Some problems with the experiments were that they weren’t like reality; they lacked ecological validity and it could be that the children were aggressive because they were invited to be, so it might not be as valid as it could be. However, a real-life study by Joy et al. (1986) found that there was a significant rise in aggression levels when TVs were introduced to a small Canadian town.

In conclusion, the best ‘role models’ to learn behaviours from are the same age (perhaps slightly older), same gender and important (e.g. celebrity).

2) Describe how the Behaviourist Approach has been applied to either Aversion Therapy or Systematic Desensitisation (12 marks)

The aim of Aversion Therapy (AT) is to help people get rid of unwanted behaviours. It is a behaviourist therapy because it says we learn these unwanted behaviours i.e. addictions from the environment, therefore we can treat them in the same way. In the case of Aversion Therapy it suggests that behaviour is learned through classical conditioning. AT aims to treat the behaviour itself rather than the actual psychological cause of it, hence adopting a scientific method of study by only studying objective behaviour, i.e. that which is observable.

Using the features of classical conditioning, AT is used to treat people who have problems such as alcoholism and self harming. The people undertaking AT (to treat alcoholism, for example) learn to associate something which they want to avoid (neutral stimulus – alcohol) with an unpleasant stimulus (unconditioned stimulus – Antabuse drug). During conditioning the stimulus that they want to avoid (alcohol) is repeatedly associated with the unpleasant stimulus (emetico drug) that gives an unpleasant response (unconditioned response – sickness). So after conditioning takes place, the stimulus they want to avoid (now a conditioned stimulus – alcohol) eventually gives an unpleasant effect by itself, giving a conditioned response – sickness.

A supporting study was carried out by Duker and Seys (2000) who showed the effectiveness of AT to reduce self-injury amongst children. The children were given electric shocks (unconditioned stimulus) which caused pain (unconditioned response) when they self-injured (neutral stimulus). The children associated the electric shocks with the self-injury so that eventually they learned that the self-injury (now a conditioned stimulus) itself would cause pain (conditioned response). This was effective in that 7 out of 12 children in the study stopped self-injuring and 3 reduced it.

Although AT has shown to be a successful treatment for a number of problems such as alcoholism it does have some flaws. There are ethical implications in that people with psychological problems may not be of sound mind to give their full informed consent to the treatment. There are problems also in the fact that as AT is a behaviourist therapy it aims to treat the behaviour but doesn’t try to deal with the underlying psychological cause. This means the person may still be suffering after treatment. Although AT is seen to be fairly effective in the short term, the effects may not be long-lasting. A person’s old behaviour/habits may reappear (spontaneous recovery), possibly due to the root cause not being addressed.