Chapter 17
Therapy and Change

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.

Objectives
• Explain the nature of psychotherapy.
• Describe the role of a therapist.

The Nature of Psychotherapy
• Psychotherapy involves three things:
  • Verbal interaction between a therapist and client.
  • The development of a supportive and trusting relationship.
  • An analysis by the therapist of the client’s problems.
• One of the functions of psychotherapy is to help people realize that they are responsible for their own problems, and they are the only ones who can really solve them.
• The role of the therapist is to:
  • help people examine their way of living.
  • help them understand how their present way of living causes problems.
  • help them start living in new, more beneficial ways.
• There are many different kinds of therapy, and some therapists use an eclectic approach—a method that combines various kinds of therapy or combinations of therapies.
• The primary goal of psychotherapy is to strengthen the patient’s control over his life.
• One of the most important factors in effective treatment is the patient’s belief or hope that he can change.
• The **placebo effect**—the influence that a patient’s hopes and expectations have on his or her improvement during therapy.

**Who Are Therapists?**
• Three characteristics found in effective therapists:
  • Psychological health
  • **Empathy**
  • Experience

**Group Therapies**
• **Group therapy**

**Advantages:**
• The patient can see how other people are struggling with problems similar to her own.
• She can discover what other people think of her problem and vice versa.
• She can see people with similar problems recovering.
• One therapist can help a large number of people at a reduced cost.

• In family therapy, the focus is on interaction among the family members.
• In a self-help group, people who share a particular problem can meet and help each other without the active involvement of a professional therapist.

**Does Psychotherapy Work?**
• Hans Eysenck argued that psychotherapy does not work.
• Allen Bergin countered Eysenck’s review with an argument based on differences of opinion about how patients should be classified.
• Mary Lee Smith and Gene V. Glass found that therapy is generally more effective than no treatment at all.

**Section 2**
**Psychoanalysis and Humanistic Theory**

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

**Objectives**
• Describe psychoanalysis and its aims.
• Explain humanistic therapy and its goals.
What is Psychoanalysis?
- **Psychoanalysis**
  - The apparent sudden realization of the solution to a problem, or **insight**, is the understanding that a psychoanalysis should eventually bring.
  - Psychoanalysis is a slow procedure (sometimes 600 sessions) that begins with a method called **free association**.
  - This is a hard task for most patients, and may be met with **resistance**.

- **Dream analysis**
  - Freud believed that dreams contain manifest and latent content:
    - Manifest—what you remember about your dreams.
    - Latent—hidden meaning represented symbolically in the dream that the therapist interprets from the manifest content.

- **Transference**
  - Short-term dynamic psychotherapy is a shortened version of psychoanalysis, with a focus on a client’s problems.

**Humanistic Therapy**
- **Humanistic therapy**
- **Client-centered therapy**, the idea of Carl Rogers, reflects the belief that the client and therapist are partners in therapy.
  - This therapy depends on the person’s own motivation toward growth and actualization.
  - The use of the word client as opposed to patient implies an equal relationship between client and therapist.

The equal relationship reflects three components:
- Positive regard for the client.
- Empathy for the client.
- Genuineness toward the client.

- Techniques:
  - **Nondirective therapy**
  - **Active listening**
  - The atmosphere is one of **unconditional positive regard**.
Section 3
Cognitive and Behavior Therapies

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

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

Cognitive Therapy
• Behavior modification
• Cognitive therapy
• The goal of this type of therapy is to change the way people think.

• Basic assumptions these therapies share:
• Faulty cognitions distort our behaviors, attitudes, and emotions.
• They follow one or more of the following principles—
  • Disconfirmation
  • Reconceptualization
  • Insight

• Albert Ellis developed rational-emotive therapy (RET)
The goal of this therapy is to correct false and self-defeating beliefs.

• Techniques used:
  • Role playing
  • Modeling
  • Humor
  • Persuasion
  • Homework may be given

• Ellis liked to teach that behaviors are the result of ABCs.
  • A—Activating event
  • B—Belief
  • C—Consequences
  • A does not cause C, but instead B causes C.
• The individual must take three steps to correct himself:
  • He must realize that some of his assumptions are false.
  • He must see that he is making himself disturbed by acting on false beliefs.
  • He must work to break old habits of thought and behavior.

• Aaron T. Beck introduced another form of cognitive therapy similar to Ellis’, but with the focus on illogical thought processes.
  • The clients are encouraged to engage in actual tests of their own beliefs.
  • The goal is to change the way people think.

• The therapist should determine the pace and direction of the therapy and help the client detect negative thinking patterns.

**Behavior Therapies**

• **Behavior therapy**
  • The reasons for the patient’s undesirable behavior are not important; what is important is changing the behavior.
  • Counterconditioning is one technique used.
Three steps:
- The person builds an anxiety hierarchy with the least feared situation on the bottom and the most feared on top.
- The person learns deep muscle relaxation.
- The person imagines or experiences each step in the hierarchy, staring with the least anxiety-provoking situation, while learning to be relaxed.

**Systematic desensitization**
- The goal is to encourage people to imagine the feared situation while relaxing, thus extinguishing the fear response.
- Flooding refers to another treatment in which the therapist exposes the client to a feared object or situation.
- Modeling refers to teaching a client how to do something by watching someone else do it.

- **Aversive 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.

- **Contingency management**
- A *token economy* may be used—desirable behavior is reinforced with valueless objects or points, which can be accumulated and exchanged for various rewards.

**Cognitive-Behavior Therapy**

Cognitive-behavior therapy
- Helps clients differentiate between serious, real problems and imagined or distorted problems.

**Section 4**
**Biological Approaches to Therapy**

**Main Idea**
Biological approaches to treatment rely on methods such as medications, electric shock, and surgery to help clients.
Objectives
- Explain biological approaches to treatment.
- Give examples of treatment medicines and their effects on patients.

Biological Therapy
- Biological approaches assume there is an underlying physiological reason for the disturbed behavior, faulty thinking, and inappropriate emotions.
- **Drug therapy**
  
  - Four main types of psychoactive medications:
    - Antipsychotic drugs
    - Antidepressant drugs
    - Lithium carbonate
    - Anti-anxiety drugs
  
  - Other treatments include:
    - Electroconvulsive Therapy (ECT)
    - Psychosurgery including a prefrontal lobotomy