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.

Psychoanalysts use free association and the interpretation of dreams, resistances, and transference to help their patients gain insight into the unconscious origins of their disorders and to work through the accompanying feelings. Psychodynamic therapists focus more on trying to help people understand their current symptoms. They emphasize themes across important relationships.

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-behavioral 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. No one therapy is generally more effective, but some are better than others for treating certain problems.

Administration of antipsychotic, antianxiety, and antidepressant drugs and mood-stabilizing medications constitutes the most widely used biomedical therapy. Electroconvulsive therapy (ECT), 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.

The biopsychosocial approach acknowledges that effective treatment of psychological disorders must consider biological, psychological, and social-cultural factors. Therapeutic lifestyle change recognizes these factors in a training program that treats depression through aerobic exercise, adequate sleep, social connections, positive thinking, and nutritional supplements.
Preventive mental health experts aim to change oppressive, esteem-destroying environments into more benevolent, nurturing environments that foster individual growth and self-confidence.

Chapter Guide

Introductory Exercise: Fact or Falsehood?

15-1. Discuss how psychotherapy, biomedical therapy, and an eclectic approach to therapy differ.

In psychotherapy, a trained therapist uses psychological techniques to assist someone seeking to overcome difficulties or achieve personal growth. The biomedical therapies are prescribed medications or medical procedures that act directly on the person’s physiology. Half of all psychotherapists describe themselves as taking an eclectic approach in which they use techniques from various forms of therapy, depending on the client’s problem.

The Psychological Therapies

15-2. Discuss the goals and techniques of psychoanalysis, and describe how they have been adapted in psychodynamic 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 reduce growth-impeding inner conflicts.

Influenced by Freud, psychodynamic therapists try to understand patients’ current symptoms by exploring their childhood experiences and the therapist-patient relationship. They may also help the person explore and gain perspective on 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.

15-3. Identify the basic themes of humanistic therapy, and describe the specific goals and techniques of Rogers’ client-centered approach.

Both psychodynamic and humanistic therapies are referred to as insight therapies, which attempt to improve psychological functioning by increasing the person’s awareness of underlying motives and defenses. However, in contrast to psychodynamic therapy, humanistic therapists focus on the present and the future more than the past, on clients’ 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 non directive client-centered therapy, Rogers used active listening to express genuineness, acceptance, and empathy. This technique, he believed, would help clients to increase their self-awareness and self-acceptance. The therapist interrupts only to echo, restate, and clarify the client’s feelings and to accept what the client is expressing. The client-centered counselor seeks to provide a psychological mirror that helps clients see themselves more clearly. In a therapeutic environment that provides unconditional positive regard, clients may come to accept even their worst traits and feel valued and whole.

15-4. Explain how the basic assumption of behavior therapy differs from those of psychodynamic and humanistic therapies, and describe the techniques used in exposure therapies and aversive conditioning.

Psychodynamic therapists 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.

Counterconditioning refers to behavior therapy procedures, based on classical conditioning, that condition 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.

15-5. State the basic idea of operant conditioning therapy, and discuss the arguments that have been used for and against it.

Operant conditioning therapies are based on the premise that voluntary behaviors are strongly influenced by their consequences. Behavior therapists apply operant conditioning principles in behavior modification. They reinforce desired behaviors and withhold reinforcement for undesired behaviors or punish them. 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? Proponents argue that control already exists, so why not make it for better behavior?

Lectures: Virtual Iraq (p. 983); Exposure Therapy—Improving Its Effectiveness (p. 983); Therapy and Totalitarian Control (p. 984)
Exercises: Using Systematic Desensitization to Treat Eraser Phobia (p. 982); Modeling (p. 984); Assessing Assertiveness (p. 985)
Projects: Practicing Systematic Desensitization (p. 983); Modifying an Existing Behavior (p. 985)
Feature Film: Harry Potter and the Prisoner of Azkaban (p. 982)
Worth Video Anthology: Therapy in the Real World: The Use of Real-Life Exposure to Treat Phobias

Exercise: Frequency of Self-Reinforcement Questionnaire (p. 987)
Project: Mood-Memory Repair (p. 988)
Worth Video Anthology: Cognitive Therapies; Treating OCD: Exposure and Response Prevention
15-6. Discuss the goals and techniques of cognitive therapy and cognitive-behavioral therapy.

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. In treating depression, Aaron Beck seeks to reverse clients’ negative beliefs about themselves, their situations, and their futures. His technique is a gentle questioning that aims to help people discover their irrationalities. Psychologists call the relentless, overgeneralized, self-blaming behavior of depressed people catastrophizing.

Cognitive-behavioral 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.

- Lecture: Evaluating Self-Help Resources (p. 989)
- Worth Video Anthology: City of Gheel: Community Mental Health at Its Best

15-7. Discuss the aims and benefits of group and 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. Family therapy assumes that we live and grow in relation to others, especially our families. It views an individual’s unwanted behaviors as influenced by or directed at other family members. In an effort to heal relationships, therapists attempt to guide family members toward positive relationships and improved communication. Many people also participate in self-help and support groups that mostly focus on stigmatized or hard-to-discuss illnesses.

Evaluating Psychotherapies

- Lectures: The Consumer Reports Study (p. 990); Fringe Medicine (p. 991); Thinking Errors and Clinical Judgment (p. 992); Therapy and the Nature of the Problem (p. 993)
- PsychSim 5: Mystery Therapist (p. 990)

15-8. Explain whether psychotherapy works, and discuss who decides.

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.

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.

Randomized clinical trials assign people on a waiting list to therapy or no therapy. The results of many such studies are then digested by meta-analysis, a statistical digest of the results of many studies. The results reveal that (1) people who remain untreated often improve; (2) those who receive psychotherapy are more likely to improve, and with less risk of relapse; and (3) when people seek psychological treatment, their search for other medical treatment declines, compared with their counterparts on waiting lists.

- Lectures: Writing About Emotional Experiences as Therapy (p. 993); Psychological Treatments Versus Psychotherapy (p. 994)
- Exercise/Critical Thinking Break: Movie Therapy (p. 995)
15-9. Describe which psychotherapies are more effective than others 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. Behavioral conditioning therapies seem to be best for treating specific problems such as phobias, compulsions, and sexual disorders; psychodynamic therapy has had success with depression and anxiety; and cognitive therapy and cognitive-behavioral therapy are best for treating depression, anxiety, and post-traumatic stress disorder. Therapy is most effective when the problem is clear-cut. Evidence-based practice involves clinical decision making that integrates the best available research with clinical expertise and with patient characteristics and preferences. In short, available therapies are rigorously evaluated and then applied by clinicians who are mindful of their skills and of each patient’s unique situation.

15-10. Discuss how alternative therapies fare under scientific scrutiny.

In EMDR (eye movement desensitization and reprocessing) therapy, the therapist waves a finger in front of the eyes of the client to unlock and reprocess previously frozen trauma memories. Controlled studies have not supported the effectiveness of EMDR; belief in its effectiveness may be explained in terms of the combination of exposure therapy—repeatedly reliving traumatic memories in a reassuring environment—and a robust 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.

15-11. Describe the three elements shared by all forms of psychotherapy.

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 or 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. The emotional bond between therapist and client—the therapeutic alliance—is a key aspect of effective therapy. In short, all therapies offer hope for demoralized people, a new perspective on oneself and the world, and an empathic, trusting, caring relationship.

15-12. Discuss how culture and values influence the therapist-client relationship.

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 only of their own well-being. Such differences may help explain the reluctance of some minorities to use mental health services. Some psychologists believe that therapists should divulge their values more openly.


In choosing a therapist, a potential client may wish to have a consultation with two or three. After describing the problem, you can learn the therapist’s specific treatment approach. Moreover, you can ask questions about the therapist’s values, credentials, and fees. Finally, recognizing the sig-
significance of the emotional bond between therapist and client, you can sense the appropriateness of
the match.

The Biomedical Therapies

15-14. Identify and describe the drug therapies, and explain how double-blind studies help researchers
evaluate a drug’s effectiveness.

With a few exceptions, only psychiatrists offer biomedical therapies. *Psychopharmacology*, the
study of the effects of drugs on mind and behavior, has revolutionized the treatment of people
with severe disorders. To evaluate the effects of any new drug, researchers use the *double-blind
procedure*, 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 (the *placebo effect*). Using this
approach, several types of drugs have proven effective in treating psychological disorders.

- Lectures: SSRI Antidepressants (p. 998); Cosmetic Psychopharmacology (p. 999); A Pill for Stage Fright (Anxiety)
  (p. 999)
- Worth Video Anthology: *A Case Study in Schizophrenia; The Therapeutic Effect of Antipsychotic Drugs; Undesired
  Effects of Conventional Antipsychotic Drugs; Schizophrenia*

*Antipsychotic drugs*, such as chlorpromazine (sold as Thorazine), provide help to people experi-
encing the positive symptoms of auditory hallucinations and paranoia by dampening their respon-
siveness to irrelevant stimuli. Long-term use of some of these drugs block dopamine receptors
and can produce *tardive dyskinesia*, which is marked by involuntary movements of facial muscles,
tongue, and limbs. Many of the newer antipsychotics have fewer such side effects, but they may
increase the risk of obesity and diabetes.

*Antianxiety drugs*, such as Xanax and Ativan, depress central nervous system activity. One anti-
anxiety drug, the antibiotic D-cycloserine, acts upon a receptor that, in combination with behav-
ioral treatments, facilitates the extinction of learned fears. A criticism of drug therapies is that they
can produce both psychological and physiological dependence.

*Antidepressant drugs* aim to lift people up, typically by increasing the availability of the neu-
rotransmitters norepinephrine or serotonin. For example, fluoxetine (Prozac) partially blocks the
reabsorption and removal of serotonin from the synapses, and so Prozac and its cousins Zoloft and
Paxil are called *selective-serotonin-reuptake-inhibitors* (SSRIs). They also are increasingly being
used to treat anxiety disorders such as obsessive-compulsive disorder. Other dual-action antide-
pressants 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. Administering them by means of a patch helps
reduce such side effects. Although antidepressants influence neurotransmitter systems almost
immediately, their full psychological effects may take four weeks. The delay may occur because
increased serotonin seems to promote *neurogenesis*. Aerobic exercise does about as much good as
drugs for some people with mild to moderate depression.

The simple salt *lithium* is often an effective *mood stabilizer* for those suffering the emotional
highs and lows of bipolar disorder. Although lithium significantly lowers the risk of suicide, we
do not fully understand how it works.

- Lecture: Electroconvulsive Therapy (p. 1000)
- Worth Video Anthology: Electroconvulsive Therapy

15-15. Describe the use of brain stimulation techniques and psychosurgery in treating specific disorders.

*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 cred-
ited with saving many from suicide, no one knows for sure how it works. Hopes are now rising
for alternative treatments. *Vagus nerve stimulation* stimulates a nerve deep in the neck; a device periodically sends signals to the brain’s limbic system. *Deep-brain stimulation* has shown potential in calming a brain area that appears active in people who are depressed or sad. *Repetitive transcranial magnetic stimulation (rTMS)* is performed on wide-awake patients. Magnetic energy penetrates only to the brain’s surface (although tests are under way with a higher energy field that penetrates more deeply). Unlike ECT, the rTMS procedure produces no seizures, memory loss, or other side effects. Several very recent studies have confirmed its therapeutic effect.

- Lecture: Cingulotomy (p. 1001)

**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, uncreative 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.

- Lecture: Therapeutic Lifestyle Change (p. 1001)

15-16. Describe how, by taking care of themselves with a healthy lifestyle, people might find some relief from depression, and explain how this reflects our being biopsychosocial systems.

Training seminars promoting *therapeutic lifestyle change* assume that human brains and bodies were designed for physical activity and social engagement. Recognizing that a human being is an *integrated biopsychosocial system*, Stephen Ilardi and his colleagues designed a 12-week program for depression that included the goals of aerobic exercise, adequate sleep, light exposure, social connection, anti-rumination, and nutritional supplements. In one study of 74 people, 77 percent of those who completed the program experienced relief from depressive symptoms, compared with a 19 percent rate in those assigned to a treatment-as-usual control condition. Future research will seek to replicate this result and identify the specific components that produce the therapeutic effect.

**Preventing Psychological Disorders**

- Lectures: Positive Psychotherapy (p. 1002); From a Disease Focus to a Wellness Model (p. 1003); Principles of Effective Prevention Programs (p. 1003)
- Exercise: The Personal Growth Initiative Scale (PGIS) (p. 1004)

15-17. Explain the rationale of preventive mental health programs.

Psychologists are seeking to learn whether lifestyle change can prevent some disorders by building individuals’ *resilience*. Struggling with challenging crises can lead people to experience *post-traumatic growth*.

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. Preventing psychological disorders means empowering those who feel helpless, changing environments that breed loneliness, strengthening the disintegrating family, and fostering parents’ and teachers’ skills at encouraging children’s achievements and resulting self-esteem.
Fact or Falsehood?

T F 1. “Psychoanalysis” is another word for “psychotherapy.”

T F 2. Regardless of their theoretical orientation, therapists agree that self-awareness is the key to overcoming psychological problems.

T F 3. The most effective treatment for alcohol dependence is to associate alcoholic drinks with a nausea-producing drug.

T F 4. Most people who suffer psychological problems become worse without therapy.

T F 5. Daily exposure to bright light successfully counteracts winter depression for many people.

T F 6. The various therapies are so different that it is impossible to find any commonalities.

T F 7. The training and experience of the therapist are crucial factors in determining therapeutic success.

T F 8. The use of drugs has liberated hundreds of thousands of people with severe psychological disorders from hospital confinement.

T F 9. Many people have found relief from manic-depressive mood swings with a daily dose of a cheap salt.

T F 10. Electroconvulsive therapy is no longer used in the treatment of psychological disorders.