exposure therapies.

NATURE VS. NUTURE

→ C.C. relies solely on nature-based learning. Phobias are not innate but, are considered to be products of negative experiences with prev. neutral stimuli.