

# The structuralism and functionalism psychology essay



**ASSIGN  
BUSTER**

Structuralism and Functionalism were two important schools of psychology in the 1800s Benjafield, 2010. Structuralism is focused on breaking down mental processes into the most elementary components (Ney, 2012).

Structuralists used techniques such as introspection to analyze the inner processes of the human mind. Like the names of the schools imply, structuralism was about reducing mental processes into the most basic building blocks of the mind through perception and introspection. Some of the major structuralist thinkers include Wilhelm Wundt and Edward Titchener.

Functionalism formed as a reaction to the theories of structuralism and was heavily influenced by the work of William James, John Dewey, and Harvey Carr (Benjafield, 2010). Functionalism emerged in relation to the movement against reductionist thinking, while also borrowing from Charles Darwin's work on evolution. Instead of focusing on the mental processes themselves, functionalist thinkers were instead interested in the role that these processes play. In relation to Structuralism, Functionalism focused more on the reason behind thoughts and behavior and how they related to evolution and how humans adapted to surroundings.

Wilhelm Wundt designed the first experimental lab for psychology and conducted precursor experiments to Structuralism. Many of his experiments involved a stimulus such as a metronome and recording patient's self-reported reactions and feelings towards the stimulus. His student Titchener expanded on Wundt's work, rejecting some of it, to form the Structuralism school of psychology. Unlike Wundt, Titchener believed psychology could one day be on par with the other natural sciences. To Titchener the goal of

<https://assignbuster.com/the-structuralism-and-functionalism-psychology-essay/>

science was to describe, so the goal of psychology was to describe the general human mind. He aimed to reduce mental processes to their simplest components, a mechanistic approach: he wanted to find out how basic structures work together and interplay with each other. Uninterested in children, animals, applied psychology or any but the most basic building blocks of mental processes.

Major criticisms of structuralism revolved around introspection. Some argued that the act of introspection changed the experience. There was little agreement between introspectionists and introspection lacked generality. Another downside was that introspectors had to be highly trained. Titchener published a rigid instruction guide called "Experimental Psychology: A Manual of Laboratory Practice." He believed there could not be any valid experiments besides introspection, and that science can only be done with observable events. Therefore all of his experiments were performed by trained researchers, acting as the observer and experimenter. Some argued that the act of introspection changed the experience. Introspection also provided no predictive ability.

William James founded functionalism, a reaction to the reductive and simplistic structuralism. He considered introspection to be too subjective and prone to bias, and unlike structuralism, functionalism placed value on action-oriented applied psychology. Instead of trying to find the structure of cognitive processes, William James and other functionalists attempted to describe the function mental processes served. This school of psychology was greatly influenced by the work of Charles Darwin; James borrowed Darwin's theory that mental processes evolve over time to adapt to the <https://assignbuster.com/the-structuralism-and-functionalism-psychology-essay/>

changing environment. James Dewey, one of James's functionalist successors, developed a concept called the "Reflex Arc." He used it to describe the circular nature of the stimulus-response relationship. What one considers the stimulus and response depends on the situation. This was very different from Wundt's and Titchener's experiments, which clearly defined the stimulus and the response.

Structuralism versus functionalism amounts to attempting to simply describe cognition versus attempting to explain the function served by it, and why certain thoughts and behaviors contribute to evolutionary fitness. Functional psychology, though no longer in practice today, became the precursor for behaviorism and evolutionary psychology. Structuralism is also extinct today.

## Part 2

2. How does the behaviorist school contrast with the molar view of the Freudians, the Neo-Freudians, and the Existentialists. What was the Zeitgeist that gave rise to the development of behaviorism, psychoanalytic and existential approaches? 25 pts

Theory of personality that Freud introduced together with its concepts, many deemed romantic, unprovable and sometimes obscene, has shaped the way humans view themselves in many cases. He introduced concepts of the unconscious, id, ego, superego, repression, anxiety and others, sufficient tools in explaining any behavior encountered.

In contrast, Skinner proposed a theory focusing on different aspects of personality and behavior, presenting new ideas of 'operant conditioning' and 'reinforcers', claiming that, which is unobservable should be excluded, as it is an unnecessary obstacle in psychology and interpretation of behavior.

Today, all unwittingly use Freud's and Skinner's ideas in their conduct and encounter the underlying principles of these two theories in everyday life, but the theories take on a different form when directly applied to interpretation of behavior.

In the psychoanalytic theory, the unconscious is necessary, indeed vital for the existence of the drives and desires that rest within it. This much-attacked entity inhabits the repressed id functions, primitive impulses, memories, images and wishes that provoke anxiety and therefore cannot be accepted into the conscious domain of the mind (Reber, 1985).

The unconscious domain is needed to account for one's behavior. Many psychological processes occur within one's mind that lead to the performance of certain acts. Sometimes the motivation behind these acts cannot be found within the consciousness and the consciousness offers no evidence of the existence of those motivations. Evidently, the consciousness fails to offer an explanation for some things and it is for this reason that the unconscious is essential in the interpretation of behavior and personality (Freud, 1984).

The proof of the existence of the unconscious lies in the observation of the use of the knowledge acquired during one's lifespan. A person is not continually aware of all information they have acquired. Only certain

<https://assignbuster.com/the-structuralism-and-functionalism-psychology-essay/>

information is selected to be actively used and that resides in the consciousness. The rest is "psychically unconscious" (Freud, 1984: p 168). It is for this reason the existence of the unconscious cannot be denied (Freud, 1984).

The Behaviorists, on the other hand, see the human being as a product of conditioning, as based on the environmental exposure of that person. Therefore, the actions of a person have a source that is derived from experience or a triggered train of thought, brought on by a learned understanding. The mechanism of action/belief therefore is sourced in learning, not heredity or instinct.

The existential and objective trends, predicted over a decade ago by Rogers, have been clearly manifested. Existentialists and behaviorists, viewing one another as stereotypic models, have failed

to see their common underlying humanistic assumption. No longer

need the two schools be separated by the free will-determinism duality.

As behavioural technology advances, behaviourism leaves the Skinner

box and becomes more prepared to assume the challenges of confronting

human complexities. However, behaviourists still lack the

semantically "warmer" language with which to communicate their

increasingly broadening scope of activities.

Perhaps the most basic difference between existentialist and

behaviorist is their underlying assumptions in, respectively,

free will and determinism. The question which pits determinism

versus free will is a well-worn one, if not dead and buried.

Behaviorists are unequivocal in their belief in the predetermined

nature of our universe and all the individual events

within it. Antipathetic to this are the existentialists, who revel

in the spontaneous unpredictability of free will. The fortress

54

#### EXISTENTIALISM AND BEHAVIORISM

of determinism is most easily defended with logic and mathematical

reason; that of free will fares better with individual

participation in existentially-oriented milieus and the resulting

emotional affect.

The concept of the *Zeitgeist*, or spirit of the times, has traditionally been an

important component of understanding and teaching the history of

psychology. A simple exercise was described for encouraging students in the

history of psychology course to think about the *Zeitgeist* in modern America.

The students identified salient national and international events as well as general social trends. A comparison of the themes that psychology majors identified in 1985 and 1991 provided information about the interaction of students' concerns and their conception of psychology as a discipline. The increasing professionalization of psychology may create new opportunities for these students to apply scientific knowledge but raises questions regarding employment in the field. We argued that this classroom activity has general value, both for increasing students' understanding of the Zeitgeist concept as it is used in the history of psychology and for encouraging recognition of the forces that shape the science. The exercise is also useful for giving instructors some insight into the concerns of people who are majoring in psychology today.

### Part 3

3. Discuss the relevant similarities and differences between Cognitive Theory and Psychoanalytic Theory. Cite some of the major tenets of each theory using the works and writings of the major contributors to each school of thought. 25 pts

Whereas Freudian psychoanalysis can take months or even years to yield a result (Grossman, 2003), CBT can bring measurable improvement in considerably less time (To-lin, 2010). Indeed, two of the most common complaints about Freudian psychoanalysis are that it is time-consuming and expensive (Tridon, 1921). On the other hand, CBT tends to ignore the effects of an individual's history in favor of a shallow analysis of the here and now.



(Leader, 2008, para. 28) and thus neglect the patient's long-term needs in favor of short-term improvement in the quality of life.

While both aim to reduce symptoms and distress, perhaps the most central difference between CBT and psychodynamic therapy is that psychodynamic therapy tries to get at why you feel or behave the way you do (i. e., uncover deeper and often unconscious motivations for feelings and behavior) whereas CBT does not. CBT simply attempts to alleviate suffering as quickly as possible by training your mind to replace dysfunctional thought patterns, perceptions, and behavior (without asking more about them) with more realistic or helpful ones in order to alter behavior and emotions.

Within this flexibility, there should be an attempt to understand the complex interconnection of schemas that produce physiological and behavioral reactions in all areas of an individual (Claessens, 2010). Pyromaniacs have responded to cognitive and behavioral treatments designed to augment a person's awareness of the emotions that lead up to a fire-setting episode and also provide alternate ways of dealing with those emotions (Impulse Control Disorders, 2001). With an environmental aspect in mind, a treatment could be created that integrates with ACT. This treatment would be for individuals that have severe impulsivity issues and would contain an approach that supports their behaviors by initially allowing fire-setting individuals to literally set their own fires.

The second wave involves the addition of the cognitive model. This model is based on how interpretations or misinterpretations are created and how they eventually relate to the individual's affective experiences and the behavior

that is manifested. (Wenzel, Brown, & Beck, 2009). The combination of behavioral and cognitive aspects in this wave is the use of reinforcers that are directly related to personal experiences. Meaning, that the exposure of thoughts, reinforcers, and behaviors to the client will help in the realization of negative thought patterns in relation to their situation. Thus, in the true essence of CBT, they will be able to scrutinize themselves, the world, and the future. The hope is that the client will work, with the therapist, towards beneficial life changes (Wenzel, Brown, & Beck, 2009).

In a study by Grant & Kim (2001), they noted that both distorted cognitions and behaviors need to be addressed in pathological gambling. Since CBT aims to link awareness of one's thoughts to their behaviors (Wenzel, Brown, & Beck, 2009), cognitive restructuring can be used to improve control over gambling urges and the negative emotions associated with gambling. In addition, CBT-based strategies to directly modify behaviors and develop skills in social communications, assertiveness, and adaptive behavioral coping have been shown to help. As stated by Grant & Odlaug (2010), CBT treatments appear to be effective for pathological gambling, but few studies have compared interventions or examined whether multiple combinations of treatments are more beneficial. In addition, no study has examined whether certain individuals with pathological gambling would benefit from specific CBT treatments along with a medication (Grant & Odlaug, 2010).

The originator of the psychodynamic approach, Freud, pushed the idea of the development of the Id, Ego, and Superego: the Id, being the foundation of the pleasure principle, the Ego, serving the Id on the basis of reality, and the

<https://assignbuster.com/the-structuralism-and-functionalism-psychology-essay/>

Superego, being the “scolding mother” of the other two constructs. The mental defense mechanisms are believed to occur when the id and ego conflict. These automatic defenses function unconsciously and are thought to protect the individual from anxiety by distorting reality. While they preserve the individual from continually panic, they are not an effective approach to resolve issues. Due to belief that these defenses generally out of conscious control of the client, it is the therapist’s goal to discover, interpret, and reveal these defenses to the client.

In contrast with client-centered therapy, in the psychodynamic approach therapists use reconstruction to approximate what may have happened in the past that has led to the client’s current issue. The therapist directs the client to free associate by verbalizing their thoughts, fantasies, and dreams. From this, the analyst considers the unconscious conflicts that may be causing the client’s symptoms and personality problems; then, the therapist deduces explanatory ideas from them for the client. Additionally, psychodynamic therapists employ interpretation of the patient’s unconscious conflicts (that usually began from an earlier period of life) that are interfering with present day functioning.

Quite the opposite from the client-centered style, the patient may be asked to recline on a sofa with the therapist out of view. This style of therapist/client interaction is believed to (through the interpretation of the therapist) permit the patient to remember added experiences, struggle with more resistance and transference, and be able to more deeply realize thoughts after finding insight within their issues. In comparison, with client-centered approach, the therapist must look the human context of the

<https://assignbuster.com/the-structuralism-and-functionalism-psychology-essay/>

internal emotional growth of the individual with a focus on the subjective meaning, the present, a concern for positive growth rather than pathology, and the idea that we are not all predetermined to live a life without volition.

#### Part 4

4. What is the importance of diversity in psychology? Are all of the assumptions that underlie the theoretical approaches in psychology applicable across race, ethnicity and gender? If so, why? If not, why not? Give examples to support your argument. 25 pts

According to Thomas & Sillens (1972), some minority clients lack confidence in the counseling process because white therapists provide solutions appropriate to Whites. In a cross-culturally aware environment, the client has the benefit of detailed, relevant information, and thus the client becomes the most qualified one to generate options. While the recommendation that all people working in the mental health field receive some sort of cultural education may be helpful, it alone is not enough for effective and comprehensive treatment. Any information acquired should to be cognitively reformed into the individual using strategies to communicate more efficiently to other ethnicities. A dictator-therapist who simply answers and gives the solutions to an issue without taking into account culture, race, or religion is not very effective (Sue & Sue, 2007).

While some clients may challenge the ability of the therapist, this is more likely to occur when dealing with cross-cultural clients (Berzoff, et al., 2007).

When a client states or implies that the therapist does not understand

because of the differences in client-therapist experiences, the appropriate  
<https://assignbuster.com/the-structuralism-and-functionalism-psychology-essay/>

response is to acknowledge that the client and therapist do have different life experiences (Hollander, 2008). Then, together, the client and therapist can explore the possibilities of the therapist's being capable of assisting the client in working through problems even if their experiences are not identical. Consequently, a therapist's expertise lies in the process of facilitation, ethnic understanding, and a willingness to listen - while not pretending to know all of the client's experiences, feelings, or culture.

Culture-centered therapy and effective therapy with diverse underserved populations are mutually interconnected. An effective therapist requires a multicultural approach to offer clients the conditions that respect them as an individual, while concurrently providing some sort of solidarity through which two people can relate (Hayes, 2010). Questions that the therapists ask are unavoidably "culturally encapsulated" (Freeman, 1993). Meaning that therapist's cultural point of view is created by their society, their experiences, and their academic knowledge. A suitable therapist must understand diverse populations look deeply into their community for guidance and answers (Kruse & Aten, 2007). Especially within underserved populations, community-based services are placed in the neighborhood in which they are needed instead of only providing them psychological services in a hospital arena. The significance of a community-based service is that it allows more accessibility to mental health examinations, shows other cultures do care about the community, and also increases the likelihood that related services will rise in community. Unfortunately, even though community-based programs are thought to be very effective, there is the

recurring problem involving a scarcity of knowledgeable providers who can assist the underserved (Kruse & Aten, 2007).

There have been many explanations for the lack of for mental health services for ethnic minority population. Much of the time, it's due to the lack of bi or multi-lingual therapists (Steenbarger, 1993). Past the language barrier, it is the lack of understanding of the therapists who are non-members of the minority population. As stated by Sue (1988), one of the most common criticisms of conducting therapy with minority clients "[is] the lack of bilingual and bicultural therapists who can communicate and can understand the values, lifestyles, and backgrounds of these clients" (as cited by Steenbarger, 1993). Therefore, we can see that most likely reason that this population is not receiving therapy is because of lack of ability of therapists to provide culturally receptive types of treatment. From this reasoning, it can be suggested that many therapists (who were trained many years ago) are not familiar with much of background and behaviors of many of the ethnic and underserved populations. Additionally, many of these therapists received their psychological training that was principally developed for the white mainstream American (Steenbarger, 1993). To be an ethnically knowledgeable therapist, one must make sure to clarify responses to the client so that communication is clear and what is spoken by the psychologist actually reflects what the client meant. So, in order for the therapist to reflect the client's statements properly, the therapist has to have some knowledge of the client's cultural background and make an effort to connect the client's statements in the correct context.

Steenbarger (1993) suggested that, overall, an ethnic population does have a desire for a relationship with a therapist; someone who is thought of as an authority who treats mental issues and can be trusted. However, many first and second generation non-white ethnic minorities do not trust white therapists. Within their cultural, some have “ encountered so many historical and contemporary wrongs and hardships at the hands of white Americans that they tend to view whites in general with varying degrees of suspicion and hostility. Therefore, in counseling, they are apt to be on guard against being duped or hoodwinked by people they have come to consider untrustworthy” (Krous & Nauta, 2005). This leads them to not self-disclose with the majority of white American psychologists. As we know, self disclosure is one of the most important parts of therapy. Furthermore, with some cultures, such as Asians or Hispanics, it seems as if they are acculturated to not express their emotions - especially in public. However, this lack of self-disclosure is not usually because they are unable, but it's due to more of an apprehension to do so in some circumstances with certain people (Yehieli & Grey, 2005). While recommending that all people in the mental health field receive some sort of cultural education can be seen as helpful, it's not enough for effective treatment and resolution of the situation. The acquired information needs to be mindfully processed. Then, it can be altered into one using strategies to relate to an individual from another ethnicity. The reality may be that the authoritative and directive therapist who simply answers and gives the solutions to the cross-cultural client's issues is not effective.

However, in client-centered therapy, the therapist's position is someone whose role is to help, but also, not wield any particular power over others (Sollod, R. 1978). Client-centered therapy focuses on the relationship between therapist and client. The client is the center of the therapeutic process and the therapist must listen and try to appreciate the emotions, behavior, and the overall well-being from the client's point of view. It gives the idea that, inherently, humans have the ability to maximize their own potential - also known as the self actualizing tendency. The mission of client-centered therapy is for the therapist to create a positive environment where this predisposition may grow. What makes this approach exceptional is the non-directiveness in therapy; something that can be seen as a positive in a culture that has a great deal of mistrust with either psychologists or Americans. The therapist faces the client and uses verbal and non-verbal empathetic behavior to show to the client actual interest in their problems. Clients get to keep control over the substance and tempo of the therapy. From the clients' point of view, it can be said that the therapist isn't judging them or evaluating them. In other words, the focal point of client-centered approach is that the therapist is listening, reflecting, and supporting the client with unconditional positive regard. In diverse populations, this can be an extraordinary occurrence. The therapist places a significant emphasis on the client's current experiences over the influence of precedent experiences.

Rogers, the most awesome person ever (1957; 1959), acknowledged that there are six necessary and sufficient conditions required for therapeutic change: Therapist-Client Psychological Contact - a relationship between client and therapist must exist, and it must be a relationship in which each



person's perception of the other is important. Client incongruence - that incongruence exists between the client's experience and awareness. In addition, the client is susceptible to anxiety which motivates them to sustain the relationship. Therapist Congruence (Genuineness) - the therapist is congruent within the therapeutic relationship. The therapist is actually involved with the client; they are not just portraying care. Furthermore, the therapist can look to their own experiences and self-disclosure to assist the relationship. The Therapist's Unconditional Positive Regard - the therapist recognizes the client's emotions unconditionally. This infers that there is a relationship without judgment, disapproval or approval. This increases self-regard in the client. Now, there is an ability for the client to become aware of the experiences in their lives that have led them to have a distorted self-image. Empathic Understanding - the therapist acknowledges a deeper empathic understanding of the client's internal belief system. A more precise empathy on the part of the therapist helps the client see that the therapist truly cares and has their best interest in mind. Finally, Client Perception - an important aspect, in which the client actually believes that there is empathic understanding and that the therapist actually has unconditional positive regard towards them.

As a result, client-centered therapy is an effective therapy to use with diverse underserved populations. There is an interconnectedness between the two because a therapist must have a cross-cultural approach to offer clients the conditions that respect them as an individual, while concurrently providing some sort of camaraderie through which two human beings can relate (Freeman, 1993). Questions that the therapists ask are unavoidably “

culturally encapsulated” (as cited by Freedman, 1993). Meaning that therapist’s cultural point of view is created by their society, their experiences, and their schooling. It must be understood that these diverse populations deep into their community for guidance and answers (Kruse & Aten, 2007). Especially within the underserved, community-based services are placed in the neighborhood in which they are needed instead of only providing them psychological services in a hospital arena. The significance of this community-based service is that it allows more accessibility to mental health examinations, shows other cultures do care about the community and want to be in contact. The community based services also increases the likelihood that related psychological services will rise in community. Even though community-based programs are thought to be very effective, as stated above, there is a lack of providers who can attend to the underserved (Kruse & Aten, 2007).

Regardless, the humanistic way of thinking has the purpose of integrating an interpersonal atmosphere. The environment should provide a “communication system” in which the therapist is “free from making assumptions about the client” (Goldstein, 1986). This way, the counselor’s attitudes and values will have less opportunity to be imposed on the client. The communication, then, must originate in the client - from the client’s point of view. For this environment to be created, the counselor’s role is to respond to the client with limit initiation. Counselors should educate themselves about the culture-specific influences, such as the meaning of relationships and boundaries of appropriate behavior. Equally important is

that the counselor listens to this specific client to gain an understanding of how closely identified this client is with their culture.

In a culturally respectful therapy environment, the clients must be the one deciding how their solutions should take shape based on self-context. This is due to any solution generated by the therapist comes from their own perspective, values, and culture. It should be obvious that when the patient is the one who decides the treatment options, there will be less bias overall.

In addition, the reality is that any solution that coming from a culturally outside therapist can be seen as an “ unknown” perspective because no therapist can know all that the client knows about their life situation.

According to Thomas and Sillens (1972), some minority clients may lack confidence in the therapy process because white therapists seem to provide the solutions that are primarily directed to whites. Due to this feeling of doubt a client may have, they might see the therapist as ingenious in the solutions that offer due to the belief that it is based on the white value system. In a cross-cultural context, the client has the benefit of detailed, culturally relevant information, and thus is the most qualified one to generate options.

Finally, counselors must be able to be straightforward in the counseling situation. When the counselor in a cross-cultural situation is not familiar with the experience of the client, the counselor must be able to admit a lack of knowledge and a desire to learn. If the counselor is not familiar with the traditional family roles in the client’s culture or the degree to which the client is traditionally oriented, the counselor might try to promote solutions that are inappropriate in the context of the client’s cultural family roles. If the <https://assignbuster.com/the-structuralism-and-functionalism-psychology-essay/>

therapist seems to behave as if he or she know the answers to all, they would eventually be exposed, this would only add to the detriment of the therapeutic relationship. When a client suggests that the therapist does not understand an issue due to the differences in experiences, the therapist should be honest and recognize that the client actually does have different life experiences. If therapists are the “ go to guy” for understanding others empathetically, it’s of the utmost importance to facilitate a discussion and to listen. We should not pretend to know all of the client’s experiences, feelings, or cultures.