

VIDEOTAPE AND VERBAL FEEDBACK: EFFECTS ON BEHAVIOR AND ATTRIBUTIONS IN DISTRESSED COUPLES

FICHTEN, Catherine Martos, Ph.D. McGill University (Canada), 1978

This study examined the effects of verbal feedback and videotape playback on distressed couples' communication, and investigated the effects of visual reorientation on spouses' perceptions and causal attributions. It was predicted that subjects' perceptions and attributions will be distorted in a self-serving manner and that videotape playback will alter these, as well as communication behaviors. After conflictual discussion, spouses received a no-video treatment or video playback from their own, their spouse's or an observer's vantagepoint. Perceptions and attributions were assessed before and after video viewing. Half of the subjects received verbal feedback before engaging in another discussion. Results indicate that spouses perceived their own behavior more favorably than their partner's and that they made self-serving attributions which visual reorientation did not alter. Neither video playback nor verbal feedback had significant effects on behaviors. Implications of the results for behavioral couple therapy and the study of actor-observer attributional differences are discussed.

ANXIETY REDUCTION IN ALCOHOLICS BY MEANS OF SELECTED IMAGERY TECHNIQUES Order No. 7906320

FRANK, Lorin Lee, Ph.D. United States International University, 1977. 140pp. Chairperson: Seth Arsenian

THE PROBLEM. The alcoholic population has been determined to be a highly anxious population that may drink to reduce anxiety. Imagery has been used in certain populations to successfully reduce anxiety. As a result of renewed interest in imagery, two distinct therapeutic approaches have been developed. They are the guided and non-directive imagery techniques. These techniques, combined with a progressive muscular relaxation technique, were compared to a no-treatment condition on ninety chronic alcoholics from the Salvation Army's Alcohol Rehabilitation Program in San Diego.

METHOD. Ninety subjects were randomly placed in one of three conditions: Guided Imagery, Non-Directive Imagery or No Treatment. On two consecutive days for one and one-half hours the experimental groups received the progressive muscular relaxation tape and one of the imagery techniques while the No Treatment condition engaged in informal conversation. A pre- and posttest using the State Trait Anxiety Inventory was employed to measure state anxiety change. The Gordon Test of Visual Imagery Control was administered to determine the subject's capacity and control of visual imagery.

RESULTS. The results indicated that the experimental treatments significantly reduced the alcoholic's level of state-anxiety when compared to the No Treatment condition. There was no significant difference between the experimental groups. As a population the alcoholics were found to have poor control over the capacity for visual imagery. The results are significant in that an alcoholic population was capable of reducing state-anxiety. Also these techniques, once learned, can be self-administered by the alcoholic, at any time, for no cost.

THE EFFECTS OF METHYLPHENIDATE ON AVOIDANCE LEARNING AND RISK-TAKING BY HYPERKINETIC CHILDREN

FREEMAN, Richard J., Ph.D. University of Waterloo (Canada), 1978

The hyperkinetic syndrome of childhood is considered within the framework of disorders of impulse control. A model of impulsiveness is discussed wherein it is suggested that behaviour is impulsive when it fails to be considerate of environmental constraints and contingencies. The hyperkinetic child has elsewhere been described as impulsive on measures of cognitive tempo and ability to delay gratification. The proposed model of impulse control would predict that the hyperkinetic child will also be impulsive in the sense of being behaviourally insensitive to negative environmental contingencies, and thus be unresponsive to punishment and prone to taking risks.

Three studies were carried out to test these hypotheses. The first two studies employ a modification of the Lykken maze, an apparatus originally designed to study avoidance learning in the psychopath. Two groups of hyperkinetic children, differing in terms of their clinical response to stimulant medication, were studied via a within-subjects, double-blind, placebo-medication crossover study of the effects of methylphenidate on avoidance learning on the Lykken task. The two studies strongly support the proposition that stimulant-responsive hyperkinetic children do not learn to avoid a noxious noise, and that medication corrects this deficit.

The second study indicates that the avoidance deficit cannot be explained by subjective differences in perceived aversiveness of the noise or by suggesting that favourable responders are attracted to the salience of the punishing noise. It also provides a replication of the results of Study I, showing that favourable responders do not avoid the punishing noise on placebo, but methylphenidate normalizes their avoidance learning.

The third study examines the effects of medication on risk taking by favourable and adverse responders. Subjects are shown a machine which dispenses marbles into a hopper whenever a trigger button is pressed. It is explained that the child will receive two cents for every marble at the point he decides to stop pushing the trigger. The child is told that he may press the trigger as many times as he wishes, but that he must not exceed a 'magic number' programmed into the apparatus. In one condition, exceeding the magic number results in the loss of all marbles and monies earned. In a second condition, the child is told that a powerful electric shock will be delivered to his finger if he exceeds the magic number. Both contingencies are fictitious, that is, the child may press the trigger indefinitely without incurring either the loss of monetary reward or the electric shock.

The results show that under the threat of monetary loss condition, favourable and adverse responders take the same number of risks, and medication has no impact on the level of risk taking. In the threat of shock condition, adverse responders sharply reduce the number of risks taken, whether they are receiving medication or placebo. Favourable responders on placebo show only a non-significant tendency to reduce their risk taking, but when given medication, they take as few risks as the adverse responders.

On the basis of these three studies, we conclude that the behaviour of hyperkinetic children who show favourable clinical response to methylphenidate is relatively resistant to control by primary noxious contingencies, but that their behaviour is made more normal by the administration of methylphenidate.

These results are discussed in terms of the model of impulsiveness outlined above. Implications of the results for various biochemical and psychophysiological models of psychopathology are considered. In particular, a parallel is drawn between the behaviour of hyperkinetic children and that seen in other disorders of impulse control, particularly psychopathy. The proposition is advanced that a relationship may exist