The Psychological Therapies

Module Preview

Mental health therapies include psychological therapies and biomedical therapies. Therapists using an eclectic approach draw from a variety of techniques. In fact, half of all psychotherapists describe themselves as taking an eclectic approach. Psychotherapy integration attempts to combine a selection of assorted techniques into a single, coherent system.

Psychoanalysts use free association and the interpretation of dreams, resistances, and transference to help their patients gain insight into the unconscious origins of their disorders and to work through the accompanying feelings.

Humanistic therapy focuses on clients' conscious feelings and on their taking responsibility for their own growth. Client-centered therapists use active listening to express genuineness, acceptance, and empathy.

Behavior therapists emphasize the direct modification of problem behaviors. They use exposure therapies, such as systematic desensitization and aversive conditioning, and they may also apply operant conditioning principles with techniques such as token economies.

Cognitive therapies aim to change self-defeating thinking by training people to view themselves in new, more positive ways. Cognitive-behavior therapists aim to change the way people act as well as alter the way they think.

Except for traditional psychoanalysis, these various types of therapies may also occur in therapist-led small groups. One special type of group therapy, family therapy, assumes that no person is an island.

Module Guide

➤ Introductory Exercise: Fact or Falsehood?
➤ Lecture: The Availability and Adequacy of Treatment
➤ Exercises: Therapist Role-Playing; Attitudes Toward Seeking Professional Psychological Help
➤ Videos: Module 40 of *Psychology: The Human Experience: Problems in Living; Discovering Psychology, Updated Edition: Psychotherapy;* Video Clips 35 and 36 of *Digital Media Archive: Psychology,* 1st ed.: *Treatment of Drug Addiction* and *Early Treatment of Mental Disorders*
➤ Instructor Video Tool Kit: *Early Treatment of Mental Disorders; Outpatient Commitment: Forcing Persons Into Mental Health Treatment*
➤ Feature Film: *Ordinary People* and Psychotherapy

53-1. *Discuss how psychotherapy, biomedical therapy, and an eclectic approach to therapy differ.*

In ***psychotherapy,*** a trained therapist uses psychological techniques to assist someone seeking to overcome difficulties or achieve personal growth. The *biomedical therapies* are prescribed medications or medical procedures that act directly on the patient's nervous system. Half of all

psychotherapists describe themselves as taking an ***eclectic approach*** in which they use techniques from various forms of therapy, depending on the client's problem. *Psychotherapy integration* combines a selection of assorted techniques into a single, coherent system.

Psychoanalysis

➤ Lecture: Good Candidates for Psychoanalysis

53-2. *Define* psychoanalysis, *and discuss the aims, methods, and criticisms of this form of therapy.*

Psychoanalysis is Sigmund Freud's therapeutic approach of using the patient's free associations, resistances, dreams, and transference, and the therapist's interpretations of them, to help the person release repressed feelings and gain self-insight. The goal of psychoanalysis is to help people gain insight into the unconscious origins of their disorders, to work through the accompanying feelings, and to take responsibility for their own growth.

Psychoanalysts draw on techniques such as *free association* (saying aloud anything that comes to mind), ***resistances*** (the defensive blocking from awareness of anxiety-laden material) and their ***interpretation,*** and other behaviors such as ***transference*** (transferring to the therapist of long-repressed feelings). Freud also believed that the *latent content* of dreams was another clue to unconscious conflicts. Like the psychoanalytic perspective on personality, psychoanalysis is criticized because its interpretations are hard to prove or disprove and because it is time-consuming and costly.

53-3. *Contrast psychodynamic therapy and interpersonal therapy with traditional psychoanalysis.*

Influenced by Freud, psychodynamic therapists try to understand patients' current symptoms by exploring their childhood experiences and the therapist-patient relationship. They may also help the person explore and gain perspective on defended-against thoughts and feelings. However, they talk with the patient face-to-face, once a week, and for only a few weeks or months. *Interpersonal psychotherapy,* a brief variation of psychodynamic therapy, emphasizes symptom relief in the present, not overall personality change. The therapist also focuses on current relationships and the mastery of relationship skills. It has been found effective with depressed patients.

Humanistic Therapies

➤ Lecture: Computer-Assisted Psychotherapy
➤ Exercises: Understanding Empathy; Role-Playing to Demonstrate Client-Centered Therapy; The Self-Concealment Scale; The Imposter Phenomenon
➤ Project: *Dibs* and Play Therapy
➤ PsychSim 5: Computer Therapist

53-4. *Identify the basic characteristics of the humanistic therapies, and describe the specific goals and techniques of Carl Rogers' client-centered therapy.*

Both psychoanalytic and humanistic therapies are referred to as ***insight therapies,*** which attempt to improve psychological functioning by increasing the client's awareness of underlying motives and defenses. However, in contrast to psychoanalysis, humanistic therapists focus on the present and the future more than the past, on clients' conscious feelings, and on their taking responsibility for their own growth. In emphasizing people's inherent potential for self-fulfillment, they aim to promote growth rather than to cure illness. In his *nondirective **client-centered therapy,*** Rogers used ***active listening*** to express *genuineness, acceptance,* and *empathy*. This technique, he believed, would help clients to increase their self-awareness and self-acceptance. The therapist interrupts only to restate and confirm the client's feelings, to accept what the client is expressing, or to seek clarification. The client-centered counselor seeks to provide a psychological mirror that helps clients see themselves more clearly. In a therapeutic environment that provides unconditional positive regard, clients may come to accept even their worst traits and feel valued and whole.

Behavior Therapies

➤ Lectures: Virtual Iraq; Exposure Therapy—Improving Its Effectiveness; The Self-Injurious Behavior Inhibiting System; Therapy and Totalitarian Control
➤ Exercise: Using Systematic Desensitization to Treat Eraser Phobia
➤ Project: Modifying an Existing Behavior

53-5. *Explain how the basic assumption of behavior therapy differs from those of traditional psychoanalytic and humanistic therapies, and describe the techniques used in exposure therapies and aversive conditioning.*

Traditional psychoanalysts attempt to help people gain insight into their unresolved and unconscious conflicts. Humanistic therapists help clients to get in touch with their feelings. In contrast, **behavior therapists** question the therapeutic power of increased self-awareness. They assume problem behaviors are the problems and thus do not look for inner causes. Instead, they apply learning principles to eliminate a troubling behavior.

Counterconditioning is a behavior therapy procedure, based on classical conditioning, that conditions new responses to stimuli that trigger unwanted behaviors. **Exposure therapies** treat anxieties by exposing people to the things they fear and avoid. In **systematic desensitization,** a prime example of exposure therapy, a pleasant, relaxed state is associated with gradually increasing anxiety-triggering stimuli. This procedure is commonly used to treat phobias. **Virtual reality exposure therapy** equips patients with a head-mounted display unit that provides vivid simulations of feared stimuli, such as a plane's takeoff. In **aversive conditioning,** an unpleasant state (such as nausea) is associated with an unwanted behavior (such as drinking alcohol). This method works in the short run, but for long-term effectiveness it is combined with other methods.

➤ Exercises: Modeling; Assessing Assertiveness
➤ Project: Modifying an Existing Behavior

53-6. *State the main premise of therapy based on operant conditioning principles, and describe the views of proponents and critics of behavior modification.*

Operant conditioning therapies are based on the premise that voluntary behaviors are strongly influenced by their consequences. Behavior therapists apply operant conditioning principles in *behavior modification.* They reinforce desired behaviors and withhold reinforcement for undesired behaviors or punish them. The rewards used to modify behavior vary from attention or praise to more concrete rewards such as food. In institutional settings, therapists may create a **token economy** in which a patient exchanges a token of some sort, earned for exhibiting the desired behavior, for various privileges or treats.

Critics express two concerns: First, what happens when the reinforcers stop? Might the person have become so dependent upon the extrinsic rewards that the appropriate behaviors quickly disappear? Second, is it ethical for one person to control another's behavior?

Cognitive Therapies

➤ Lectures: Strategies to Correct One's Thinking; Overcoming the Fear of Public Speaking
➤ Exercise: Frequency of Self-Reinforcement Questionnaire
➤ Project: Mood-Memory Repair
➤ Instructor Video Tool Kit: *Treating OCD: Exposure and Response Prevention*

53-7. *Contrast cognitive therapy and cognitive-behavior therapy, and give some examples of cognitive therapy for depression.*

Cognitive therapists assume that our thinking colors our feelings, and so they try to teach people who suffer psychological disorders new, more constructive ways of thinking. **Cognitive-behavior therapists** combine the reversal of self-defeating thinking with efforts to modify behavior. They

aim to make people aware of their irrational negative thinking, to replace it with new ways of thinking and talking, and to practice the more positive approach in everyday settings.

In treating depression, Aaron Beck seeks to reverse clients' *catastrophizing* beliefs about themselves, their situations, and their futures. His technique is a gentle questioning that aims to help people discover their irrationalities. In *stress inoculation training,* people suffering from depression learn to dispute their negative thoughts and to restructure their thinking in stressful situations.

Group and Family Therapies

➤ Instructor Video Tool Kit: *City of Gheel: Community Mental Health at Its Best*

53-8. *Discuss the rationale and benefits of group therapy, including family therapy.*

The social context provided by group therapy allows people to discover that others have problems similar to their own and to try out new ways of behaving. Receiving honest feedback can be very helpful, and it can be reassuring to find that you are not alone. **Family therapy** assumes that we live and grow in relation to others, especially our families. It views an individual's unwanted behaviors as influenced by or directed at other family members. In an effort to heal relationships, therapists attempt to guide family members toward positive relationships and improved communication.