CHAPTER PREVIEW

Mental health therapies include psychological therapies and biomedical therapies. Therapists using an eclectic approach draw from a variety of techniques. In fact, half of all psychotherapists describe themselves as taking an eclectic approach. Psychotherapy integration attempts to combine a selection of assorted techniques into a single, coherent system.

Psychoanalysts use free association and the interpretation of dreams, resistances, and transfer-ence to help their patients gain insight into the unconscious origins of their disorders and to work through the accompanying feelings.

Humanistic therapy focuses on clients’ conscious feelings and on their taking responsibility for their own growth. Client-centered therapists use active listening to express genuineness, acceptance, and empathy.

Behavior therapists emphasize the direct modification of problem behaviors. They use exposure therapies such as systematic desensitization and aversive conditioning, and they may also apply operant conditioning principles with techniques such as token economies.

Cognitive therapies aim to change self-defeating thinking by training people to view themselves in new, more positive ways. Cognitive-behavior therapists aim to change the way people act as well as alter the way they think.

Except for traditional psychoanalysis, these various types of therapies may also occur in therapist-led small groups. One special type of group therapy, family therapy, assumes that no person is an island.

Research on the effectiveness of therapy indicates that people who receive therapy are more likely to improve than the untreated. However, the friendly counsel of paraprofessionals also tends to produce more improvement than occurs with untreated people.

Administration of antipsychotic, antianxiety, and antidepressant drugs, and mood-stabilizing medications constitutes the most widely used biomedical therapy. Electroconvulsive therapy, although controversial, continues to be an effective treatment for many severely depressed people who do not respond to drug therapy. Gentler alternatives to ECT are now being used.

Psychosurgery is rarely used to alleviate specific problems largely because the effects are irreversible and potentially drastic.

Preventive mental health experts aim to change oppressive, esteem-destroying environments into more benevolent, nurturing environments that foster individual growth and self-confidence. The biopsychosocial approach recognizes that effective treatment of psychological disorders must consider biological, psychological, and social-cultural factors.
1 Discuss how psychotherapy, biomedical therapy, and an eclectic approach to therapy differ.

Psychotherapy is an emotionally charged, confiding interaction between a trained therapist and someone who suffers from psychological difficulties. The biomedical therapies are prescribed medical procedures that act directly on the patient’s nervous system. Half of all therapists describe themselves as taking an eclectic approach in which they use techniques from various forms of therapy depending on the client’s problem. Psychotherapy integration combines a selection of assorted techniques into a single, coherent system.

The Psychological Therapies

2. Define psychoanalysis, and discuss the aims of this form of therapy.

Psychoanalysis is Sigmund Freud’s therapeutic approach of using the patient’s free associations, resistances, dreams and transference, and the therapist’s interpretations of them, to help the person release repressed feelings and gain self-insight. The goal of psychoanalysis is to help people gain insight into the unconscious origins of their disorders, to work through the accompanying feelings, and to take responsibility for their own growth.

3. Describe some of the methods used in psychoanalysis, and list some criticisms of this form of therapy.

Psychoanalysts draw on techniques such as free association (saying aloud anything that comes to mind), resistances (the defensive blocking from awareness of anxiety-laden material) and their interpretation, and other behaviors such as transference (transferring to the therapist of long-repressed feelings). Freud also believed that the latent content of dreams was another clue to unconscious conflicts. Like the psychoanalytic perspective on personality, psychoanalysis is criticized because its interpretations are hard to prove or disprove and because it is time-consuming and costly. The recent challenge to repressed memories, on which much of psychoanalysis is built, is also provoking intense debate.

4. Contrast psychodynamic therapy and interpersonal therapy with traditional psychoanalysis.

Today, there are relatively few traditional psychoanalysts. Most have been replaced by therapists who make psychodynamic assumptions, that is, those who try to understand patients’ current symptoms by exploring their childhood experiences and by exploring the therapist-patient relationship. They may also help the person explore defended-against thoughts and feelings. However,
they talk with the patient face-to-face, once a week, and for only a few weeks or months. Interpersonal psychotherapy, a brief alternative to psychodynamic therapy, emphasizes symptom relief in the present, not overall personality change. The therapist also focuses on current relationships and the mastery of relationships skills. It has been found effective with depressed patients.

5. Identify the basic characteristics of the humanistic therapies, and describe the specific goals and techniques of Carl Rogers’ client-centered therapy.

Humanistic therapists focus on clients’ current conscious feelings and on their taking responsibility for their own growth. In emphasizing people’s inherent potential for self-fulfillment, they aim to promote growth rather than to cure illness. In his client-centered therapy, Rogers used active listening to express genuineness, acceptance, and empathy. This technique, he believed, would help clients to increase their self-understanding and self-acceptance. The therapist interrupts only to restate and confirm the client’s feelings, to accept what the client is expressing, or to seek clarification. The client-centered counselor seeks to provide a psychological mirror that helps clients see themselves more clearly.

6. Explain how the basic assumption of behavior therapy differs from those of traditional psychoanalytic and humanistic therapies.

Traditional psychoanalysts attempt to help people gain insight into their unresolved and unconscious conflicts. Humanistic therapists help clients to get in touch with their feelings. In contrast, behavior therapists question the therapeutic power of increased self-awareness. They assume problem behaviors are the problems and thus do not look for inner causes. Instead, they apply learning principles to eliminate a troubling behavior.

7. Define counterconditioning, and describe the techniques used in exposure therapies and aversive conditioning.

Counterconditioning is a behavior therapy procedure, based on classical conditioning, that conditions new responses to stimuli that trigger unwanted behaviors. Exposure therapies treat anxieties by exposing people to the things they fear and avoid. In systematic desensitization, a prime example of exposure therapy, a pleasant, relaxed state is associated with gradually increasing anxiety-triggering stimuli. This procedure is commonly used to treat phobias. Virtual reality exposure therapy equips patients with a head-mounted display unit that provides vivid simulations of feared stimuli, such as a plane’s takeoff. In aversive conditioning, an unpleasant state (such as nausea) is associated with an unwanted behavior (such as drinking alcohol). This method works in the short run, but for long-term effectiveness it is combined with other methods.

8. State the main premise of therapy based on operant conditioning principles, and describe the views of proponents and critics of behavior modification.

Operant conditioning therapies are based on the premise that voluntary behaviors are strongly influenced by their consequences. Behavior therapists apply operant conditioning principles by reinforcing desired behaviors while withholding reinforcement for undesired behaviors. The rewards used to modify behavior vary from attention or praise to more concrete rewards such as food. In institutional settings, therapists may create a token economy in which a patient exchanges a token of some sort, earned for exhibiting the desired behavior, for various privileges or treats. Critics express two concerns: First, what happens when the reinforcers stop? Might the person have become so dependent upon the extrinsic rewards that the appropriate behaviors quickly disappear? Second, is it ethical for one person to control another’s behavior?

9. Contrast cognitive therapy and cognitive-behavior therapy, and give some examples of cognitive therapy for depression.

Cognitive therapists assume that our thinking colors our feelings, and so they try to teach people who suffer psychological disorders new, more constructive ways of thinking. Cognitive-behavior therapists combine the reversal of self-defeating thinking with efforts to modify behavior. They
aim to make people aware of their irrational negative thinking, to replace it with new ways of thinking and talking, and to practice the more positive approach in everyday settings.

In treating depression, Aaron Beck seeks to reverse clients’ catastrophizing beliefs about themselves, their situations, and their futures. His technique is a gentle questioning that aims to help people discover their irrationalities. In stress inoculation training, people suffering depression learn to dispute their negative thoughts and to restructure their thinking in stressful situations. Still other therapists teach depressed adults to interpret life events as nondepressed people do, for example, to take credit for their successes.

10. Discuss the rationale and benefits of group therapy, including family therapy.

The social context provided by group therapy allows people to discover that others have problems similar to their own and to try out new ways of behaving. Receiving honest feedback can be very helpful, and it can be reassuring to find that you are not alone. Many participate in self-help and support groups—for divorced people, the addicted, the bereaved, and those simply seeking personal growth. Family therapy assumes that we live and grow in relation to others, especially our families. In an effort to heal relationships, therapists help family members discover the role they play within the family’s social system.

Evaluating Psychotherapies

➤ Lectures: The Consumer Reports Study; Fringe Medicine; Thinking Errors and Clinical Judgment; Evaluating Self-Help Resources; Therapy and the Nature of the Problem; Writing about Emotional Experiences as Therapy; Psychological Treatments Versus Psychotherapy; Pets in Therapy; Trepanation; Autobiographies; Mental Health Values of Professional Therapists
➤ PsychSim 5: Mystery Therapist
➤ Transparency: 158 Therapists and Their Training
➤ Videos: Module 3 of The Mind series, 2nd ed.: The Placebo Effect: Mind-Body Relationship; Module 41 of Psychology: The Human Experience: Empirically Validated Therapies; Program 1 of Moving Images: Exploring Psychology Through Film: The Scientific Attitude: Testing Therapeutic Touch

11. Explain why clients tend to overestimate the effectiveness of psychotherapy.

Clients tend to overestimate the effectiveness of psychotherapy because they enter therapy in crisis. With the normal ebb and flow of events, the crisis passes and people attribute their improvement to the therapy. Clients may also need to believe that the investment of time and money has been worth it. Finally, clients generally speak positively of therapists who have been very understanding and who have helped them gain a new perspective. Research has generally not supported clients’ estimates of therapy’s effectiveness.

12. Give some reasons why clinicians tend to overestimate the effectiveness of psychotherapy, and describe two phenomena that contribute to clients’ and clinicians’ misperceptions in this area.

Clients enter therapy when they are extremely unhappy, usually leave when they are less extremely unhappy, and stay in touch only if satisfied. Thus, therapists, like most clients, testify to therapy’s success. Clinicians are mostly aware of other therapists’ failures as clients seek new therapists for their recurring problems.

Two phenomena that contribute to perceived value in ineffective therapies are the placebo effect (the belief a treatment will work) and regression toward the mean (the tendency for extremes of unusual scores to fall back toward the average). Feeling low tends to be followed by our return to a more normal state and anything we tried in the interim may seem effective.

13. Describe the importance of outcome studies in judging the effectiveness of psychotherapies, and discuss some of these findings.

Randomized clinical trials assign people on a waiting list to therapy or no therapy. Research that includes use of meta-analysis reveals that (1) people who remain untreated often improve; (2) those who receive psychotherapy are more likely to improve, and (3) when people seek psy-
chological treatment, their search for other medical treatment declines, compared with their counterparts on waiting lists.

14. **Summarize the findings on which psychotherapies are most effective for specific disorders.**

No one therapy has been shown to be best in all cases, nor is there any relationship between clinicians’ experience, training, supervision, and licensing and their clients’ outcomes. Some therapies are, however, well suited to particular disorders such as cognitive, interpersonal, and behavior therapies for depression; cognitive, exposure, and stress inoculation therapies for anxiety; cognitive-behavior therapy for bulimia; and behavior modification for bedwetting. In addition, behavioral conditioning therapies achieve especially favorable results in treating phobias, compulsions, marital problems, and sexual disorders. Therapy is most effective when the problem is clear-cut.

15. **Evaluate the effectiveness of eye movement desensitization and reprocessing (EMDR) and light exposure therapies.**

In **eye movement desensitization and reprocessing (EMDR)** therapy, the therapist waves a finger in front of the eyes of the client to unlock and reprocess previously frozen trauma memories. Scientific testing has not supported the effectiveness of EMDR; belief in its effectiveness may be explained in terms of the placebo effect. In contrast, the light exposure therapies (exposure to daily doses of light that mimics outdoor light) have proven effective in treating people with **seasonal affective disorder**, a form of depression linked to periods of decreased sunlight.

16. **Describe the three benefits attributed to all psychotherapies.**

Despite their differences, all therapies offer at least three benefits. First, they all offer the expectation that, with commitment from the patient, things can and will get better. Second, every therapy offers people a plausible explanation of their symptoms and an alternative way of looking at themselves and responding to their worlds. Third, regardless of their therapeutic technique, effective therapists are empathic people who seek to understand another’s experience, whose care and concern the client feels, and whose respectful listening, reassurance, and advice earn the client’s trust and respect. In short, all therapies offer hope for demoralized people, a new perspective on oneself and the world, and an empathic, trusting, caring relationship.

17. **Discuss the role of values and cultural differences in the therapeutic process.**

Psychotherapists’ personal beliefs and values influence their therapy. While nearly all agree on the importance of encouraging clients’ sensitivity, openness, and personal responsibility, they differ sharply on the pursuit of self-gratification, self-sacrifice, and interpersonal commitment. Value differences also become important when a client from one culture meets a therapist from another. For example, clients from a collectivist culture may have difficulty with a therapist who requires them to think independently. Such differences may help explain the reluctance of some minorities to use mental health services. Most agree that therapists should divulge their values more openly.

**The Biomedical Therapies**

- Lectures: SSRI Antidepressants; Cosmetic Psychopharmacology; A Pill for Stage Fright (Anxiety); Electroconvulsive Therapy; Cingulotomy
- Transparency: 159 Biology of Antidepressants
- Videos: Module 33 of *The Mind* series, 2nd ed.: Mood Disorders: Medication and Talk Therapy; Module 28 of *The Brain* series, 2nd ed.: Schizophrenia: Pharmacological Treatment; Video Clip 34 of Digital Media Archive: Psychology: Schizophrenia; Module 34 of *The Mind* series, 2nd ed.: Treating Depression: Electroconvulsive Therapy (ECT); Video Clip 37 of Digital Media Archive: Electroconvulsive Therapy
18. Define psychopharmacology, and explain how double-blind studies help researchers evaluate a drug's effectiveness. 

Psychopharmacology, the study of the effects of drugs on mind and behavior, has revolutionized the treatment of severely disordered people. To evaluate the effects of any new drug, researchers used the double-blind technique, in which half the patients receive the drug while the other half receive a placebo. Because neither staff nor patients know who gets which, this research strategy eliminates bias that results from therapists’ and patients’ expectations of improvement. Using this approach, several types of drugs have proven effective in treating psychological disorders.

19. Describe the characteristics of antipsychotic drugs, and discuss their use in treating schizophrenia.

Antipsychotic drugs, such as chlorpromazine (sold as Thorazine), provide help to people experiencing the positive symptoms of auditory hallucinations and paranoia by dampening their responsiveness to irrelevant stimuli. Clozapine (sold as Clozaril) helps reanimate schizophrenia patients with the negative symptoms of apathy and withdrawal. Long-term use of the first generation drugs (e.g., Thorazine) block D2 dopamine receptors and can produce tardive dyskinesia, which is marked by involuntary movements of facial muscles, tongue, and limbs. New-generation antipsychotics (e.g., clozapine) target D1 dopamine receptors and seem to increase the risk of obesity and diabetes.

20. Describe the characteristics of antianxiety drugs.

Antianxiety drugs such as Xanax and Ativan depress central nervous system activity. Used in combination with other therapy, they can help people learn to cope with frightening stimuli. Antianxiety drugs can be both psychologically and physically addictive.

21. Describe the characteristics of antidepressant drugs, and discuss their use in treating specific disorders.

Antidepressants aim to lift people up, typically by increasing the availability of the neurotransmitters norepinephrine and serotonin. For example, fluoxetine (Prozac) blocks the reabsorption and removal of serotonin from the synapses. Other dual action antidepressants work by blocking the reabsorption or breakdown of both norepinephrine and serotonin. Although no less effective, these dual-action drugs have more potential side effects, such as dry mouth, weight gain, hypertension, or dizzy spells. Antidepressants influence neurotransmitter systems almost immediately; their full psychological effects may take weeks. The risk of suicide for those taking these drugs has probably been overestimated.

22. Describe the use and effects of mood-stabilizing medications.

The simple salt lithium is often an effective mood stabilizer for those suffering the manic-depressive swings of bipolar disorder. Although lithium significantly lowers the risk of suicide, we do not fully understand how it works.

23. Describe the use of electroconvulsive therapy in treating severe depression, and describe some possible alternatives to ECT.

Electroconvulsive therapy (ECT), or shock treatment, is used for severely depressed patients. A brief electric current is sent through the brain of an anesthetized patient. Although ECT is credited with saving many from suicide, no one knows for sure how it works. Some patients with chronic depression have found relief through a chest implant that intermittently stimulates the vagus nerve, which sends signals to the limbic system. Repetitive transcranial magnetic stimulation (rTMS) is performed on wide-awake patients. Magnetic energy penetrates only to the brain’s surface (although tests are underway with a higher energy field that penetrates more deeply). Unlike ECT, the rTMS procedure produces no seizures, memory loss, or other side effects. Recent studies have confirmed its therapeutic effect.
24. Summarize the history of the psychosurgical procedure known as a lobotomy, and discuss the use of psychosurgery today.

Psychosurgery removes or destroys brain tissue in an effort to change behavior. For example, the lobotomy was once used to calm uncontrollably emotional or violent patients. The nerves that connect the frontal lobes to the emotion-controlling centers of the inner brain are cut. The lobotomy usually produced a permanently lethargic, immature, impulsive personality. Because of these effects and the introduction of drug treatments in the 1950s, the procedure has been abandoned. Other psychosurgery is used only in extreme cases. For example, for patients who suffer uncontrollable seizures, surgeons may deactivate the specific nerve clusters that cause or transmit the convulsions. MRI-guided precision surgery may also be used to cut the circuits involved in severe obsessive-compulsive disorder.

Preventing Psychological Disorders

➤ Lectures: From a Disease Focus to a Wellness Model; Prevention Science; Principles of Effective Prevention Programs
➤ Transparency: 160 A Biopsychosocial Approach to Therapy

25. Explain the rationale of preventive mental health programs.

Preventive mental health experts view many psychological disorders as an understandable response to a disturbing and stressful society. It is not only the person who needs treatment but also the person’s social context. Thus, the aim of preventive mental health programs is to change oppressive, esteem-destroying environments into more benevolent, nurturing environments that foster individual growth and self-confidence. Clearly, a human being is an integrated biopsychosocial system. For example, stress affects body chemistry and health. Effective treatment requires treating biological, psychological, and social-cultural factors.