

CHAPTER
17

Therapy and Change



PSYCHOLOGY *Online*



Chapter Overview

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PSYCHOLOGY JOURNAL

Recommend a treatment for the following problems: compulsive overeating, inability to finish work, severe depression. Write your recommendations in your journal. ■

What Is Psychotherapy?

Reader's Guide

■ Main Idea

Psychotherapy is a general term for the several approaches used by mental health professionals to treat psychological disorders.

■ Vocabulary

- psychotherapy
- eclectic approach
- placebo effect
- empathy
- group therapy

■ Objectives

- Explain the nature of psychotherapy.
- Describe the role of a therapist.

EXPLORING PSYCHOLOGY

When Should You Seek Help?

Her husband had brought her to the hospital because she had refused to eat for about three days, slept fitfully, and spent long hours staring off into space. She would speak to those around her, but only after more or less continuous coaxing. In very slow monotonous speech, she commented that she was talking to her dead sister who was wearing a white gown, but with a face eaten up by worms and with part of her eyesocket missing. This hallucination was intermixed with some discussion between the patient and God that seemed to center around a mixture of pleading with Him to do something about her sister and reprimanding Him for letting her get into that condition.

—from *Abnormal Behavior, Psychology's View*
by F.B. McMahon, 1976

At certain times of transition and crisis in life, we may feel an urgent need to find someone trustworthy with whom to share our doubts and problems. A parent, relative, or close friend is often helpful in such times of need. Many psychological problems, however, are too bewildering and complex to be solved in this way. When people become dissatisfied or distraught with life and suspect that the reason lies within themselves, they are likely to seek help from someone with training and experience in such matters. These people seek *therapy*, which refers to treatment of behavioral, bodily, or psychological disorders. Mental health professionals who have been trained to deal with the psychological problems of others include psychologists, psychiatrists, and

psychotherapy: any treatment used by therapists to help troubled individuals overcome their problems

social workers. The special kind of help they provide is called psychotherapy. **Psychotherapy** involves three things: verbal interaction between a therapist and client; the development of a supportive and trusting relationship; and an analysis by the therapist of the client's problems, including suggestions for overcoming those problems.

THE NATURE OF PSYCHOTHERAPY

Psychotherapy literally means “healing of the soul,” and in early times people often thought that psychological disturbances represented some sort of moral or religious problem. People with personal problems were sometimes viewed as being inhabited by demons, and treatment consisted of exorcism—the driving out of these demons by religious ceremonies or by physical punishment. Within the last 200 years, however, views of psychological disorders have changed. Psychological disorders slowly came to be thought of as diseases, and the term *mental illness* was applied to many psychological problems.

That psychological disturbance is now seen as the symptom of a disease has helped reduce the stigma associated with such problems, and it has done much to convince society that troubled people need care and treatment. Nevertheless, many psychotherapists feel that the term *mental illness* has outlived its usefulness and that, in fact, it may now be doing more harm than good.

The trouble with letting a person think of himself as mentally ill is that he sees himself in a passive, helpless position. He sees his troubles as being caused by forces over which he has no control. By thinking of himself in this way, the person can avoid taking responsibility for his own situation and for helping himself change.

Functions of Psychotherapy

One of the functions of psychotherapy is to help people realize that they are responsible for their own problems and that, even more importantly, they are the only ones who can really solve these problems. This approach does not imply that people become disturbed on purpose or that no one should need outside help. People often adopt certain techniques for getting along in life that seem appropriate at the time but that lead to trouble in the long run. Such patterns can be difficult for the individual to see or change. The major task of the therapist, therefore, is to help people examine their way of living, to understand

Figure 17.1 Is This Treatment?

In earlier times, people with serious psychological disorders were labeled *mad* or *lunatics*. These people were often tortured, hanged, burned at the stake, or sent to sea in “ships of fools” to be saved by fate.

How do you think society regards people with psychological disorders today?



how their present way of living causes problems, and to start living in new, more beneficial ways. The therapist can be thought of as a professional hired by the individual to help him find the source of his problems and some possible solutions.

Main Kinds of Therapy

There are many different kinds of therapy. However, only a few of them will be described in this chapter, including psychoanalysis, humanistic, cognitive, behavioral, and biological approaches to treatment (see Figure 17.2). Each one is based on different theories about how human personality works, and each one is carried out in a different style. Some psychotherapists stick rigorously to one style and consider the other styles less useful. Other psychotherapists use an **eclectic approach** to therapy, choosing methods from many different kinds of therapy and using the one that works best. Whatever the style or philosophy, all types of psychotherapy have certain characteristics in common.

Goals of Therapy

The primary goal of psychotherapy is to strengthen the patient's control over his or her life. People seeking psychotherapy need to change their thoughts, feelings, and behaviors. Over the years, they have developed not only certain feelings about themselves but also behaviors that reinforce those feelings. Their behaviors and feelings make it difficult or impossible for them to reach their goals.



Profiles In Psychology

Dorothea Dix

1802–1887

“I proceed, Gentlemen, briefly to call your attention to the present state of Insane Persons confined within this Commonwealth, in cages, closets, stalls, pens! Chained, naked, beaten with rods, and lashed into obedience!”

Although at the early age of 14 Dorothea Dix established her own school for young children, she is best remembered as an activist for the rights of the mentally ill. In 1841 a member of the clergy asked Dix to teach a Sunday school class at a local prison in Massachusetts. When she arrived at the prison, Dix became horrified to see mentally ill patients locked up with prisoners in dark, unheated, and filthy rooms.

Dix set out on a crusade that would last a lifetime. She toured similar jails throughout several states, reporting to the public the appalling things she witnessed. She saw people chained up and sitting in filth. She found people whose worst crimes were having psychological disorders confined and beaten in prisons. She observed men, women, and children thrown together in jail cells.

At a time when women were thought incapable of speaking in public, Dix reported her findings to state legislatures. Her struggles resulted in the reform of prisons and the treatment of people with psychological disorders.

eclectic approach: method that combines various kinds of therapy or combinations of therapies

Figure 17.2 Types of Psychotherapies

There are several types of therapies. The ones listed in this chart are commonly used methods. *Which method would probably be most effective for treating someone with an eating disorder?*

Therapy Method	Main Technique(s)	Main Goal	Means of Achieving Goal
Psychoanalysis	free association, dream analysis, transference	reduce anxiety and guilt from unconscious urges	verbal processes
Humanistic Therapy	active listening, acceptance, support	fulfill one's potential and improve self-concept	verbal processes
Cognitive Therapy	talking, listening, role-playing, and completion of assignments	unite behaviors and thought	revising thoughts
Behavior Therapy	counterconditioning, operant conditioning, systematic desensitization	change one's unwanted or abnormal behaviors and acquire desirable behaviors	behavioral training

placebo effect: the influence that a patient's hopes and expectations have on his or her improvement during therapy

One of the most important factors in effective treatment is the patient's belief or hope that he can change. The influence that a patient's hopes and expectations have on his improvement is often called the **placebo effect**. This name comes from giving medical patients placebos, inert sugar pills, when they complain of ailments that do not seem to have any physiological basis. The patients take the tablets, and their symptoms disappear.

The placebo effect does not imply that problems can be solved simply by fooling the patient. It does demonstrate, however, the tremendous importance of the patient's attitude in finding a way to change. A patient who does not believe he can be helped probably cannot be. A patient who believes he can change and believes he has the power to change will find a way. Therapy goes beyond the placebo effect. It combines the patient's belief that he can change with hard work and professional guidance.

WHO ARE THERAPISTS?

In American society, there are many people who practice psychotherapy. Some, like clinical psychologists, are trained in psychological testing, assessment, and diagnosis. Counseling psychologists have been trained to deal with problems of adjustment. The various kinds of therapists and the training that each goes through before practicing psychotherapy are shown in **Figure 17.3**.

What Makes a Good Therapist?

Before going to a professional therapist, most people first turn to a friend or other nonprofessional for help and advice. Sometimes, this is exactly what's needed. Professional therapists, however, are likely to be more skillful in encouraging the person to examine uncomfortable feelings and problems.

There are three characteristics found in effective therapists. First, a therapist needs to be psychologically healthy. A therapist who is anxious, defensive, and withdrawn will not be able to see the patient's problems clearly. A second important characteristic is **empathy**, a capacity for warmth and understanding. Troubled people are usually fearful and confused about explaining their problems. The therapist needs to be able to give the patient confidence that he is capable of caring and understanding. Finally, a good therapist must be experienced in dealing with people and understanding their complexities. Only by having worked with many people can a therapist learn when to give support, when to insist that the patient stand on his own feet, and how to make sense of the things people say.

empathy: capacity for warmth and understanding

GROUP THERAPIES

In some forms of therapy, the patient is alone with the therapist. In **group therapy**, however, she is in the company of other patients. There are several advantages to this situation. A person in group therapy has a

group therapy: patients work together with the aid of a leader to resolve interpersonal problems

Figure 17.3 Kinds of Therapists

Clinical psychologists are therapists with a Ph.D. or a Psy.D., a Doctor of Psychology. They treat people with psychological disorders in hospitals, clinics, and community health centers.

Counseling psychologists generally have a master's or Ph.D. degree in counseling psychology. They usually work in educational institutions, where they are available for consultation about personal problems. They customarily refer clients with serious problems to clinical psychologists or psychiatrists.

Clinical Neuropsychologists have Ph.D. degrees. They have extensive education in neurophysiology regarding the mechanisms and operation of the brain. They typically work with patients who have a brain injury that is interfering with normal behavior. Such damage may result from drug use, accidents, or normal aging. Their primary role has been in assessing neurological damage; some are now involved in therapy.

Psychiatrists are medical doctors. They take postgraduate training in the causes and treatment of abnormal behavior. Because of their medical background, psychiatrists are licensed to prescribe medicines and are the only group that can perform operations.

Psychoanalysts are usually medical doctors who have taken special training in the theory of personality and techniques of psychotherapy of Sigmund Freud, typically at a psychoanalytic institute. They must themselves be psychoanalyzed before they can practice.

Psychiatric social workers are people with a master's degree in social work. They counsel people with everyday problems.

Psychiatric nurses have a standard nursing license and advanced training in psychology. They dispense medicine and act as a contact person between counseling sessions.

Counselors have a master's degree from a counseling program. They dispense advice and may or may not have any training in psychology. Nevertheless, more troubled people turn to counselors than to other kinds of therapists.

Several groups of people practice psychotherapy. Not all of them have professional training in psychology. **What is the difference between a counselor and a psychoanalyst?**



Reading Check

What are the advantages of group therapy?

chance to see how other people are struggling with problems similar to her own, and she discovers what other people think of her. She, in turn, can express what she thinks of them, and in this exchange she discovers where she is mistaken in her views of herself and of other people and where she is correct (Drum, 1990). In group therapy she can also see other people with similar problems recovering, giving her the hope of recovery.

Another advantage to group therapy is that one therapist can help a large number of people at a reduced cost. Most group-therapy sessions are led by a trained therapist who makes suggestions, clarifies points, and keeps activities from getting out of hand. In this way, her training and experience are used to help as many as 20 people at once, although 8–10 is a more comfortable number. It is possible to use psychoanalytical, cognitive, and behavioral techniques in a group setting.

Family Therapy

Therapists often suggest, after talking to a patient, that the entire family unit should work at group therapy. In *family therapy*, the focus is on the interactions among the family members. This method is particularly useful because it untangles the twisted web of relationships that has led one or more members of the family to experience emotional suffering.

Often family members are unhappy because they are mistreating or are being mistreated by other family members in ways no one understands or wants to talk about. The family therapist can point out what is

happening from an objective viewpoint and can suggest ways of improving communication and fairness in the family. Not all group therapies are run by professionals, however. Some of the most successful examples are provided in nonprofessional organizations, such as self-help groups.

Figure 17.4

Family Therapy

In a family-therapy session, the therapist observes the interactions in order to discern, describe, and treat the patterns that may contribute to the disturbance of one or more of its members. **What does a skilled therapist provide in a family-therapy session?**



Self-Help Groups

An increasing number of *self-help groups* have emerged in recent years. These voluntary groups, composed of people who share a particular problem, are often conducted without the active involvement of a professional therapist.

During regularly scheduled meetings, members of the group come together to discuss their difficulties and to provide one another with support and possible solutions.

Self-help groups have been formed to deal with problems ranging from alcoholism, overeating, and drug addiction to child abuse, widowhood, single parenting, adjusting to cancer, and gambling. The best-known self-help group is Alcoholics Anonymous (AA), which was founded in 1935. Far more people find treatment for their drinking problems through AA than in psychotherapy or treatment centers. Many self-help groups have based their organizations on the AA model in which individual members can call on other members for help and emotional support.

The purpose of Alcoholics Anonymous is “to carry the AA message to the sick alcoholic who wants it.” According to AA, the only way for alcoholics to change is to admit that they are powerless over alcohol and that their lives have become unmanageable. Alcoholics must come to believe that some power greater than themselves can help them. Those who think they can battle the problem alone will not be successful. There are also AA-based groups, such as Al-Anon and Alateen, for family members for mutual support.

Members of AA usually meet at least once a week to discuss the meaning of this message, to talk about their experiences with alcohol, and to describe the new hope they have found with AA. Mutual encouragement, friendship, and an emphasis on personal responsibility are used to keep an individual sober.



AA logo

DOES PSYCHOTHERAPY WORK?

In 1952 Hans Eysenck published a review of five studies of the effectiveness of psychoanalytic treatment and 19 studies of the effectiveness of eclectic psychotherapy, treatment in which several different therapeutic approaches are combined. Eysenck concluded that psychotherapy was no more effective than no treatment at all. According to his interpretation of these 24 studies, only 44 percent of the psychoanalytic patients improved with treatment, while 64 percent of those given eclectic psychotherapy had improved.

Most startling, Eysenck argued that even this 64 percent improvement rate did not demonstrate the effectiveness of psychotherapy, since it has been reported that 72 percent of a group of hospitalized neurotics improved without treatment. If no treatment at all leads to as much improvement as psychotherapy, the obvious conclusion is that psychotherapy is not effective. Eysenck (1966) vigorously defended his controversial position, which generated a large number of additional reviews and a great many studies of the effectiveness of psychotherapy.

Did You Know?

Conducting Therapy There are four areas of concern that a therapist might discuss with the patient.

- 1) Identify the problem behavior based on the classification scheme for psychological disorders.
- 2) Propose some ideas about the history and cause of the problem.
- 3) Explain the details of what is included in the treatment program.
- 4) Make a time line for the course of treatment.

More About...

Therapy and HMOs

Recent economic trends have affected the length of time a person spends in psychotherapy. People who receive their health care through health maintenance organizations (HMOs) pay a fixed amount of money per month for health care. The HMO will then pay for only a certain amount of therapy per month. The HMO in effect minimizes the amount of services a person can obtain, so a person who requires extensive therapy may not be able to get it unless he pays for it on his own.

Allen Bergin (1971) wrote one of the most thoughtful and carefully reasoned reviews. Bergin's review leads one to question the validity of Eysenck's sweeping generalization that psychotherapy is no more effective than no treatment at all. Much of Bergin's argument is based on differences of opinion about how patients should be classified. Precise criteria for improvement are difficult to define and apply. Some people may experience spontaneous remission, or the sudden, unaccountable disappearance of symptoms without any therapy at all. However, such people may have received help from unacknowledged sources—family, friends, relatives, religious advisers, or family physicians. If, as some researchers believe, the prime ingredient in therapy is the establishment of a close relationship, then spontaneous remission in people who have received continuing help from such sources is not spontaneous at all.

An analysis of nearly 400 studies on the effectiveness of psychotherapy, conducted by Mary Lee Smith and Gene V. Glass (1977), used elaborate statistical procedures to estimate the effects of psychotherapy. They found that therapy is generally more effective than no treatment and that on the average most forms of therapy have similar effects; that is, therapy may improve the quality of life for the patients. Will any therapy do for any client? Probably not. Smith and Glass were able to show that for some specific clients and situations, some forms of therapy would be expected to have a greater effect than others. Together, the psychologist and client may discuss the appropriate form of psychotherapy to achieve a cure.

SECTION I

Assessment

- 1. Review the Vocabulary** Cite and describe two examples of group therapy and how these types of therapy help patients.
- 2. Visualize the Main Idea** In a diagram similar to the one below, list and describe the characteristics that make a good, effective therapist.



- 3. Recall Information** What are the goals of therapy? What is the eclectic approach to therapy?
- 4. Think Critically** When should a person seek psychotherapy? Explain your answer.

5. Application Activity You are unsure of yourself. You do not know what to do with your future. As a result, you decide that you need the help of a professional to get your personal life on track. Identify the kind of psychotherapist and the kind of therapy that might help you. Explain your answers.

Psychoanalysis and Humanistic Therapy

Reader's Guide

■ Main Idea

Psychoanalysis is an analysis of the conscious and unconscious mind based on the theories of psychiatrist Sigmund Freud. Humanistic therapy helps people reach their full potential.

■ Vocabulary

- psychoanalysis
- insight
- free association
- resistance
- dream analysis
- transference
- humanistic therapy
- client-centered therapy
- nondirective therapy
- active listening
- unconditional positive regard

■ Objectives

- Describe psychoanalysis and its aims.
- Explain humanistic therapy and its goals.

EXPLORING PSYCHOLOGY

What Does This Dream Mean?

I was a child again, and riding my bicycle along the village street, but its wheels began to sink into sticky, muddy earth, so that I could barely move. Finally, however, the earth began to dry, and I found that I was able to cycle along quite easily once more.

—from *Parker's Complete Book of Dreams* by Julia and Derek Parker, 1995

The dream above was experienced by an elderly woman fighting a serious illness. Psychoanalysts might interpret the dream in the following manner: the earth symbolized the illness as well as the woman's concern that she might die. As a child, she had never been allowed to own a bicycle, so having one represented freedom. The bike symbolized something she badly wanted—good health. Psychoanalysts would then use this information—the dream interpretation—to help the woman understand the psychological dilemmas she faces.

WHAT IS PSYCHOANALYSIS?

psychoanalysis: therapy aimed at making patients aware of their unconscious motives so that they can gain control over their behavior

insight: the apparent sudden realization of the solution to a problem

free association: a method used to examine the unconscious; the patient is instructed to say whatever comes into his or her mind

resistance: the reluctance of a patient either to reveal painful feelings or to examine long-standing behavior patterns

For a long time **psychoanalysis** was the only formalized psychotherapy practiced in Western society. It was this type of therapy that gave rise to the classic picture of a bearded Viennese doctor seated behind a patient who is lying on a couch.

Psychoanalysis is based on the theories of Sigmund Freud. According to Freud, psychological disturbances are due to anxiety caused by hidden conflicts among the unconscious components of one's personality. (Freud's theory of personality is described in Chapter 14.) One job of the psychoanalyst, therefore, is to help make the patients aware of the unconscious impulses, desires, and fears that are causing the anxiety. Psychoanalysts believe that if patients can understand their unconscious motives, they have taken the first step toward gaining control over their behavior and freeing themselves of their problems. Such understanding is called **insight**.

Free Association

Psychoanalysis is a slow procedure. It may take years of 50-minute sessions several times a week before the patient is able to make fundamental changes. Throughout this time, the analyst assists the patient in a thorough examination of the unconscious motives behind his or her behavior. This task begins with the analyst telling the patient to relax and talk about everything that comes to mind. This method is called **free association**. The patient may consider some passing thoughts too unimportant or too embarrassing to mention. The analyst suggests that everything should be expressed; the thought that seems most inconsequential may, in fact, offer insight into the unconscious.

As the patient lies on the couch, he or she may describe dreams, discuss private thoughts, or recall long-forgotten experiences. The psychoanalyst often says nothing for long periods of time. The psychoanalyst also occasionally makes remarks or asks questions that guide the patient. The analyst also may suggest an unconscious motive or factor that explains something the patient has been talking about, but most of the work is done by the patient.

The patient is understandably reluctant to reveal painful feelings and to examine lifelong patterns that need to be changed and, as the analysis proceeds, is likely to try unconsciously to hold back the flow of information. This phenomenon—in fact, any behavior that impedes the course of therapy—is called **resistance**. The patient may have agreed to cooperate fully, yet at times his or her mind is blank, and he or she feels powerless and can no longer think of anything to say. At such times the analyst will simply point out what is happening and wait for the patient to continue. The analyst may also suggest another line of approach to the area of resistance. By analyzing the patient's resistances, both the therapist and the patient can understand the source of the anxieties and how the patient deals with anxiety-provoking material.

Dream Analysis

Freud believed that dreams express unconscious thoughts and feelings. In a technique known as **dream analysis**, the psychoanalyst interprets the client's dream to find the unconscious thoughts and feelings in it.

Freud believed that dreams contain manifest and latent content. *Manifest content* refers to what you remember about your dream. For instance, you recall seeing your house fall apart, brick by brick, in last night's dream. *Latent content* refers to the hidden meanings represented symbolically in the dream that the therapist interprets from the manifest content. For example, a therapist might interpret a dream involving a deteriorating house to mean that you are upset about current health problems or are worried about your health.

Transference

Sooner or later, the analyst begins to appear in the patient's associations and dreams. The patient may begin feeling toward the analyst the way she feels toward some other important figure in her life. This process is called **transference**.

If the patient can recognize what is happening, transference may allow her to experience her true feelings toward the important person. Often, instead of experiencing and understanding her feelings, the patient simply begins acting toward the therapist in the same way she used to act toward the important person, usually one of her parents.

The therapist does not allow the patient to resort to these tactics. Remaining impersonal and anonymous, the therapist always directs the patient back to herself. The therapist may ask, for example, "What do you see when you imagine my face?" The patient may see the therapist as an angry, frowning, unpleasant figure. The therapist never takes this personally, instead asking, "What does this make you think of?" Gradually, it will become clear to both patient and therapist that the patient is reacting to the neutral therapist as though he or she were a threatening parent, for example.

By understanding transference, the patient becomes aware of hidden feelings and motivations. She may begin to understand, for example, the roots of trouble with her boss at work. The boss, the therapist, or any person in a position of authority may be viewed in the same way that, as a child, she saw her parents.

The purpose of psychoanalysis is to show the role of the unconscious and to provide insight for the client. This type of classical psyche (mind) analysis, however, is not for everyone. It requires an average of 600 sessions and years of meeting with a psychoanalyst. Psychoanalysis has

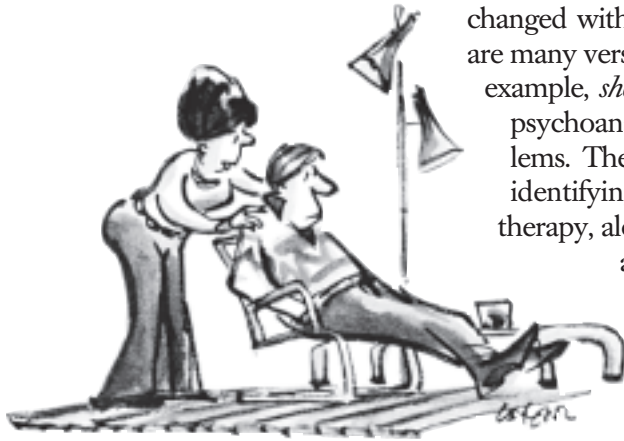
Figure 17.5 What Do Our Dreams Mean?

While we sleep, our dreams probably do not follow logical thought patterns. Because of this, Freud considered dreams the purest form of free association. **What do therapists hope to learn from analyzing dreams?**



dream analysis: a technique used by psychoanalysts to interpret the content of patients' dreams

transference: the process, experienced by the patient, of feeling toward an analyst or therapist the way he or she feels or felt toward some other important figure in his or her life



"Of course you have strengths, dear. It's just that you don't communicate them."

Figure 17.6

Humanistic Approaches to Therapy

Humanistic therapies attempt to help clients make better use of their own abilities. **How does this cartoon reflect a humanistic approach?**

humanistic therapy:

focuses on the value, dignity, and worth of each person; holds that healthy living is the result of realizing one's full potential

client-centered therapy:

reflects the belief that the client and therapist are partners in therapy



Reading Check

Why did Rogers choose to refer to a patient as a "client"?

nondirective therapy:

the free flow of images and ideas, with no particular direction

changed with patients, disorders, and the prevailing cultures. There are many versions available today of this classical psychoanalysis. For example, *short-term dynamic psychotherapy* is a shortened version of psychoanalysis. This type of therapy focuses on a client's problems. The therapist uses a direct and more active approach in identifying and resolving the problems. This approach to therapy, along with psychoanalysis, works well for clients who are able to gain insight into their behavior. People who lose touch with reality—for instance, a person suffering from schizophrenia—will probably not benefit from psychoanalysis, though.

HUMANISTIC THERAPY

The goal of **humanistic therapy** is to help people fulfill their human potential. Humanistic psychology has given rise to several approaches to psychotherapy, known collectively as **client-centered therapy**. Humanistic psychologists stress the actualization of one's unique potentials through personal responsibility, freedom of choice, and authentic relationships.

Client-Centered Therapy

Client-centered therapy, or person-centered therapy, is based on the theories of Carl Rogers (1951, 1977). This therapy depends on the person's own motivation toward growth and self-actualization. The use of the term *person* or *client* instead of *patient* gives one an insight into the reasoning behind Rogers's method. *Patient* may suggest inferiority or passivity, whereas *person* or *client* implies an equal relationship between the therapist and the individual seeking help. According to Rogers, this equal relationship reflects three therapeutic components—positive regard, empathy, and genuineness. Positive regard refers to the therapist's ability to demonstrate caring and respect for the client. Empathy is the ability to understand what the client is feeling. Genuineness refers to the therapist's ability to act toward the client in a real and nondefensive manner.

Client-centered therapists assume that people are basically good and that they are capable of handling their own lives. Psychological problems arise when the true self becomes lost and the individual comes to view the self according to the standards of others. One of the goals of therapy is to help the person recognize his or her own strength and confidence, thereby learning to be true to his or her own standards and ideas about how to live effectively.

Techniques of Client-Centered Therapy

In the course of an interview, the client is encouraged to speak freely about any troubling matters. The topics discussed are entirely up to the client. This method is called **nondirective therapy** because the therapist does not direct it. The therapist listens and encourages conversation but tries to avoid giving opinions.

The therapist tries to echo back, as clearly as possible, the feelings the client has expressed. This communication technique is called **active listening**. The therapist may try to extract the main points from the client's hesitant or rambling explanations. Between them, the client and therapist form a clearer picture of how the client really feels about self, life, and important others.

Client-centered therapy is conducted in an atmosphere of emotional support that Rogers calls **unconditional positive regard**. The therapist never says what he or she thinks of the client or whether what the client has said is good or bad. Instead the therapist shows the client that anything said is accepted without embarrassment, reservation, or anger. The therapist's main responsibility is creating and maintaining a warm and accepting relationship with the client. This acceptance makes it easier for clients to explore thoughts about themselves and their experiences. They are able to abandon old values without fear of disapproval, and can begin to see themselves, their situations, and their relationships with others in a new light and with new confidence.

As they reduce tensions and release emotions, the clients feel that they are becoming more complete people. They gain the courage to accept parts of their personalities that they had formerly considered weak or bad. By recognizing their self-worth, they can set up realistic goals and consider the steps necessary to reach them. The clients' movements toward independence signal the end of the need for therapy; they can assume the final steps to independence on their own.

Although client-centered therapy has proved more effective than no treatment, it seems to be no more or less effective than other types of therapy. Client-centered therapy has helped, though, make therapists aware of the importance of developing supportive relations with their clients.

active listening: empathetic listening; a listener acknowledges, restates, and clarifies the speaker's thoughts and concerns

unconditional positive regard: a therapist's consistent expression of acceptance of the patient, no matter what the patient says and does

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PSYCHOLOGY
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Student Web Activity

Visit the *Understanding Psychology* Web site at psychology.glencoe.com and click on **Chapter 17—Student Web Activities** for an activity about psychotherapy.

SECTION 2 Assessment

- 1. Review the Vocabulary** Cite and describe the techniques involved in client-centered therapy.
- 2. Visualize the Main Idea** In a chart similar to the one below, list and describe the main processes involved in psychoanalysis.

Processes of Psychoanalysis
1
2
3
4

- 3. Recall Information** What is the purpose of dream analysis? How do therapists use it?
- 4. Think Critically** What are the main differences between psychoanalysis and humanistic therapy?

5. Application Activity

Some therapists may view therapy as a process of teaching a client a philosophy of life. Do you think this therapy goal is appropriate? Does this goal assume the therapist has the *better* philosophy of life? Argue your point in an editorial-type essay.

Case Studies

The Case of Rat Man

Period of Study: Early 1900s

Introduction: Sigmund Freud used psychoanalysis with a patient Freud referred to as *Rat Man*. A 29-year-old man came to Freud complaining of various fears, obsessions, and compulsions, or cravings, which had been occurring for approximately six years. These symptoms had prevented the man from completing his university studies and attaining success at work. Freud focused on Rat Man's uncontrollable fantasy in which the man would see his father and girlfriend tied down and being tortured by hungry rats strapped to their flesh.

Hypothesis: Freud's earliest hypothesis was that Rat Man maintained a conflict over whether he should marry his girlfriend or not. Since Rat Man was unable to decide consciously, he resolved this issue through his unconscious mind. These unconscious thoughts produced disturbing pictures in his mind, thus making him unable to carry out daily activities such as school and work. Freud also theorized that past love and hate issues between Rat Man and his father caused the father to be in Rat Man's dreams and fantasies.

Method: Freud began therapy with Rat Man by using a psychoanalytic technique called *free association*. Freud asked Rat Man to free-associate with the word *rats*. Rat Man came up with the word *rates*, referring to installments or money. In an earlier session, Rat Man indicated his girlfriend had little money and his father had always wanted him to marry a wealthy woman. Freud deduced the rat fantasies were related to the father's opposition to Rat Man's girlfriend.

In another instance during therapy, Rat Man described an event relayed to him by his mother, which had taken place when he was around four years of age. Rat Man claimed his mother had told him that as a little boy he had once bitten the nurse who was taking care of his father. Rat Man's father

began to beat him immediately after the incident occurred. Rat Man responded to the beatings with a multitude of angry and harsh words directed toward his father. After hearing those words, Rat Man's father never beat him again. Freud suggested that the act of Rat Man biting the nurse was a sexual action. Since his father beat him for indulging in his sexual needs (biting), Rat Man's fear of fulfilling his needs for a relationship stemmed from fear he would be punished.

A major breakthrough occurred when Rat Man revealed another fantasy he had been having. In this fantasy, Rat Man was persuaded to marry Freud's daughter. These wishes came directly from Freud himself (according to Rat Man's fantasy). Freud immediately interrupted and stated that Rat Man was replacing the role of his father with Freud. Moments later Rat Man became emotionally enraged at his therapist, and this rage ended with an intense fear that Freud would beat him. This signified a chief discovery. Freud convinced Rat Man he was reliving the event with his father by placing the therapist in the father's role.

Results: Before therapy, Rat Man had never consciously experienced anger toward his father. This anger came out in therapy sessions. To Freud, the rats biting into and destroying Rat Man's father and girlfriend symbolized significant past events—Rat Man biting his first love, or the nurse, and in another essence *biting* his father with angry words. According to Freud, Rat Man's conscious acceptance of the feelings of fear and anger toward his father would lead to a recovery. However, Rat Man was never able to fully enjoy the newly found insights. Shortly after his sessions with Freud, Rat Man was killed in World War I.



Analyzing the Case Study

1. Why did Rat Man seek therapy?
2. What was Freud's strategy in treating Rat Man?
3. **Critical Thinking** How did Rat Man demonstrate transference? How did this transference help in therapy?

Cognitive and Behavior Therapies

Reader's Guide

■ Main Idea

Cognitive and behavior therapies help clients develop new ways of thinking and behaving.

■ Vocabulary

- behavior modification
- cognitive therapy
- rational-emotive therapy (RET)
- behavior therapy
- systematic desensitization
- aversive conditioning
- contingency management
- token economy
- cognitive-behavior therapy

■ Objectives

- Describe cognitive therapies and their aims.
- Explain the processes and goals of behavior therapy.

EXPLORING PSYCHOLOGY

Imagine That!

Five times a day for several days, Brooks Workman stopped what she was doing and vividly imagined herself opening a soft drink can. She made a special point of picturing herself bringing the can to her mouth and placing her lips on it. Just as she was about to drink, hordes of roaches poured out of the can and scurried into her mouth, writhing, twitching, and wiggling their feelers.

—from *Toward a Self-Managed Life Style* by R.L. Williams and J.D. Long, 1979

Why would someone purposefully imagine the scene in the story above? Brooks's behavior was not as strange as it sounds. She was trying to cut down on the number of soft drinks she had each day. To achieve her goal, Brooks Workman used a method known as **behavior modification**—one of several forms of behavior therapy often used to eliminate or alter an undesirable voluntary behavior. In this section we will examine behavior and cognitive therapies.

behavior modification: a systematic method of changing the way a person acts and feels

COGNITIVE THERAPY

The goal of **cognitive therapies** focuses on changing the way people think (Beck, 1991). Basic assumptions that cognitive therapies share are that faulty cognitions—our irrational or uninformed beliefs, expectations, and

cognitive therapy: using thoughts to control emotions and behaviors

Figure 17.7 Examples of Irrational Thinking

Albert Ellis (1961) asserted that the irrational ideas we believe stand in the way of achieving lives that are free of anxiety. *How might a RET therapist counter these irrational beliefs?*

Everything I do must be approved and loved by virtually everybody.

I have to be completely competent, totally in control, and successful in everything I do.

It is catastrophic when things are not going the way I want them to go.

My unhappiness is not my fault. People and events over which I have no control are responsible.

Anytime I encounter something that I fear, I need to be consumed with worries and upset about it.

It is easier to avoid life's difficulties and responsibilities than to develop a better system for meeting them.

My life and the people with whom I work should be changed from the way they are.

The best I can do for myself is to relax and enjoy life. Inaction and passivity are the best bet to maximize my own enjoyment.

ways of thinking—distort our behaviors, attitudes, and emotions. So to improve our lives, we must work to change our patterns of thinking.

In what other ways are cognitive therapies similar? According to some psychologists (Ross, 1977), all of these theories follow one or more of three principles—disconfirmation, reconceptualization, and insight. *Disconfirmation* means clients may be confronted with evidence that directly contradicts their existing beliefs. In *reconceptualization*, clients work toward an alternative belief system to explain their experiences or current observations. In *insight*, clients work toward understanding and deriving new or revised beliefs.

Rational-Emotive Therapy

rational-emotive therapy (RET): a form of psychological help aimed at changing unrealistic assumptions about oneself and other people

Albert Ellis developed a form of therapy called **rational-emotive therapy (RET)** (1973). Ellis believed that people behave in deliberate and rational ways, given their assumptions about life. Emotional problems arise when an individual's assumptions are unrealistic (see Figure 17.7).

Suppose a man seeks therapy when a woman leaves him. He cannot stand the fact that she has rejected him. Without her, his life is empty and miserable. She has made him feel utterly worthless. He must get her back. Like a spoiled child, the man is demanding that the woman love him. He expects, even insists, that things will always go his way. Given this assumption, the only possible explanation for her behavior is that something is dreadfully wrong, either with him or with her.

What is wrong, in the therapist's view, is the man's thinking. By defining his feelings for the woman as need rather than desire, he—not she—is causing his depression. When you convince yourself that you need someone, you will in fact be unable to carry on without that person in your life. When you believe that you cannot stand rejection, you will in fact fall apart when you encounter rejection. This kind of faulty thinking is based on unreasonable attitudes, false premises, and rigid roles for behaviors.

The goal of rational-emotive therapy is to correct these false and self-defeating beliefs. Rejection is unpleasant but not unbearable. A relationship may be desirable, but it is not irreplaceable. To teach the individual to think in realistic terms, RET therapists may use a

number of techniques. One is *role playing* so that the person can see how his beliefs affect his relationships. Another technique is *modeling* to demonstrate other ways of thinking and acting. A third is *humor* to underline the absurdity of his beliefs. Still another technique is simple *persuasion*. The therapist may also assign homework to give the man practice in acting more reasonably. For example, the therapist may instruct him to ask women who are likely to reject him out on dates. Why? He will learn that he can cope with things not going his way.

Ellis liked to teach that behaviors are the result of the ABCs. *A* refers to the *Activating* event. *B* is the person's *Belief* system about the event. *C* refers to the *Consequences* that follow. Ellis claimed it is not the event that causes trouble but rather the way a person thinks about the event. In other words, *A* does not cause *C*, but instead *B* causes *C* (see Figure 17.8).

In therapy, the therapist and client work to change *B*, the belief. Ellis believes that the individual must take three steps to cure or correct himself. First, he must realize that some of his assumptions are false. Second, he must see that he is making himself disturbed by acting on false beliefs. Finally, he must work to break old habits of thought and behavior. He has to practice self-discipline and learn to take risks.

Beck's Cognitive Therapy

Aaron T. Beck (1967, 1970) introduced another form of cognitive therapy that is similar to Ellis's rational-emotive therapy. The primary difference in Beck's therapy is the focus on illogical thought processes (see Figure 17.9). Beck has therapists—through using persuasion and logic to change existing beliefs—also encourage clients to engage in actual tests of their own beliefs. For example, if a client believes that “I never have a good time,” the therapist might point out that this is a hypothesis, not a fact. The therapist might then ask the client to

Figure 17.8

Ellis's ABCs

Many cognitive therapists believe that our emotional reactions to situations are the result not of the situations but of our beliefs about the situations or our interpretations of the situations. **On what aspect—A, B, or C—do cognitive therapists focus? Why?**

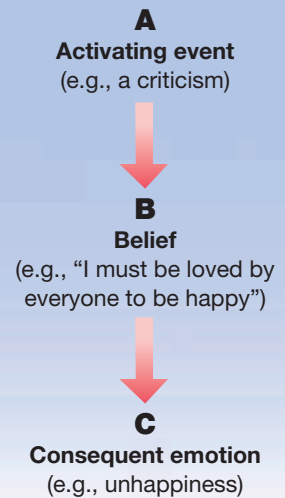


Figure 17.9

Beck's Maladaptive Thought Patterns

Beck believed that maladaptive thought patterns cause a distorted view of oneself and one's world, leading to various psychological problems. **What is polarized thinking?**

Maladaptive Thought Patterns	Definition	Example
Overgeneralization	Making blanket judgments about oneself	I'm a failure.
Polarized Thinking	Categorizing information into two categories	Most people don't like me.
Selective Attention	Focusing on only one detail of many	People always criticize me.



Quick Lab

How can someone overcome an irrational fear?

Systematic desensitization is most often used to help individuals overcome fears and anxieties. How is this technique applied?

Procedure

1. Identify a situation that makes someone you know fearful, or you can make up a fear for an imaginary person.
2. Imagine that you are that person. List all the aspects of the situation that you find frightening and rank them in order from the most frightening to least frightening.
3. Suggest a step-by-step plan. Apply the systematic desensitization technique to help overcome the fear.

Analysis

1. Prepare a flowchart showing the steps you would use to help the individual change his or her behavior.
2. Why do you think this technique is often effective in overcoming irrational fears?



See the **Skills Handbook**, page 622, for an explanation of designing an experiment.

test the hypothesis by looking at the evidence differently and note the times in her life when she actually did have a good time. The therapist's goal is to demonstrate to the client that her automatic thinking may be incorrect and that things are not as bad as they seem.

Beck's work has been very successful with people who are depressed. He believed that depressed people blame themselves instead of their circumstances. He also believed that depressed people focus on only negative events and ignore the positive events. They make pessimistic projections about the future. Finally, he believed they make negative conclusions about self-worth based on events that are not significant.

The goal of Beck's cognitive therapy is to change the way people think. The therapist's job is to determine the pace and direction of the therapy and to help the client detect negative thinking patterns. Therapists also help the client use more reasonable standards for self-evaluation.

Beck may also have clients do homework assignments to assess the true value of his or her beliefs. They may be asked to engage in behaviors that test these beliefs outside of the office. For example, a person who is not very assertive may be asked to cut into a line at the grocery store, to interrupt people who are talking, or to ask someone for a favor.

BEHAVIOR THERAPIES

behavior therapy:

changing undesirable behavior through conditioning techniques

In **behavior therapy** there is emphasis on one's behavior rather than one's thoughts, as in cognitive therapy. Rather than spending large amounts of time going into the patient's past or the details of his or her dreams, the behavior therapist concentrates on determining what is specifically troubling in the patient's life and takes steps to change it. The goal of behavior therapy is to modify one's behavior.

The idea behind behavior therapy is that a disturbed person is one who has learned to behave in an undesirable way and that any behavior that is learned can be unlearned. The therapist's job, therefore, is to help the patient learn new behaviors. The reasons for the patient's undesirable behavior are not important; what is important is to change the behavior. By changing one's behavior, one's thoughts change as well. The person is asked to list concrete examples of desired behaviors and behavioral goals. Once these behaviors have been targeted, a program to achieve these goals is developed. To bring about such changes, the therapist uses conditioning techniques first discovered in animal laboratories.

Counterconditioning

One technique used by behavior therapists is counterconditioning. This technique pairs the stimulus that triggers an unwanted behavior (such as the fear of snakes) with a new, more desirable behavior. The therapist helps the client reduce anxiety by pairing relaxation with anxiety-producing situations. Counterconditioning is a three-step process: (1) the person builds an anxiety hierarchy with the least feared situation on the bottom and the most feared situation on top; (2) the person learns deep muscle relaxation; (3) the person imagines or experiences each step in the hierarchy, starting with the least anxiety-provoking situation, while learning to be relaxed. Since it is impossible to maintain both relaxation and anxiety, the idea is to teach the person that the situation does not have to be anxiety producing. Using the anxiety hierarchy, the person progresses through each step after successfully completing the previous one.

Systematic desensitization is a counterconditioning technique used to overcome irrational fears and anxieties the patient has learned (Wolpe, 1961). The goal of systematic desensitization therapy is to encourage people to imagine the feared situation while relaxing, thus extinguishing the fear response (see Figure 17.10). For example, suppose a student is terrified of speaking in front of large groups—that, in fact, his stage fright is so tremendous that he is unable to speak when called upon in class. How would systematic desensitization therapy effectively change this person's behavior?

The therapist might have the student make a list of the frightening aspects of talking to others. Perhaps the most frightening aspect is actually standing before an audience, whereas the least frightening is speaking to a single other person. The client ranks these fears, from the most frightening on down. Then the therapist begins teaching the client muscle relaxation. Once he knows how to relax completely, the client is ready for the next step. The client tries to imagine as vividly as possible the least disturbing scene on his list of fears. Thinking about speaking to a single stranger may cause mild anxiety. Because the therapist has taught him how to relax, he learns to think about the experience without feeling anxious. The basic logic is that a person cannot feel anxious and relaxed at the same time. The therapist attempts to replace anxiety with its opposite, relaxation, through counterconditioning.

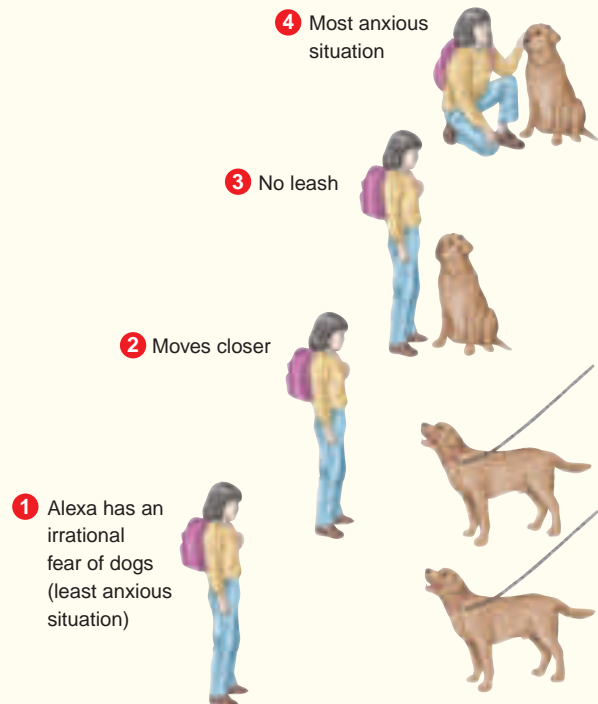
systematic desensitization: a technique to help a patient overcome irrational fears and anxieties

Figure 17.10

Losing Fears

Counterconditioning techniques, such as systematic desensitization, are used to help people overcome their irrational fears and anxieties.

What steps might be used to desensitize a child's fear of the dark?



Did You Know?

Virtual-Reality Therapy Some therapists use virtual reality in therapy. They equip their clients with helmets that display a virtual-reality scene. For instance, if you are afraid of heights, your therapist might expose you to a virtual-reality scene in which you are riding a glass elevator to the 74th floor of a building. The therapist can closely monitor your situation and turn off the display or remove your helmet if you become too agitated.

The patient and therapist then progress step-by-step through the list of anxiety-arousing events. The patient reaches a point where he is able to imagine the most threatening situations without feeling anxiety. Now the therapist starts to expose the person to real-life situations that have previously frightened him. Therapy finally reaches the point where the student is able to deliver an unrehearsed speech to a full auditorium.

Flooding refers to another treatment in which a therapist exposes the client to a feared object or situation. For example, let's say that you are deathly afraid of snakes. Your therapist might have you imagine yourself in a room full of snakes or have you hold a snake. This makes your heart rate soar, but it cannot stay that way forever. Eventually your heart rate returns to normal, and you realize that you have survived this test—you have faced your fear. You have begun to overcome your fear.

Behavior therapists also use *modeling* to teach a client to do something by watching someone else do it. For example, when teaching clients how to be assertive, a therapist might demonstrate ways to be assertive. The client watches and then tries to imitate the behavior.

Behavior therapists also use *modeling* to teach a client to do something by watching someone else do it. For example, when teaching clients how to be assertive, a therapist might demonstrate ways to be assertive. The client watches and then tries to imitate the behavior.

aversive conditioning:

links an unpleasant state with an unwanted behavior in an attempt to eliminate the behavior



Reading Check

How does aversive conditioning differ from counterconditioning?

contingency management:

undesirable behavior is not reinforced, while desirable behavior is reinforced

Aversive Conditioning In **aversive conditioning**, the goal is to make certain acts unpleasant so that they will be avoided. For example, alcoholics can be given medication that will make them sick when they take alcohol. The relearning process involved is to try to associate the aversive (negative) feeling with taking the alcohol and hence reduce its appeal and use. The rate of improvement for this method is about 50 percent, with the effect lasting about six months. Thus it is not a solution as much as a good beginning for a number of alcoholics (Ullmann & Krasner, 1969, 1975).

Operant Conditioning

Operant conditioning is based on the assumption that behavior that is reinforced tends to be repeated, whereas behavior that is not reinforced tends to be extinguished. In **contingency management** the therapist and patient decide what old, undesirable behavior needs to be eliminated and what new, desirable behavior needs to appear.

Arrangements are then made for the old behavior to go unrewarded and for the desired behavior to be positively reinforced. In its simplest form, contingency management consists of the therapist agreeing with the patient: "If you do X, I will give you Y." This form of agreement is similar to systems of reward that people often use on themselves or parents use on children. For instance, a student may think, "If I get a good grade on the exam, I'll treat myself to a new CD." The reward is contingent (dependent) upon getting a good grade.

Contingency management is used in prisons, mental hospitals, schools, army bases, and with individual patients. In these situations it is

possible to set up whole miniature systems of rewards, called **token economies**. For example, psychologists in some mental hospitals select behavior they judge desirable. Patients are then rewarded for these behaviors with tokens. Thus if a patient cleans his room or works in the hospital garden, he is rewarded with token money. The patients are able to cash in their token money for things they want, such as candy or cigarettes, or for certain privileges, such as time away from the ward. These methods are successful in inducing patients to begin leading active lives. They learn to take care of themselves and to take on responsibility instead of having to be cared for constantly.

token economy: desirable behavior is reinforced with valueless objects or points, which can be accumulated and exchanged for various rewards

COGNITIVE-BEHAVIOR THERAPY

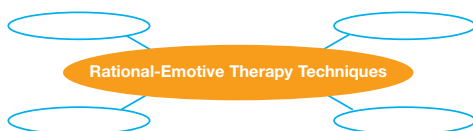
Many therapists combine aspects of cognitive and behavior therapies. **Cognitive-behavior therapy** focuses on setting goals for changing a client's behavior and then, unlike other behavior therapies, placing more emphasis on changing the client's interpretation of his or her situation. This type of therapy seeks to help clients differentiate between serious, real problems and imagined or distorted problems. A cognitive-behavior therapist might work with a client to change certain behaviors by monitoring current behaviors and thought patterns, setting progressively difficult goals, reinforcing positive changes, substituting positive thoughts for negative thoughts, and practicing new behaviors in a safe setting. Many self-help programs use this approach. For example, you might begin a program of developing positive self-esteem by using these techniques. Cognitive-behavior therapies are becoming increasingly widespread and have proven effective for treating a wide range of problems.

cognitive-behavior therapy: based on a combination of substituting healthy thoughts for negative thoughts and beliefs and changing disruptive behaviors in favor of healthy behaviors

SECTION 3

Assessment

- 1. Review the Vocabulary** How does cognitive therapy differ from behavior therapy?
- 2. Visualize the Main Idea** In a diagram similar to the one below, list and describe rational-emotive therapy techniques.



- 3. Recall Information** How does aversive conditioning work?

- 4. Think Critically** Sheila was not picked to be a basketball captain in gym class. She thought the gym teacher didn't pick her because Sheila is short. Sheila became angry with the teacher and acted rudely in gym class. Explain this scenario using what psychologist Albert Ellis calls the *ABCs*.

- 5. Application Activity** Pick something of which you are afraid. Construct a plan for using systematic desensitization to help you overcome this fear.

Biological Approaches to Treatment

Reader's Guide

■ Main Idea

Biological approaches to treatment rely on methods such as medications, electric shock, and surgery to help clients.

■ Vocabulary

- drug therapy
- antipsychotic drugs
- antidepressants
- lithium carbonate
- antianxiety drugs
- electroconvulsive therapy (ECT)
- psychosurgery
- prefrontal lobotomy

■ Objectives

- Explain biological approaches to treatment.
- Give examples of treatment medicines and their effects on patients.

EXPLORING PSYCHOLOGY

Medical Miracles?

Susan A. has spent most of her adult life fighting with people—her parents, her neighbors, her co-workers, and her husband. The 39-year-old Seattle woman has suffered bouts of depression and bulimia, abused drugs and alcohol, and twice tried to kill herself. She once sought relief in an antidepressant called doxepin, but she didn't like the way it made her feel.

Two years ago her therapist, Dr. Michael Norden, suggested she try a new drug called Prozac. She did. Within a month, Susan had given up psychotherapy in favor of school and a full-time job. She had also given up tranquilizers and street drugs. "I feel 1,000%," she said in a written note. "I actually like Mom and Dad now, I'm well liked at work, I don't ruminate on the negatives, I don't have murderous rages, my marriage is five times better."

—from "The Promise of Prozac" by G. Cowley, in *Newsweek*, March 26, 1990

People with ear infections are given antibiotics, and within about 10 days, most infections are gone. Could the same approach be used for people with psychological problems? According to Susan A.'s testimonial, the drug Prozac seemed to alleviate her psychological problems. Some experts believe that biological therapies, such as medications, should be reserved for people who fail to respond to psychotherapy. Other experts believe that a combination of psychotherapy and biological therapy is the answer for many patients.

BIOLOGICAL THERAPY

It is not possible for therapists to help all people with the therapies described so far in the chapter. The various talking and learning therapies have been aimed primarily at patients who are still generally capable of functioning within society.

Biological approaches to treatment assume there is an underlying physiological reason for the disturbed behavior, the faulty thinking, and the inappropriate emotions the person displays. Biological therapy uses methods such as medication, electric shock, and surgery to help people with psychological disorders.

Since these treatments are medical in nature, physicians or psychiatrists typically administer them. Psychologists do not usually prescribe drugs or administer biological treatments, but they may help decide whether a biological approach to treatment is appropriate for a particular patient.

Drug Therapy

The most widely used biological therapy for psychological disorders is **drug therapy**. Drug therapy involves four main types of psychoactive medications: antipsychotic drugs, antidepressant drugs, lithium, and anti-anxiety drugs. All the medications used in drug therapy can be obtained only with a prescription and alleviate psychiatric symptoms. It is important to note that when patients undergoing drug therapy stop taking the medication, their symptoms typically reappear. Often, drugs treat only the symptoms; drug therapy does not remove the causes of the disorder.

Antipsychotic Drugs For a long time the most common method of helping dangerous or overactive schizophrenic patients was physical restraint—the straitjacket, wet-sheet wrapping, and isolation. Doctors calmed the patient by means of psychosurgery or electroconvulsive shock (discussed later).

Today patients with schizophrenia are usually prescribed **antipsychotic drugs**. These drugs have helped schizophrenics stay out of mental institutions. Many patients with schizophrenia who take these drugs improve in a number of ways: they become less withdrawn, become less confused and agitated, have fewer auditory hallucinations, and are less irritable and hostile (Cole, 1964). One theory of schizophrenia proposes that when a person's dopamine neurotransmitter system somehow becomes overactive, that person develops schizophrenia. These medicines inhibit dopamine receptor sites. Drugs like chlorpromazine (such as Thorazine)

Figure 17.11 Starting Biological Therapy

The patient is meeting with her doctor to discuss her treatment and evaluate how she is doing and what should happen next. *When would a psychiatrist suggest that a patient try medications?*



drug therapy: biological therapy that uses medications

antipsychotic drugs: medication to reduce agitation, delusions, and hallucinations by blocking the activity of dopamine in the brain; tranquilizers

Homelessness: A Legacy of Deinstitutionalization

Homelessness is a major problem in the United States, and it is likely that you come into contact with the homeless at least occasionally. When you do, you may be observing a person with a psychological disorder.

It is estimated that 25 percent of the homeless are mentally ill, overlapping partially with 33 percent of the homeless estimated to be severely addicted (National Coalition for the Homeless, 1999). This seems to be a direct result of deinstitutionalization.

Since the introduction of antipsychotic drugs in the 1950s, the number of patients confined to mental institutions has steadily dropped. Unfortunately, most antipsychotic drugs do not cure disorders. Rather, they merely control the more obvious symptoms of psychological disorders so that patients are no longer dangerous. Thus, there is no longer any reason to keep these people institutionalized.

Many patients who have been released from institutions often find it impossible to hold steady jobs or to live on their own. In this way, the noble goal of deinstitutionalization has contributed to the problem of homelessness and has affected all our lives. Most communities lack efficient systems for aiding these people.

and haloperidol (such as Haldol) block or reduce the sensitivity of dopamine receptors. Clozapine (such as Closaril) decreases dopamine activity and increases the serotonin level, which inhibits the dopamine system. While these drugs reduce the symptoms of schizophrenia, there can be unpleasant side effects, such as muscular rigidity, impaired coordination, and tremors.

Antidepressant drugs Another class of drugs, called **antidepressants**, relieves depression. Depression is accompanied by imbalances in the neurotransmitters serotonin and norepinephrine. Monoamine oxidase (MAO) inhibitors, such as Nadril, elevate the levels of certain neurotransmitters by inhibiting their breakdown. Tricyclic antidepressants, such as Elavil, increase levels of these neurotransmitters by preventing the reuptake of these transmitters into the axon terminals. Antidepressants may have unpleasant side effects, such as dizziness, fatigue, forgetfulness, and weight gain. Selective serotonin reuptake inhibitors (SSRI), such as those in Prozac, work the same way but target the neurotransmitter serotonin.

antidepressants:

medication to treat major depression by increasing the amount of one or both of the neurotransmitters noradrenaline and serotonin

lithium carbonate: a chemical used to counteract mood swings of bipolar disorder

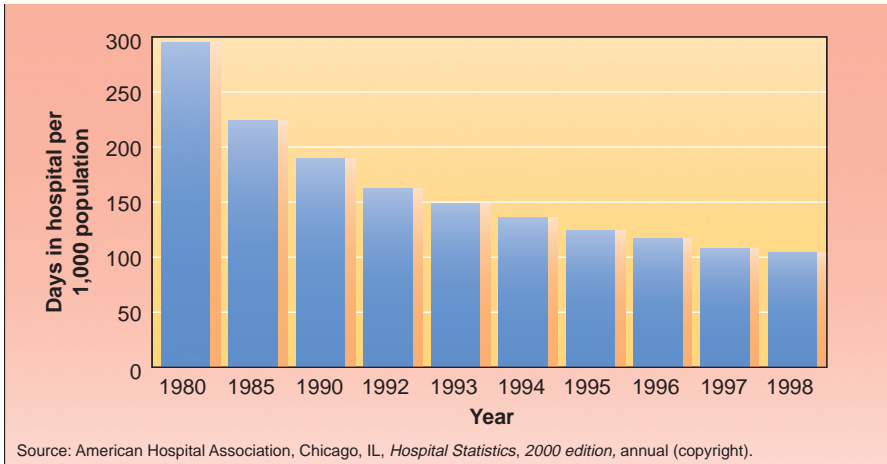
antianxiety drugs: medication that relieves anxiety and panic disorders by depressing the activity of the central nervous system

Lithium Carbonate The chemical **lithium carbonate** is widely used by people with a bipolar disorder in order to counteract extreme mood swings. While all of the other medicines described here are synthetic, lithium is a natural chemical element that controls levels of norepinephrine. Lithium can cause side effects if it is not administered under proper medical supervision. The finding that lithium salts reduce the symptoms of someone with a bipolar disorder, more so than those with a unipolar depression, suggests to researchers that these may be two different illnesses (Pokorny & Prein, 1974).

Antianxiety Drugs Commonly known as sedatives or mild tranquilizers, **antianxiety drugs** are used to reduce excitability and cause drowsiness. First the barbiturates, then Miltown (meprobamate), and eventually the benzodiazepines have been very popular prescriptions in recent decades. At one time Valium was the most popular prescription drug in the country. Now several benzodiazepines, which are prescribed for panic attacks and agoraphobia and include Xanax (alprazolam), have joined it among the 50 most prescribed drugs.

Figure 17.12 Deinstitutionalization

Over the past three decades the national policy has been one of deinstitutionalization. Deinstitutionalization refers to the release of patients from mental hospitals. These patients rejoin the community to attempt to lead independent lives. *How has the number of days patients spend in mental hospitals changed since 1980?*



While these drugs are effective for helping normal people cope with difficult periods in their lives, they are also prescribed for the alleviation of various anxiety-based symptoms, psychosomatic problems, and symptoms of alcohol withdrawal. The major effect of Valium, Librium, and Miltown is to depress the activity of the central nervous system by stimulating the action of the neurotransmitter GABA (gamma-aminobutyric acid).

If antianxiety drugs are taken properly, the side effects are few and consist mainly of drowsiness. However, prolonged use may lead to dependence, and heavy doses taken along with alcohol can result in death. These drugs do reduce anxiety, but the best use seems to be for dealing with acute rather than chronic anxiety. (Mellinger, Balter, & Uhlenhuth, 1985).

 **Reading Check**
What is the major effect of antianxiety drugs?

Electroconvulsive Therapy

Electroconvulsive therapy (ECT), commonly called shock treatment, has proved extremely effective in the treatment of severe depression, acute mania, and some types of schizophrenia (Koop, 2001). No one understands exactly how it works, but it involves administering, over several weeks, a series of brief electrical shocks of approximately 70–150 volts for 0.1–1.0 seconds. The shock induces a convulsion in the brain similar to an epileptic seizure that may last up to a minute.

Many people consider ECT a controversial treatment. In the past, it was not always used judiciously. As a result, some people experienced extensive amnesia, as well as problems with language and verbal abilities. Today, electroconvulsive therapy entails very little discomfort for the patient. Prior to treatment, the

electroconvulsive therapy (ECT): an electrical shock is sent through the brain to try to reduce symptoms of mental disturbance

patient is given a sedative and injected with a muscle relaxant to alleviate involuntary muscular contractions. Even with these improvements, however, electroconvulsive therapy is a drastic treatment and must be used with great caution. Many people experience some memory problems after receiving this treatment. When ECT is applied bilaterally—with the electric current running across both of the brain's hemispheres—the patient may lose memory for events occurring one to two days before the treatment. Today physicians usually apply ECT unilaterally to the right hemisphere only. This technique results in little memory loss. The use of ECT has declined somewhat, but it remains a highly effective treatment for depression (Thienhaus et al., 1990).

Psychosurgery

psychosurgery: a medical operation that destroys part of the brain to make the patient calmer and freer of symptoms

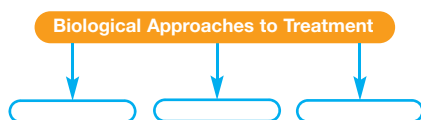
prefrontal lobotomy: a radical form of psychosurgery in which a section of the frontal lobe of the brain is destroyed

Brain surgery performed to treat psychological disorders is called **psychosurgery**. The most common operation, **prefrontal lobotomy**, involves destruction of the front portion of the brain, just behind the forehead. This part of the brain, the frontal lobe, contains most of the nerve connections that control emotions. From the late 1930s to the early 1950s, doctors performed prefrontal lobotomies on people who were extremely violent or diagnosed with schizophrenia, depression, bipolar disorder, and obsessive-compulsive disorder. The use of prefrontal lobotomies decreased significantly in the mid-1950s, when newly developed drugs offered alternative treatments. At the same time, mounting evidence indicated that lobotomized patients showed an inability to plan. Furthermore, destroyed brain tissue never regenerates, so the effects are permanent. Patients may become apathetic and less creative after surgery. Although specific nerve tracts and areas of the brain can now be located very precisely, less than 200 prefrontal lobotomies are performed annually in the United States (Sabbatini, 1997).

SECTION 4

Assessment

- 1. Review the Vocabulary** Describe how antipsychotic drugs, antidepressants, and antianxiety drugs work as therapy.
- 2. Visualize the Main Idea** In a graphic organizer similar to the one below, list and explain the biological approaches to treatment.
- 3. Recall Information** Why is psychosurgery controversial? Why is it used?
- 4. Think Critically** Describe a situation in which you believe a therapist would suggest biological therapy involving psychosurgery for a patient.



- 5. Application Activity** Imagine that you have been asked to give a talk about the biological approaches to psychological problems. Create an outline for your speech.

People who suffer from emotional problems often seek therapy from mental health professionals. The help these professionals provide is called psychotherapy.

Section 1 What Is Psychotherapy?

Main Idea:

Psychotherapy is a general term for the several approaches used by mental health professionals to treat psychological disorders.

- Mental health professionals who have been trained to deal with the psychological problems of others include counseling and clinical psychologists, psychiatrists, and social workers.
- An important function of psychotherapy is to help people realize that they are responsible for their own problems and that they are the only ones who can really solve these problems.

Section 2 Psychoanalysis and Humanistic Therapy

Main Idea:

Psychoanalysis is an analysis of the conscious and unconscious mind based on the theories of psychiatrist Sigmund Freud. Humanistic therapy helps people reach their full potential.

- A main goal of a psychoanalyst is to help make patients aware of the unconscious impulses, desires, and fears that are causing their anxieties.
- Humanistic psychology has given rise to several approaches to psychotherapy known as client-centered therapy.
- Client-centered therapists believe that psychological problems arise when the true sense of self becomes lost and the individual comes to view himself or herself according to the standards of others.

Section 3 Cognitive and Behavior Therapies

Main Idea: Cognitive and behavior therapies help clients develop new ways of thinking and behaving.

- Cognitive therapists focus on changing the way people think.
- Behavior therapists concentrate on determining what is specifically troubling with a patient's life and taking steps to change it.

Section 4 Biological Approaches to Treatment

Main Idea:

Biological approaches to treatment rely on methods such as medications, electric shock, and surgery to help clients.

- Biological approaches to treatment assume there is an underlying physiological reason for the disturbed behavior, faulty thinking, and inappropriate emotions an individual displays.
- Drug therapy involves four main types of medications—antipsychotic drugs, antidepressant drugs, lithium, and antianxiety drugs.
- Electroconvulsive therapy is a rare, drastic treatment that is used with great caution.
- Psychosurgery involves destroying part of the brain to free the patient of symptoms.

Chapter Vocabulary

psychotherapy (p. 486)
 eclectic approach (p. 487)
 placebo effect (p. 488)
 empathy (p. 489)
 group therapy (p. 489)
 psychoanalysis (p. 494)
 insight (p. 494)
 free association (p. 494)
 resistance (p. 494)
 dream analysis (p. 495)
 transference (p. 495)
 humanistic therapy (p. 496)
 client-centered therapy (p. 496)
 nondirective therapy (p. 496)
 active listening (p. 497)
 unconditional positive regard (p. 497)
 behavior modification (p. 499)
 cognitive therapy (p. 499)
 rational-emotive therapy (RET) (p. 500)
 behavior therapy (p. 502)
 systematic desensitization (p. 503)
 aversive conditioning (p. 504)
 contingency management (p. 504)
 token economy (p. 505)
 cognitive-behavior therapy (p. 505)
 drug therapy (p. 507)
 antipsychotic drugs (p. 507)
 antidepressants (p. 508)
 lithium carbonate (p. 508)
 antianxiety drugs (p. 508)
 electroconvulsive therapy (ECT) (p. 509)
 psychosurgery (p. 510)
 prefrontal lobotomy (p. 510)

CHAPTER 17

Assessment

CLICK HERE

PSYCHOLOGY
Online



Self-Check Quiz

Visit the *Understanding Psychology* Web site at psychology.glencoe.com and click on **Chapter 17—Self-Check Quizzes** to prepare for the Chapter Test.

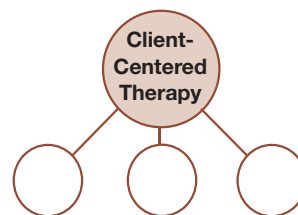
Reviewing Vocabulary

Choose the letter of the correct term or concept below to complete the sentence.

- | | |
|----------------------------------|-------------------------------|
| a. eclectic approach | g. systematic desensitization |
| b. empathy | h. aversive conditioning |
| c. insight | i. antipsychotic drugs |
| d. free association | j. lithium carbonate |
| e. active listening | |
| f. unconditional positive regard | |
- Some psychotherapists use a(n) _____ to therapy, using many different methods.
 - Patients with schizophrenia are often treated with _____.
 - A technique in which people are urged to imagine a feared situation in order to extinguish the fear is called _____.
 - In a communication technique called _____, the client-centered therapist tries to echo back the feelings the client has expressed.
 - _____, or people's understanding of their unconscious motives, is the first step toward gaining control over their behavior.
 - An effective psychotherapist has _____, or a capacity for warmth and understanding.
 - In a technique called _____, individuals learn to associate negative feelings with the behavior they want to avoid.
 - Talking about everything that comes to mind is called _____.
 - Client-centered therapy is conducted in an atmosphere of emotional support called _____.
 - _____ is often used to bring manic-depressive people to a state of equilibrium.

Recalling Facts

- How do self-help groups help people deal with problems?
- What is the goal of psychoanalysis? What does the therapist do to achieve this goal?
- Using a diagram similar to the one below, describe the main techniques of client-centered therapy.



- What steps does a rational-emotive therapist expect the client to take to solve his or her problems?
- Identify the effects of antipsychotic drugs, anti-depressants, and anti-anxiety drugs.

Critical Thinking

- Making Inferences** One technique that client-centered therapists use is active listening. What does this technique involve? Do you think active listening might be effective in improving day-to-day communication between people? Explain.
- Demonstrating Reasoned Judgment** Do you agree with Albert Ellis that it is not the event in a person's life that causes trouble but rather the way a person thinks about the event? Explain.
- Evaluating Information** Make a list of a few fears that you have. Rank them from least fearful to most fearful. Do you think any of your fears are based on conditioning? Describe a method of counterconditioning that you think would remove the fear or make it less intense.
- Making Comparisons** What do you think are the major differences between psychoanalysis and behavior therapy?
- Analyzing Information** Do you think psychosurgery should ever be used to treat psychological problems? Why?

Psychology Projects

- 1. What Is Psychotherapy?** Attend an open meeting of one of the following self-help support groups: Alcoholics Anonymous, Al-Anon, Alateen, Smokenders, Narcotics Anonymous, Weight Watchers, or Overeaters Anonymous. Go with a classmate so that you can share your observations and experiences. Notice and report to the class on the ways in which the group provides support for people.
- 2. Humanistic Therapies** Research existential therapies and transactional analysis, which are two other types of client-centered therapies. What are the basic beliefs? Summarize your research and report your findings in an essay or brief presentation to the class.
- 3. Behavior Therapies** Operant conditioning is based on the assumption that reinforced behavior tends to be repeated. Behavior therapy often involves a system of rewards called token economies. Propose a token economy that could be used in your school. Describe what rewards would be used and what behaviors they would reinforce.

- 4. Biological Approaches to Treatment** Go to your local library or video store to find a movie that portrays mental illness. You might view *One Flew Over the Cuckoo's Nest* or *Awakenings*. Describe and classify some of the patients' symptoms and the kinds of treatments that were administered. Describe the effectiveness of the treatments in a written report.



Technology Activity

Search the Internet for sites that provide online psychotherapy services. Find out what types of problems are generally addressed in these sites. Report your findings in a written report.

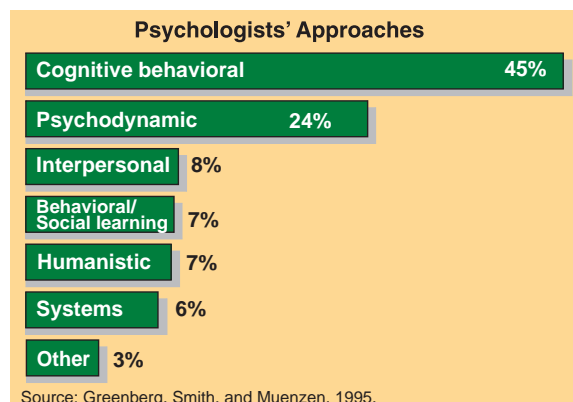


Psychology Journal

Reread the recommendations for treatment that you wrote in your journal. How do the techniques you suggest resemble the therapies described in this chapter? Answer this question in your journal.

Building Skills

Interpreting a Graph Review the graph below, then answer the questions that follow.



1. What percentage of psychologists uses behavior therapies? Interpersonal therapies?

2. Which type of psychotherapy is used by the greatest percentage of psychologists? Why do you think this is so?
3. Psychodynamic therapy (or short-term dynamic psychotherapy) is an approach that is similar to psychoanalysis. Why do you think more therapists practice psychodynamic therapy rather than classical psychoanalysis?
4. How popular do you think biological approaches are? Why do you think so? Investigate this question and report your findings to the class.



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See the **Skills Handbook**, page 628, for an explanation of interpreting graphs.

READINGS IN PSYCHOLOGY

In the novel *The Bell Jar*, nineteen-year-old Esther Greenwood wins a dream assignment on a New York fashion magazine, but she quickly finds herself sinking into despair. In this excerpt, Esther receives electroshock therapy at Belsize hospital after attempting to commit suicide. This novel is largely autobiographical—poet-author Sylvia Plath ended her own life a month after the book's publication in 1963.



Reader's Dictionary

alcove: a small recessed section of a room

electrotherapy: treatment or therapy that uses electricity; electroconvulsive therapy (ECT)

pallid: lacking sparkle or liveliness



BY SYLVIA PLATH

The nurse rapped on my door and, without waiting for an answer, breezed in.

It was a new nurse—they were always changing—with a lean, sand-colored face and sandy hair, and large freckles polka-dotting her bony nose. For some reason the sight of this nurse made me sick at heart, and it was only as she strode across the room to snap up the green blind that I realized part of her strangeness came from being empty-handed.

I opened my mouth to ask for my breakfast tray, but silenced myself immediately. The nurse would be mistaking me for somebody else. New nurses often did that. Somebody in Belsize must be having shock treatments, unknown to me, and the nurse had, quite understandably, confused me with her.

I waited until the nurse had made her little circuit of my room, patting, straightening, arranging, and taken the next tray in to Loubelle one door farther down the hall.

Then I shoved my feet into my slippers, dragging my blanket with me, for the morning was bright, but very cold, and crossed quickly to the

kitchen. The pink-uniformed maid was filling a row of blue china coffee pitchers from a great, battered kettle on the stove. . . .

"There's been a mistake," I told the maid, leaning over the counter and speaking in a low, confidential tone. "The new nurse forgot to bring me in my breakfast tray today."

I managed a bright smile, to show there were no hard feelings.

"What's the name?"

"Greenwood. Esther Greenwood."

"Greenwood, Greenwood, Greenwood." The maid's warty index finger slid down the list of names of the patients in Belsize tacked upon the kitchen wall. "Greenwood, no breakfast today."

I caught the rim of the counter with both hands. . . .

I strode blindly out into the hall, not to my room, because that was where they would come to get me, but to the alcove. . . .

I curled up in the far corner of the alcove with the blanket over my head. It wasn't the shock treatment that struck me, so much as the bare-faced treachery of Doctor Nolan. I liked Doctor Nolan, I loved her, I had given her my trust on a platter and told her everything, and she had promised, faithfully, to warn me ahead of time if ever I had to have another shock treatment.

If she had told me the night before I would have lain awake all night, of course, full of dread and foreboding, but by morning I would have been composed and ready. I would have gone down the hall between two nurses, past DeeDee and Loubelle and Mrs. Savage and Joan, with dignity, like a person coolly resigned to execution.

The nurse bent over me and called my name.

I pulled away and crouched farther into the corner. The nurse disappeared. I knew she would return, in a minute, with two burly men attendants,

and they would bear me, howling and hitting, past the smiling audience now gathered in the lounge.

Doctor Nolan put her arm around me and hugged me like a mother.

"You said you'd *tell* me!" I shouted at her through the dishevelled blanket.

"But I *am* telling you," Doctor Nolan said. "I've come specially early to tell you, and I'm taking you over myself."

I peered at her through swollen lids. "Why didn't you tell me last night?"

"I only thought it would keep you awake. If I'd known . . ."

"You *said* you'd tell me."

"Listen, Esther," Doctor Nolan said. "I'm going over with you. I'll be there the whole time, so everything will happen right, the way I promised. I'll be there when you wake up, and I'll bring you back again."

I looked at her. She seemed very upset.

I waited a minute. Then I said, "Promise you'll be there."

"I promise."

Doctor Nolan . . . led me down a flight of stairs into the mysterious basement corridors that linked, in an elaborate network of tunnels and burrows, all the various buildings of the hospital.

The walls were bright, white lavatory tile with bald bulbs set at intervals in the black ceiling. Stretchers and wheelchairs were beached here and there against the hissing, knocking pipes that ran and branched in an intricate nervous system along the glittering walls. I hung on to Doctor Nolan's arm like death, and every so often she gave me an encouraging squeeze.

Finally, we stopped at a green door with Electrotherapy printed on it in black letters. I held back, and Doctor Nolan waited. Then I said, "Let's get it over with," and we went in.

The only people in the waiting room besides Doctor Nolan and me were a pallid man in a shabby maroon bathrobe and his accompanying nurse. . . .

"Do you want to sit down?"

Doctor Nolan pointed at a wooden bench, but my legs felt full of heaviness, and I thought how hard it would be to hoist myself from a sitting position when the shock treatment people came in.

"I'd rather stand."

At last a tall, cadaverous woman in a white smock entered the room from an inner door. I thought that she would go up and take the man in the maroon bathrobe, as he was first, so I was surprised when she came toward me. . . .

Through the slits of my eyes, which I didn't dare open too far, lest the full view strike me dead, I saw the high bed with its white, drumtight sheet, and the machine behind the bed, and the masked person—I couldn't tell whether it was a man or a woman—behind the machine, and other masked people flanking the bed on both sides.

Miss Huey helped me climb up and lie down on my back.

"Talk to me," I said.

Miss Huey began to talk in a low, soothing voice, smoothing the salve on my temples and fitting the small electric buttons on either side of my head. "You'll be perfectly all right, you won't feel a thing, just bite down. . . ." And she set something on my tongue and in panic I bit down, and darkness wiped me out like chalk on a blackboard.



Analyzing the Reading

1. What is the setting of this excerpt?
2. How does Esther realize that she is scheduled for a shock treatment that morning?
3. **Critical Thinking** Despite its risks, ECT is still used to treat severe depression. Do you think this is ethical? Under what circumstances would such treatment be administered?