

# Research methods

## unit 7



**ASSIGN  
BUSTER**

Question Describe a famous case study in the history of psychology. You might have to do some digging here. What did the field of psychology learn from this case study? How are the results of case studies like these viewed by the scientific community? What are the advantages and disadvantages of this method?

A famous case study in psychology is that of Eve White, and it dealt on Multiple Personality Disorder (MPD), which is now called Dissociative Identity Disorder (DID). It dealt on the work of psychoanalyst Cornelia B. Wilbur, in her successful diagnosis and treatment of her client, Shirley Ardell Mason (Stefko, 2009). The Mason case study is better known as Sybil based on the novel written based on it. Because of this study, psychologists became aware of MPD; before the book's publication in 1973, there were only 75 reported cases with MPD symptoms, but thereafter there have been 40, 000 diagnoses of MPD mostly in North America (Carroll, 2009).

Case studies such as these are usually received with much controversy and scepticism by the scientific community. In the case of Mason's MPD, psychologists were polarized on the issue of its validity, as many advocating the effectiveness of Wilbur's methods as those who criticize it for being subjective and partial, creating rather than merely observing or treating the alleged disorder. Detractors believe that signs of MPD only appear after therapy has begun.

The advantages of the case study method include the rich source of information provided by this method. Insights are provided by close observation of the subjects' behaviour, which could provide leads for later controlled, experimental research. Case studies also provide opportunities to try out new therapeutic techniques, or innovative applications of techniques

already in practice. Another advantage is that the case study is the best technique to study rare events, and to provide evidence to either challenge or support psychological theories (Zechmeister, Zechmeister & Shaughnessy, 2001: 216).

Disadvantages of case studies are that they are ambiguous and tentative, and are not capable of providing conclusive cause-and-effect findings. Case studies are prone to possible bias in interpreting results, because of observers' predisposal to certain ideas, and biases introduced in the collection of data. Finally, there is limited external validity for case studies, as there are problems in arriving at generalizations from the data obtained from a single case (Zechmeister, Zechmeister & Shaughnessy, 2001: 216-217).

Question 2- Describe a situation where you would use the ABAB approach to change your own behavior (or someone else's). Make sure to include the target behavior, and the method that you are using to effect this change. For example, perhaps you are trying to get your children to clean up their rooms daily. After establishing a baseline, you implement your new strategy. You give each child a star at the end of the day if his or her room is clean. If they earn five stars by the end of the week, they get to go to the toy store and pick out a toy. After one week of the new strategy, you return to the baseline. This is just an example.

Can you think of another example of the ABAB approach to research? How about the multiple baseline approach? What are the pros and cons of these methods?

The ABAB design involves establishment of an initial baseline stage, followed by a treatment stage, then a second baseline stage, and then by another

treatment stage. An example of a situation that may be addressed with the ABAB design would be treatment for a heavy smoker to give up his smoking habit. The target behaviour is to help a person to stop smoking. The treatment may be the implanting of subliminal suggestions through hypnosis. The individual's baseline is first observed, in terms of packs of cigarettes smoked in one day. Then he may be made to attend the treatment sessions with a certain frequency for a fixed amount of time, e. g. twice or thrice a week for one month, during which the subject's rate of cigarette smoking is monitored. After this month, treatment is withdrawn and a second baseline taken, in terms of rate of packs smoked, for the same duration (one month). Finally, the treatment is resumed, during which time cigarette smoking is again observed and recorded.

In the multiple baseline approach, the behaviour sought to be modified is observed in different situations, and a baseline is established for each of those situations. Treatment is then introduced for one situation but not the others, after which observations would be compared for the treated situations against the baseline situations. An example would be the diagnosis and treatment of an individual for anxiety attacks that appear to be triggered by certain situations, i. e. flying in an airplane, speaking before an audience, going to the dentist, and so forth. This would be akin to the irrational fear of things, places, or other elements such as enclosed spaces, height, snakes, spiders, clowns, and other so-called " phobias". In this manner, baselines could be taken for each relevant situation, treatment applied to the subject in only one of these situations, and new baselines taken to compare against.

The ABAB and the multiple baseline approaches refer to single-case

experiments. These approaches are quite useful in determining the effect of a particular treatment in a specific case, by visually inspecting a graphical record of the subject's behaviour for the baseline and during treatment. There are limitations, however. The ABAB approach could not be used in cases for which withdrawal of treatment does not result in reversal back to baseline. This approach also involves the ethical problem of withdrawing treatment that appears to be alleviating the disorder (Zechmeister, et al., 2001: 224). As for the multiple baseline approach, it is also possible that the treatment in one situation generalizes into the other situations, so baseline readings can change even prior to treatment. This confuses the findings as to whether the treatment is truly the cause of the improvement in behaviour or not (Zechmeister, et al., 2001: 226).

## References

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