**Psychological Therapies**

The main psychotherapies discussed in this unit include psychoanalysis, humanistic therapies, cognitive therapies, and group and family therapies.

**1. Psychoanalysis**

This therapyassumes that many disorders stem from repressed impulses and conflicts (often in childhood). Psychoanalysts such as Freud believed the patients ***free associations***, ***resistances***, dreams (***latent content*** or censored meaning), and ***transferences*** (the patients transfer to the analyst of emotions linked with other relationships) and the therapists interpretations of them- released previously repressed feelings, allows the patient to gain self-insight. This type of therapy may help in providing the patient with evidence of a particular behavioral pattern.

***Criticisms:***

* The assumption that repressed memories exist is questionable.
* Interpretations are hard to refute.
* This type of therapy is slow and expensive.

**2. Humanistic Therapy:**

Therapists aim to boost self-concept by helping people to become self-aware and self-accepting. They tend to focus on the present and the future (vs. the past), conscious thoughts, and promoting growth and fulfillment (vs. curing illness). Two main types:

**(a). Person-Centered Therapy-**It was developed by **Carl Rogers**; therapist uses techniques such as active listening within a genuine, accepting, empathic environment to facilitate clients growth. It is called **nondirective**therapy and the therapist refrains from directing the client toward certain insights. It makes use of **Active Listening,**empathic listening in which the listener echoes, restates, and clarifies, and **Unconditional positive regard.**

**(b). Gestalt Therapy-**This type of therapy was developed by **Fritz Perls**and it is part psychoanalysis, part humanistic with an emphasis on helping people become more aware and able to express their feelings, and to take responsibility for their feelings and actions

**3. Behavior Therapy**

Behavioral therapists apply learning principles to the elimination of unwanted behaviors.

Unlike psychoanalysts, they assume that the problem behaviors *are* the problems. Both classical conditioning and operant conditioning techniques are used.

**Counterconditioning (Based on classical conditioning)**

This is a procedure that conditions new responses to stimuli that once caused unwanted behaviors. It includes systematic desensitization and aversive conditioning.

**(a). Systematic Desensitization**

It associates a pleasant, relaxed state with gradually increasing anxiety-triggering stimuli and is often used to treat phobias.

It has been criticized for making no attempt to help you understand the cause of your fear.

**(b). Aversive Conditioning**

It associates an unpleasant state with an unwanted behavior. For example some alcoholics are treated with a drug that causes nausea when drinking. It has been criticized because although it may work temporarily, the patients knowledge that it is the drug causing the aversive situation may reduce the treatments effectiveness.

**Token Economy (Based on operant conditioning)**

An operant conditioning procedure that rewards desired behaviors in an attempt to promote these behaviors. In this situation, the patient exchanges a token of some sort, earned for exhibiting the desired behavior, for a privilege or a treat.

Critics of this type of behavioral modification suggest that it may be too authoritarian and feel that once the reinforcements stop the desired behaviors will end as well.

**4. Cognitive Therapy**

Cognitive therapists attempt to teach people new, more adaptive ways of thinking and acting. Their beliefs are based on the assumption that we do not simply react to situations; our reactions are determined by our *thoughts*in response to the situation.

**Cognitive-behavior therapy**

The therapist challenges a persons illogical, self-defeating attitudes and assumptions. The goal is to change the way that the patient *acts and thinks*in a way that replaces irrational negative thinking with a more positive approach.

It has also been called rational-emotive behavior therapy by Albert Ellis in which he emphasizes the importance of relentlessly pointing out the "absurdity" of the patients self-defeating ideas.

**Cognitive Therapy for Depression**

Aaron Beck was one of the first therapists to focus on cognitive therapy for his depressed patients. Like, Ellis he also tried to change the way that depressed patients felt about themselves by helping them discover the irrationality of their ways of thinking but in a more gentle way. Research has shown that if there is a change in ones thought processes to think more positively, there is less depression and a lower risk of relapse.

**5. Group Therapies**

Group therapies include therapist-led small groups that you would find in family therapy, self-help groups and support groups such as AA, bereavement, for parents of children with special needs, etc. **Family Therapy**treats the family as a system and the mediator will approach a patients unwanted behaviors as influenced by or directed at other family members. During these sessions the therapist encourages family members toward positive relationships and attempts to help improve communication among them.