**Unit 8 Psychological perspectives in Health & Social Care**

**Answer plan**

**Assignment 2 M2 D1**

**Main Heading at the top of the page**

**Application of the psychological approaches to health and social care**

**M2 Heading:** A comparison of the behaviourist and psychodynamic approaches to health and social care provision

You can use the table handout to help as a starting point to research and write your report for M1 but do not copy this. You need to summarise the information in your own words but add more detail from other resources that you access and use. You need to compare each approach and **give practical examples** to put your comparison points into context:

**For example:**

E.g. both the behaviourist and psychodynamic approaches can be used to treat fears and anxieties however they do it in different ways. Desensitization comes from the behaviourist approach and can be effective in treating **phobias** using the hierarchy of fear. The psychodynamic approach will look at the underlying causes of the fear and bring it out into the open so that it can be treated.

E.g. The behaviourist approach can treat alcoholism using classical conditioning – the association of **alcohol** with feeling nauseous can be brought about by using the drug for eg Antabuse. The psychodynamic approach would treat alcoholism by looking at the underlying cause of the drinking – perhaps unveil some past traumatic experience.

The behaviourist approach can give quite fast results but the psychodynamic approach is slower.

The behaviourist approach is good at shaping behaviour but the psychodynamic approach isn’t.

**D1 Heading:** An evaluation of the behaviourist and psychodynamic approaches to health and social care provision

In this section you will talk about how well each approach treat the conditions. Which aspects of the approaches are most useful. You can use the table handout to help as a starting point to research and write your report for D1 but do not copy this. You need to summarise the information in your own words but add more detail from other resources that you access and use. Again, you need to **give practical examples** to put your comparison points into context.

**Heading:** The psychodynamic approach

You need to use information from your own research into the evaluation of psychodynamic treatments and pull out the main points. You can start by identifying what’s good e.g. the approach is good at treating people who are able to express themselves well so that the therapist can understand and get to the root of the problem. For people who have difficulty saying how they feel or relating information, this may not be effective. The approach is also good at treating anxiety that is a result of past experience. The therapist as part of the treatment tries to bring out the original root cause of the anxiety so that it can be resolved. The treatment has the advantage that it can be used by people on their own in a one to one with the therapist or it can be done in groups.

One of the weaknesses of the treatment is that it focuses on the past and doesn’t actually deal with how the person is feeling at the moment. Also, for some people, going over their past can be very distressing if they are having to recall previous traumatic experiences.

The treatment can take a long time and it is expensive. In the current climate where there is a lack of menat health services to meet the large demand therapy offering the behaviourist approach can deal with a larger volume of service users over a shorter period of time and reduce the size of mental health services therapy waiting lists.

**Heading:** The behaviourist approach

Again, you need to use information from your own research into the evaluation of behaviourist approach, giving practical examples to highlight your evaluative main points.

The information below is an extract from Simply psychology with an evaluation of systematic desensitization which is a treatment from the behaviourist approach. You can use the information to help with your evaluation.

http://www.simplypsychology.org/Systematic-Desensitisation.html

*Systematic desensitization is highly effective where the problem is a learned anxiety of specific objects/situations, e.g. phobias (McGrath et al., 1990) . However, SD is not effective in treating serious mental disorders like depression and schizophrenia.*

*Studies have shown that neither relaxation nor hierarchies are necessary, and that the important factor is just exposure to the feared object or situation.*

*Systematic desensitization is based on the idea that abnormal behaviour is learned. The biological approach would disagree and say we are born with a behaviour and therefore it must be treated medically.*

*Treats the symptoms not the cause(s) of the phobia. SD only treats the observable and measurable symptoms of a phobia. This is a significant weakness because cognitions and emotions are often the motivators of behaviour and so the treatment is only dealing with symptoms not the underlying causes.*

*Social phobias and agoraphobia do not seem to show as much improvement. Could it be that there are other causes for phobias than classical conditioning? For example, if a fear of public speaking originates with poor social skills then phobic reduction is more likely to occur in a treatment which includes learning effective social skills than systematic desensitization alone.*

The main points include: The behaviourist approach is testable and results can be seen clearly. It can bring about changes in behaviour very quickly and relives phobias and anxiety quickly too. A strength of the approach is that it is used to treat people on an individual basis depending on their particular ways of responding to stimuli.

 Weakness of the approach is that it presumes that we will all respond to situations through observable behaviours and does not take into account influences from our unconscious, genetics, biological processes and unique thoughts.