**Chapter 17**

**Objective 1| Discuss some ways that psychotherapy, biomedical therapy, and an eclectic approach to therapy differ.**Psychotherapy is an emotionally charged, confiding interaction between a trained therapist and someone suffering from psychological difficulties. The biomedical therapies are prescribed medications or medical procedures that act directly on a patient’s nervous system. An eclectic approach to psychotherapy uses techniques from various forms of therapy; psychotherapy integration attempts to combine a selection of assorted techniques into a single, coherent system.

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**Objective 2| Define psychoanalysis, and discuss the aims of this form of therapy.**Psychoanalysis is Sigmund Freud’s therapeutic technique of using a patient’s free associations, resistances, dreams, and transferences, and the therapist’s interpretations of them, to help the person release previously repressed feelings and gain insight into current conflicts. Clinicians working from the psychoanalytic perspective try to help people gain insight into the unconscious origins of their disorders, work through the accompanying feelings, and take responsibility for their own growth.

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**Objective 3| Describe some of the methods used in psychoanalysis, and list some criticisms of this form of therapy.** Psychoanalysts may ask patients to free associate (saying aloud anything that comes to mind) and watch for pauses or diversions that may indicate resistance (the defensive blocking from consciousness of anxiety-laden material). Analysts may offer patients their interpretations of these instances of resistance, of dreams, and of other behaviors, such as transference (transferring to the therapist the strong feelings harbored against a family member or other significant person). Critics note that traditional psychoanalysis has relied on after-the fact interpretations and repressed memories, and that it is time-consuming and very costly.

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**Objective 4| Contrast psychodynamic therapy and interpersonal therapy with traditional psychoanalysis.** Psychodynamic therapy was influenced by traditional psychoanalysis but is briefer and less expensive. A psychodynamic therapist attempts to focus on and conceptualize a patient’s current conflicts and defenses by searching for themes common to many past and present important relationships, including(but not limited to) childhood experiences and interactions with the therapist. Interpersonal therapy (a brief12- to 16-session form of psychodynamic therapy) focuses primarily on relieving current symptoms (such as depression) rather than on an intensive interpretation of the origins of unconscious conflicts.

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**Objective 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’ present and future experiences, on conscious rather than unconscious thoughts, and on taking responsibility for one’s feelings and actions. One of the most famous humanistic therapies was Carl Rogers’ client centered therapy. Rogers proposed that therapists’ most important contributions are to function as a psychological mirror for the client through active listening, and to provide an environment of unconditional positive regard, characterized by genuineness, acceptance, and empathy. In this growth-fostering environment, Rogersbelieved, clients would increase their own self-understanding and self-acceptance.

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**Objective 6| Explain how the basic assumption of behavior therapy differs from those of traditional psychoanalytic and humanistic therapies.** To help people alleviate current conflicts and problems, traditional psychoanalytic therapists attempt to explain the origin of behaviors, and humanistic therapists attempt to promote self-acceptance and self-awareness. Behavior therapists assume the problem behaviors are the problem, and they attempt to change them through new learning.

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**Objective 7| Define counter conditioning, and describe the techniques used in exposure therapies and aversive conditioning.** Counter conditioning uses classical conditioning techniques to pair new responses with old stimuli that have triggered maladaptive behaviors. Exposure therapies (including systematic desensitization and virtual reality exposure therapy) train people to relax (a response that cannot co-exist with fear) and then gradually but repeatedly expose them to the things they fear and avoid. Exposure therapies try to substitute a positive response (relaxation) for a negative one (fear). Aversive conditioning uses counter conditioning techniques to pair an unpleasant state with an unwanted behavior. Aversive conditioning tries   to substitute a negative response (such as nausea) for a positive one (pleasure) to a harmful stimulus (alcohol).

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**Objective 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 principle that voluntary behaviors are strongly influenced by their consequences. Behavior modification procedures thus enforce desired behaviors and withhold reinforcement for, or punish, undesired behaviors. Therapists sometimes create token economies, in which people receive tokens for exhibiting a desired behavior and can later trade the tokens for a privilege or treat. Critics object (1) on the practical grounds that these behaviors may disappear when the tokens are discontinued, and (2) on the ethical grounds that it is not right to control other people’s behavior. Proponents counter with the arguments that (1) social or intrinsic rewards can replace the tokens and continue to be reinforcing, and (2) reinforcing adaptive behavior is justified because, with or without behavior modification, rewards and punishers will always control people’s behavior. Pages: 693-694

**Objective 9| Contrast cognitive therapy and cognitive-behavior therapy, and give some examples of cognitive therapy for depression.**Cognitive therapy attempts to teach people to think in more adaptive ways, on the assumption that thoughts intervene between an event and our emotional reactions to it. Cognitive behavior therapy attempts to teach people to think in more adaptive ways but also to practice their new ways of thinking in everyday life. In Aaron Beck’s cognitive therapy for depression, therapists try to change self-defeating thinking by training clients to look at themselves in new, more positive ways. In stress inoculation training, another form of cognitive therapy, people with depression learn to dispute their negative thoughts and to restructure their thinking in stressful situations. Depressed people also work to establish the attribution style of nondepressed people (taking credit for good events and not taking blame for, or over generalizing from, bad events).

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**Objective 10| Discuss the rationale and benefits of group therapy, including family therapy.** In groups normally consisting of 6 to 9 people, therapists may be less involved with each member, but the (on average)90-minute session can help more people and cost less per person than individual therapy would. Clients may benefit from knowing others have similar problems and from getting feedback and reassurance. Most forms of therapy can be adapted to a group setting. Family therapy views a family as an interactive system and attempts to help members discover the roles they play and to learn to communicate more openly and directly. Millions of people participate in self-help and support groups, such as Alcoholics Anonymous.

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**Objective 11| Explain why clients tend to overestimate the effectiveness of psychotherapy.**Clients judge psychotherapy to be effective for three reasons: They tend to enter therapy in crisis, they need to believe their time and expense justified, and they try to find something positive to say when asked to evaluate their therapist. But researches not generally upheld clients’ estimates of therapy’s effectiveness.

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**Objective 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 unhappy, leave it when they are less unhappy, and stay in touch only if satisfied with the treatment they received. So clinicians are mostly aware of other therapists’ failures, not their own. Both the placebo effect (the belief a treatment will work) and regression toward the mean (the tendency for extreme or unusual scores to fallback toward the mean) contribute to clients’ and clinicians’ misperceptions of the effectiveness of psychotherapy.

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**Objective 13| Describe the importance of outcome studies in judging the effectiveness of psychotherapies, and discuss some of these findings.**Outcome studies are randomized clinical trials in which people on a waiting list receive therapy or no therapy. Statistical digests (meta-analyses) of hundreds of these studies reveal that (1) people who remain untreated often improve, but (2) those who receive psychotherapy are more likely to improve, and (3) people who receive psychological treatment spend less time and money later seeking other medical treatment, compared with their counterparts on waiting lists.

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**Objective 14| Summarize the findings on which psychotherapies are most effective for specific disorders.** Meta-analyses indicate that no one type of therapy is most effective overall, nor is there any connection between effectiveness and a therapist’s training, experience, supervision, or licensing. Some therapies are particularly well-suited to specific disorders, such as cognitive, interpersonal, and behavior therapies for depression; cognitive, exposure, and stress-inoculation therapies for anxiety; cognitive-behavior therapy for bulimia; behavior modification for bed wetting; and behavior conditioning therapies for phobias, compulsions, and sexual disorders. The more specific the problem, the greater the chances for effective treatment. Debate continues over the extent to which clinical practice should be based on scientific evidence or intuitive responses.

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**Objective 15| Evaluate the effectiveness of eye movement desensitization and reprocessing (EMDR) and light exposure therapies.** In EMDR therapy, a therapist attempts to unlock and reprocess previously frozen traumatic memories by waving a finger in front of the eyes of a person imagining traumatic scenes. EMDR has not held up under scientific testing, and its modest successes may be attributable to the placebo effect. In people with seasonal affective disorder, a form of depression linked to periods of decreased sunlight, light exposure therapy (exposure to daily timed doses of light that mimics outdoor light) has been proven effective by scientific research.

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**Objective 16| Describe the three benefits attributed to all psychotherapies.**All types of psychotherapy seem to offer new hope for demoralized people, a fresh perspective, and an empathic, trusting, caring relationship. The therapeutic alliance—the emotional bond between therapist and client—is an important part of effective therapy and may help explain why some paraprofessionals can be as helpful as professional psychotherapists.

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**Objective 17| Discuss the role of values and cultural differences in the therapeutic process.**Psychotherapists may differ from each other and from clients in personal beliefs, values, and cultural background. Such differences can affect the formation of a bond between therapist and client. People searching for a therapist should have preliminary consultations with two or three to gain an understanding of the therapists’ values, credentials, and fees, and to find someone with whom they feel comfortable.

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**Objective 18| Define psychopharmacology, and explain how double-blind studies help researchers evaluate a drug’s effectiveness.** Psychopharmacology is the study of drug effects on mind and behavior. Since the 1950s, drug therapy has been used extensively to treat psychological disorders. Double-blind studies, in which neither the medical staff nor the patient knows whether the patient is taking the real drug or a placebo, eliminate the bias that can result from clinicians’ and patients’ expectations of improvement.

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**Objective 19| Describe the characteristics of antipsychotic drugs, and discuss their use in treating schizophrenia.** The antipsychotic drugs dampen responsiveness to irrelevant stimuli, and they have been used effectively to treat schizophrenia accompanied by positive symptoms (the presence of hallucinations and delusions). Dosage varies from person to person. The first-generation antipsychotic drugs, which blockD2 (dopamine) receptors, can produce tardive dyskinesia, (involuntary movements of facial muscles, the tongue, and arms and legs). The second-generation of antipsychotics, which target D1 receptors, can affect metabolism, increasing the risk of obesity and diabetes.

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**Objective 20| Describe the characteristics of antianxiety drugs.**The antianxiety drugs depress central nervous system activity. They are often used in combination with psychotherapy for treatment of anxiety disorders. Antianxiety drugs can be psychologically and physically addictive.

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**Objective 21| Describe the characteristics of antidepressant drugs, and discuss their use in treating specific disorders.**Antidepressant drugs increase the availability of norepinephrine or serotonin, which elevate arousal and mood. Antidepressants like Prozac, which block the reuptake of serotonin, are known as selective-serotonin-reuptake-inhibitors (SSRIs).Dual-action antidepressants block the reuptake or absorptionof both norepinephrine and serotonin, but they have a greater risk of side effects. Antidepressants are used to treat depression (often in combination with cognitive therapy) and the anxiety disorders. Antidepressants begin to influence neurotransmitter systems almost immediately, but their full psychological effects may not appear until weeks later. The suicide risk for those taking these drugs may have been overestimated.

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**Objective 22| Describe the use and effects of mood-stabilizing medications.** A few drugs, such as lithium for bipolar disorder, have proven very effective in stabilizing moods. Researchers do not yet understand how these medications work.

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**Objective 23| Describe the use of electroconvulsive therapy in treating severe depression, and discuss some possible alternatives to ECT.**ECT is a biomedical therapy in which a brief electric current is sent through the brain of an anesthetized patient. Although controversial, ECT remains an effective, last-resort treatment for many people with severe depression (it is ineffective in treating other disorders) who have not responded to drug therapy. How ECT works is unknown. Depression has also been alleviated by some implanted devices that stimulate parts of the brain or the vagus nerve sending signals to the limbic system. Following early reports of success, large clinical trials are under way to study repetitive transcranial magnetic stimulation (rTMS). In this painless procedure, pulses of magnetic energy sent through the skull to the surface of the cortex stimulate or dampen activity in various areas of the brain.

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**Objective 24| Summarize the history of the psychosurgical procedure known as a lobotomy, and discuss the use of psychosurgery today.** Lobotomy was a crude procedure in which surgical instruments inserted through a patient’s eye sockets were used to sever connections running to the frontal lobes of the brain. The intent was to calm uncontrollably emotional or violent patients, but instead it usually created lethargy and an impulsive personality. This surgery disappeared in the 1950s,when its harmful effects became known and new and effective drug treatments were introduced. Today, neurosurgeons rarely perform brain surgery to treat psychological disorders. Even when MRI-guided precision surgery is considered for exceptional, life-threatening conditions, it is a treatment of last resort because its effects are irreversible.Objective25| Explain the rationale of preventive mental health programs. Advocates of preventive mental health argue that many psychological disorders could be prevented. Their aim is to change oppressive, esteem-destroying environments into more benevolent, nurturing environments that foster individual growth and self-confidence.

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**Objective 25**| **Explain the rationale of preventive mental health programs.**

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