BIG IDEAS

- The Psychological Therapies
- Evaluating Psychotherapies
- The Biomedical Therapies
- Preventing Psychological Disorders
History of Insane Treatment

Maltreatment of the insane throughout the ages was the result of irrational views. Many patients were subjected to strange, debilitating, and downright dangerous treatments. Philippe Pinel in France and Dorthea Dix in America founded humane movements to care for the mentally sick.

Philippe Pinel (1745-1826)  Dorthea Dix (1802-1887)
Types of Therapies

**Psychotherapy** treatment consisting of an interaction between a trained therapist and a patient seeking treatment.

**Biomedical therapy** uses drugs or other procedures that act on the patient’s nervous system, treating his or her psychological disorders.

An **eclectic approach** uses various forms of healing techniques depending upon the client’s unique problems.
Psychological Therapies

We will look at four major forms of psychotherapies based on different theories of human nature:

1. Psychoanalytic theory
2. Humanistic theory
3. Behavioral theory
4. Cognitive theory
1: What are the aims and methods of psychoanalysis, and how have they been adapted in psychodynamic therapy?
Psychoanalysis

The first formal psychotherapy to emerge was psychoanalysis, developed by Sigmund Freud.
Psychoanalysis: Aims

Freud felt psychological problems originate from childhood repressed impulses and conflicts, so the aim of psychoanalysis is to bring repressed feelings into conscious awareness where the patient can deal with them.

When these id-ego-superego conflicts are released, the patient’s anxiety lessens.
Psychoanalysis: Methods

Dissatisfied with hypnosis, Freud developed the method of free association to unravel the unconscious mind and its conflicts.

The patient lies on a couch and speaks about whatever comes to his or her mind.

Freud also used dream analysis to unravel the unconscious.
Psychoanalysis: Criticisms

1. Psychoanalysis is hard to refute because it cannot be proven or disproven.
2. Psychoanalysis takes a long time and is very expensive.
Psychodynamic Therapy

Influenced by Freud, in a face-to-face setting, psychodynamic therapists understand symptoms and themes across important relationships in a patient’s life.
2: What are the basic themes of humanistic therapy, such as Rogers’ client-centered approach?
Humanistic Therapies

Humanistic therapists aim to boost self-fulfillment by helping people grow in self-awareness and self-acceptance.
Client-Centered Therapy

Developed by Carl Rogers, client-centered therapy is a form of humanistic therapy.

The therapist listens to the needs of the patient in an accepting and non-judgmental way, addressing problems in a productive way and building his or her self-esteem.
Humanistic Therapy

The therapist engages in active listening and echoes, restates, and clarifies the patient’s thinking, acknowledging expressed feelings.
3: What are the assumptions and techniques of the behavior therapies?
Behavior Therapy

Therapy that applies learning principles to the elimination of unwanted behaviors.

To treat phobias or sexual disorders, behavior therapists do not delve deeply below the surface looking for inner causes.
Classical Conditioning Techniques

**Counterconditioning** is a procedure that conditions new responses to stimuli that trigger unwanted behaviors.

It is based on classical conditioning and includes exposure therapy and aversive conditioning.
Exposure Therapy

Expose patients to things they fear and avoid. Through repeated exposures, anxiety lessens because they habituate to the things feared.

Can involve exposing people to fear-driving objects in real or virtual environments.

Professor Gallagher and his controversial technique of simultaneously confronting the fear of heights, snakes, and the dark.
Systematic Desensitization

A type of exposure therapy that associates a pleasant, relaxed state with gradually increasing anxiety-triggering stimuli commonly used to treat phobias.
Aversive Conditioning

A type of counterconditioning that associates an unpleasant state with an unwanted behavior. With this technique, temporary conditioned aversion to alcohol has been reported.

Figure 15.1, p. 645
Operant Conditioning

Operant conditioning procedures enable therapists to use behavior modification, in which desired behaviors are rewarded and undesired behaviors are either unrewarded or punished.

A number of withdrawn, uncommunicative 3-year-old autistic children have been successfully trained by giving and withdrawing reinforcements for desired and undesired behaviors.
Token Economy

In institutional settings, therapists may create a token economy in which patients exchange a token of some sort, earned for exhibiting the desired behavior, for various privileges or treats.
4: What are the goals and techniques of the cognitive therapies?
Cognitive Therapy

Teaches people adaptive ways of thinking and acting based on the assumption that thoughts intervene between events and our emotional reactions.

Figure 15.2, p. 647
Beck’s Therapy for Depression

Aaron Beck (1979) suggests that depressed patients believe that they can never be happy (thinking) and thus associate minor failings (e.g. failing a test [event]) in life as major causes for their depression.

Beck believes that cognitions such as “I can never be happy” need to change in order for depressed patients to recover. This change is brought about by gently questioning patients.
Stress Inoculation Training

Meichenbaum (1977, 1985) trained people to restructure their thinking in stressful situations.

“Relax, the exam may be hard, but it will be hard for everyone else too. I studied harder than most people. Besides, I don’t need a perfect score to get a good grade.”
Cognitive-Behavior Therapy

Cognitive therapists often combine the reversal of self-defeated thinking with efforts to modify behavior.

Cognitive-behavior therapy aims to alter the way people act (behavior therapy) and alter the way they think (cognitive therapy).
5: What are the aims and benefits of group and family therapy?
Group & Family Therapies

Group therapy normally consists of 6-9 people attending a 90-minute session that can help more people and costs less. Clients benefit from knowing others have similar problems.
Family Therapy

Family therapy treats the family as a system. Therapy guides family members toward positive relationships and improved communication.
6: Does psychotherapy work? Who decides?
Is Psychotherapy Effective?

It is difficult to gauge the effectiveness of psychotherapy because there are different levels upon which its effectiveness can be measured.

1. Does the patient sense improvement?
2. Does the therapist feel the patient has improved?
3. How do friends and family feel about the patient’s improvement?
Client’s Perceptions

If you ask clients about their experiences of getting into therapy, they often overestimate its effectiveness.

Critics however remain skeptical because:

1. Clients enter therapy in crisis, but crisis may subside over the natural course of time (regression to normalcy).
2. Clients may need to believe the therapy was worth the effort.
3. Clients generally speak kindly of their therapists.
Clinician’s Perceptions

Like clients, clinicians believe in therapy’s success. They believe the client is better off after therapy than if the client had not taken part in therapy.

1. Clinicians are aware of failures, but they believe failures are the problem of other therapists.
2. If a client seeks another clinician, the former therapist is more likely to argue that the client has developed another psychological problem.
3. Clinicians are likely to testify to the efficacy of their therapy regardless of the outcome of treatment.
Outcome Research

How can we objectively measure the effectiveness of psychotherapy?

Meta-analysis of a number of studies suggests that thousands of patients benefit more from therapy than those who did not go to therapy.

While those who do not undergo therapy often improve, those who do undergo therapy are more likely to improve.
7: Are some therapies more effective than others?
The Relative Effectiveness of Different Therapies

Which psychotherapy would be most effective for treating a particular problem?

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<thead>
<tr>
<th>Disorder</th>
<th>Therapy</th>
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<tr>
<td>Depression</td>
<td>Behavior, Cognition, Interpersonal</td>
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<tr>
<td>Anxiety</td>
<td>Cognition, Exposure, Stress Inoculation</td>
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<td>Bulimia</td>
<td>Cognitive-behavior</td>
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<td>Phobia</td>
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<td>Bed Wetting</td>
<td>Behavior Modification</td>
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8: How do alternative therapies fare under scientific scrutiny?
Eye Movement Desensitization and Reprocessing (EMDR)

In EMDR therapy, the therapist attempts to unlock and reprocess previous frozen traumatic memories by waving a finger in front of the eyes of the client.

EMDR has not held up under scientific testing.
Light Exposure Therapy

Seasonal Affective Disorder (SAD), a form of depression, has been effectively treated by light exposure therapy.

This form of therapy has been scientifically validated.
9: What are three elements shared by all forms of psychotherapy?
Commonalities Among Psychotherapies

Three commonalities shared by all forms of psychotherapies are the following:

1. A hope for demoralized people.
3. An empathic, trusting and caring relationship.
10: How do culture and values influence the therapist-client relationship?
Culture and Values in Psychotherapy

Psychotherapists may differ from each other and from clients in their personal beliefs, values, and cultural backgrounds.

A therapist search should include visiting two or more therapists to judge which one makes the client feel more comfortable.
Therapists & Their Training

Counselors: Marriage and family counselors, pastoral counselors or abuse counselors work with problems arising from family relations, spouse and child abusers and their victims, and substance abusers.

Clinical or Psychiatric Social Worker: They have a Masters of Social Work. Postgraduate supervision prepares some social workers to offer psychotherapy, mostly to people with everyday personal and family problems.
Therapists & Their Training

**Clinical psychologists:** They have PhDs mostly. They are experts in research, assessment, and therapy, all of which is verified through a supervised internship.

**Psychiatrists:** They are physicians who specialize in the treatment of psychological disorders. Not all psychiatrists have extensive training in psychotherapy, but as MDs they can prescribe medications.
11: What are the drug therapies? What criticisms have been leveled against drug therapies?
Drug Therapies

Psychopharmacology is the study of drug effects on mind and behavior.

With the advent of drugs, hospitalization in mental institutions has rapidly declined.
Drug Therapies

However, many patients are left homeless on the streets due to their ill-preparedness to cope independently outside in society.
Antipsychotic Drugs

**Classical antipsychotics** [chlorpromazine (Thorazine)]: Remove a number of positive symptoms associated with schizophrenia such as agitation, delusions, and hallucinations.

**Atypical antipsychotics** [clozapine (Clozaril)]: Remove negative symptoms associated with schizophrenia such as apathy, jumbled thoughts, concentration difficulties, and difficulties in interacting with others.
Antianxiety Drugs

Antianxiety drugs (Xanax and Ativan) depress the central nervous system and reduce anxiety and tension by elevating the levels of the Gamma-aminobutyric acid (GABA) neurotransmitter.

Shown to enhance the benefits of exposure therapy and help relieve symptoms of PTSD and OCD.
Antidepressant Drugs

Antidepressant drugs like Prozac, Zoloft, and Paxil are Selective Serotonin Reuptake Inhibitors (SSRIs) that improve the mood by elevating levels of serotonin by inhibiting reuptake.
Mood-Stabilizing Medications

Lithium Carbonate, a common salt, has been used to stabilize manic episodes in bipolar disorders. It moderates the levels of norepinephrine and glutamate neurotransmitters.
12: How effective is electroconvulsive therapy, and what other brain-stimulation options may offer relief from severe depression?
Brain Stimulation

**Electroconvulsive Therapy (ECT)**

ECT is used for severely depressed patients who do not respond to drugs. The patient is anesthetized and given a muscle relaxant. Patients usually get a 100 volt shock that relieves them of depression.

About 4 in 10 ECT-treated patients relapse into depression within 6 months.
Electroconvulsive Therapy

- Early ECT treatments administered high doses of electricity without anesthesia. This led to memory loss, fractured bones and other serious side effects.
- ECT is much safer today. Although it still causes some side effects, it now uses electrical currents given in a controlled setting to achieve the most benefit with the fewest possible risks.
Alternatives to ECT

Repetitive Transcranial Magnetic Stimulation (rTMS)

In rTMS, a pulsating magnetic coil is placed over prefrontal regions of the brain to treat depression with minimal side effects.

One possible explanation is that the stimulation energizes depressed patients’ relatively inactive left frontal lobe.
13: What is psychosurgery?
Psychosurgery

Psychosurgery is surgery that removes or destroys brain tissue.

Types of psychosurgery:
• Trephining (the practice of drilling holes in the skull — has been in use since 5000 BC)
• Lobotomy – a procedure that cuts the nerves connecting the frontal lobes to the thalamus

Psychosurgery is used as a last resort in alleviating psychological disturbances. Removal of brain tissue changes the mind and is irreversible.
Lobotomy

- Portuguese neurologist Egas Moniz developed the lobotomy in 1935
- In 1945, American neurologist Walter Freeman developed the transorbital lobotomy. He used an ice pick through the eye socket to damage the neural connections between the prefrontal cortex and the thalamus.
Howard Dully’s story
14: How, by caring for their bodies with a healthy lifestyle, might people find some relief from depression?
Mind-Body Interaction

The biomedical therapies assume that mind and body are a unit: affect one and you will affect the other.
Preventing Psychological Disorders

“It is better to prevent than cure.”
Peruvian Folk Wisdom

Preventing psychological disorders means removing the factors that affect society. Those factors may be poverty, meaningless work, constant criticism, unemployment, racism, and sexism.
Psychological Disorders are Biopsychosocial in Nature

**Biological considerations:**
Biomedical techniques, including drug therapy, ECT, and rTMS (and on very rare occasion, psychosurgery) may be used to correct malfunctioning brain circuitry. For example, a patient diagnosed with bipolar disorder (with moods swinging from depression to mania) might be given a prescription for drugs that would reduce her dramatic mood swings.

**Psychological considerations:**
Therapy may help clients gain insight into patterns of thinking and behaving that are causing them distress and leading to dysfunction. *The client with bipolar disorder might be helped to recognize the patterns of relationship damage caused by her mood swings and to develop ways to improve her relationships with family and friends.*

**Social-cultural considerations:**
Therapy can help people relearn more adaptive responses to the social and cultural influences in their environment. To be effective, all types of psychotherapy need to be sensitive to cultural differences in the clients being treated. *The client with bipolar disorder might be trained to recognize the settings and symptoms of her mood swings and to respond in ways that help her retain a healthier balance.*