17: Therapy

CHAPTER OVERVIEW

Chapter 17 discusses the major psychotherapies and biomedical therapies for maladaptive behaviors. The various psychotherapies all derive from the personality theories discussed earlier, namely, the psychoanalytic, humanistic, behavioral, and cognitive theories. The chapter groups the therapies by perspective but also emphasizes the common threads that run through them. In evaluating the therapies, the chapter points out that, although people who are untreated often improve, those receiving psychotherapy tend to improve somewhat more, regardless of the type of therapy they receive. This section includes a discussion of several popular alternative therapies.

The biomedical therapies discussed are drug therapies, electroconvulsive therapy, and psychosurgery, which is seldom used. By far the most important of these, drug therapies are being used in the treatment of psychotic, anxiety, and mood disorders.

Because the origins of problems often lie beyond the individual, the chapter concludes with approaches that aim at preventing psychological disorders by focusing on the family or on the larger social environment as possible contributors to psychological disorders.

NOTE: Answer guidelines for all Chapter 17 questions begin on page 453.

CHAPTER REVIEW

First, skim each section, noting headings and boldface items. After you have read the section, review each objective by answering the fill-in and essay-type questions that follow it. As you proceed, evaluate your performance by consulting the answers beginning on page 453. Do not continue with the next section until you understand each answer. If you need to, review or reread the section in the textbook before continuing. Introducing Therapy (pp. 685-686)

David Myers at times uses idioms that are unfamiliar to some readers. If you do not know the meaning of any of the following words or expressions in the context in which they appear in the introduction, refer to page 460 for an explanation: cracked the genetic code; gauk.

Objective 1: Discuss some ways that *psychotherapy*, *biomedical therapy*, and an *eclectic approach* to therapy differ.

1. Mental health therapies are classified as either

______therapies or ______therapies.

Psychological therapy is more commonly called
 ______. This type of therapy is
 appropriate for disorders that are

3. Biomedical therapies include the use of

and medical procedures that act directly on the patient's ______

- Some therapists, particularly those who adopt a biopsychosocial view, blend several psychotherapy techniques and so are said to take an
- _____ approach. Closely related to this approach is _____

______, which attempts to combine methods into a single, coherent system. 438 Chapter 17 Therapy

The Psychological Therapies (pp. 686–699)

If you do not know the meaning of any of the following words, phrases, or expressions in the context in which they appear in this section, refer to pages 460–461 for an explanation: *fueled* ... residue; aim to boost; knocks the props out from under you; lore; drinks laced with a drug; aggressive and self-abusive behaviors; colors our feelings; catastrophizing.

Objective 2: Define *psychoanalysis*, and discuss the aims of this form of therapy.

- The goal of Freud's psychoanalysis, which is based on his personality theory, is to help the patient gain ______.
- Freud assumed that many psychological problems originate in childhood impulses and conflicts that have been ______
- 3. Psychoanalysts attempt to bring ______ feelings into

______ awareness where they can be dealt with.

Objective 3: Describe some of the methods used in psychoanalysis, and list some criticisms of this form of therapy.

- Freud's technique in which a patient says whatever comes to mind is called
- When, in the course of therapy, a person omits shameful or embarrassing material,
- is occurring. Insight is facilitated by the analyst's ______ of the meaning of such omissions, of dreams, and of other information revealed during therapy sessions
- Freud referred to the hidden meaning of a dream as its ______

 Critics point out that psychoanalysts' interpretations are hard to <u><u>v</u>
 and that therapy takes a long time and is very
</u>

Objective 4: Contrast psychodynamic therapy and interpersonal therapy with traditional psychoanalysis.

- 9. Therapists who are influenced by Freud's psychoanalysis but who talk to the patient face to face are _______ therapists. In addition, they work with patients only _______ (how long?) and for only a few weeks or months.
- A brief alternative to psychodynamic therapy that has proven effective with ______ patients is

11. While this approach aims to help people gain ______ into their difficulties, it focuses on ______

_____ rather than on past hurts.

Objective 5: Identify the basis characteristics of the humanistic therapies, and describe the specific goals and techniques of Carl Rogers' client-centered therapy.

12. Humanistic therapies attempt to help people meet their potential for _____

List several ways that humanistic therapy differs from psychoanalysis.

13. The humanistic therapy based on Rogers' theory is called ______-

t	herapy, which is
described as	therapy
because the therapist	
(interprets/does not inte	rpret) the person's prob- 🄇
lems.	

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19. The most widely used techniques of behavior

and

14. In order to promote growth in clients, Rogerian therapists exhibit ______, , and _____,

15. Rogers' technique of restating and clarifying what a person is saying is called

Given a nonjudgmental environment that provides

_____, patients are better able to accept themselves as they are and to feel valued and whole.

 Three tips for listening more actively in your own relationships are to ______,

Objective 6: Explain how the basic assumption of behavior therapy differs from those of traditional psychoanalytic and humanistic therapies.

17. Behavior therapy applies principles of _______ to eliminate troubling

behaviors.

and

Contrast the assumptions of the behavior therapies with those of psychoanalysis and humanistic therapy.

Objective 7: Define *counterconditioning*, and describe the techniques used in exposure therapies and aversive conditioning.

One cluster of behavior therapies is based on the principles of ______

______, as developed in Pavlov's experiments. This technique, in which a new, incompatible response is substituted for a maladaptive one, is called _______. Two examples of this technique are

therapy are the _____. The technique of systematic desensitization has been most fully developed by the therapist The assumption behind this technique is that one cannot simultaneously be _____ and relaxed. 20. The first step in systematic desensitization is the construction of a ______ of anxiety-arousing stimuli. The second step involves training in ____ ______. In the final step, the person is trained to associate the _____-arousing stimuli. 21. For those who are unable to visually imagine an anxiety-arousing situation, or too afraid or embarrassed to do so, _____ therapy offers a promising alternative. 22. In aversive conditioning, the therapist attempts to

substitute a ______ (positive/ negative) response for one that is currently _______ (positive/negative). In this technique, a person's unwanted behaviors become associated with ______ feelings.

Objective 8: State the main premise of therapy based on operant conditioning principles, and describe the views of proponents and critics of behavior modification.

 Reinforcing desired behaviors and withholding reinforcement for undesired behaviors are key aspects of ______

_____.

24. Therapies that influence behavior by controlling its consequences are based on principles of ______ conditioning. One application of this form of therapy to institutional

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settings is the ______, in which desired behaviors are rewarded.

State two criticisms of behavior modification.

Objective 10: Discuss the rationale and benefits of group therapy, including family therapy.

List several advantages of group therapy.

State some responses of proponents of behavior modification.

Objective 9: Contrast cognitive therapy and cognitive-behavior therapy, and give some examples of cognitive therapy for depression.

- 26. One variety of cognitive therapy attempts to reverse the ______ beliefs often associated with ______ by helping clients see their irrationalities. This therapy
- was developed by ______
 27. A form of cognitive therapy developed by Adele Rabin builds on the finding that depressed people
- ple _____ (do/do not) exhibit the self-serving bias.
- Training people to restructure their thinking in stressful situations is the goal of ______

training. Students trained to _______ their negative thoughts are less likely to experience future depression.

30. The type of group interaction that focuses on the fact that we live and grow in relation to others is

- 31. In this type of group, therapists focus on improving ______ within the family and helping family members to discover new ways of preventing or resolving ______
- 32. Two common types of group therapy are _____ and _____

groups for the addicted, the divorced, and those simply looking for fellowship and growth, for example. Most support groups focus on and

illnesses.

Evaluating Psychotherapies (pp. 700-710)

If you do not know the meaning of any of the following words, phrases, or expressions in the context in which they appear in the text, refer to pages 461-462 for an explanation: Hang in there; testimonials; ebb and flow of events; clear-cut; fertile soil for pseudotherapies; harness; empathy are hallmarks.

1.	. In contrast to earlier times, mos	st therapy today
		ot) provided by
	psychiatrists.	

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Objective 11: Explain why clients tend to overestimate the effectiveness of psychotherapy.

2. A majörity of psychotherapy clients express

_____ (satisfaction/dissatisfaction) with their therapy.

Give three reasons why client testimonials are not persuasive evidence for psychotherapy's effective-ness.

3.	A long-term study of 500 Massachusetts boys
	found that those who received intensive counsel
	ing (had/did not have)
	significantly fewer problems than a control
	group. Research has also shown that "Scared
	Straight" programs
	(are/are not) effective in reducing criminal
	offenses committed by delinquent boys.

Objective 12: Give some reasons why clinicians tend to overestimate the effectiveness of psychotherapy, and describe two phenomena that contribute to clients' and clinicians' misperceptions in this area.

- Clinicians tend to ______ (overestimate/underestimate) the effectiveness of psychotherapy.
- One reason clinicians' perceptions of the effectiveness of psychotherapy are inaccurate is that clients justify entering therapy by emphasizing their ______ and justify leaving therapy by emphasizing their
- 6. (Thinking Critically) Clients' and therapists' perceptions of therapy's effectiveness may be inflated by their ______ that a treatment works. This phenomenon is called the
- Another phenomenon that may inflate their perceptions of therapy's effectiveness is the phenom-

enon called	
	, which is the tendency
for	events or emotions to
return to their	

Objective 13: Discuss the importance of outcome studies in judging the effectiveness of psychotherapies, and describe some of these findings.

- In hopes of better assessing psychotherapy's effectiveness, psychologists have turned to ______ research studies.
- The debate over the effectiveness of psychotherapy began with a study by _______; it showed that the rate of improvement for those who received therapy _______

(was/was not) higher than the rate for those who did not.

 A statistical technique that makes it possible to combine the results of many different psychotherapy outcome studies is called

Overall, the results of such analyses indicate that psychotherapy is ______ (some-what effective/ineffective).

Objective 14: Summarize the findings on which psychotherapies are most effective for specific disorders.

- 11. Comparisons of the effectiveness of different forms of therapy reveal _______ (clear/no clear) differences, that the type of therapy provider ________ (matters greatly/does not matter), and that whether therapy is provided by an individual therapist or within a group _______ (makes a difference/does not make a difference).
- 12. Controlled treatment studies have demonstrated that depression may be effectively treated with

and ______ therapies. In treating

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anxiety,	 	_ and
	 , therap	ies and

training have proven effective. Cognitivebehavior therapy has proven effective in treating ________, and behavior modification in treating ______

Objective 15: Evaluate the effectiveness of eye movement desensitization and reprocessing (EMDR) and light exposure therapies.

Today, many forms of _____

______ are touted as effective treatments for a variety of complaints.

- Aside from testimonials, there is very little evidence based on ______ research for such therapies.
- In one popular alternative therapy, a therapist triggers eye movements in patients while they imagine _____

______. This therapy, called

- , has proven
- _____ (completely

ineffective/somewhat effective) as a treatment for nonmilitary _____

- ______. However, skeptics point to evidence that ______

in a ______ effect.

18.	 For people who suffer from the wintertime form 		
	of depression called		
	timed	- /	

therapy may be beneficial.

Objective 16: Describe the three benefits attributed to all psychotherapies.

19.	All forms of psychoth	erapy offer three benefits:
		_ for demoralized people; a
	new	on oneself; and a
	relationship that is	,
		and

20.	Therapy outcomes vary with the
	of the person seeking help.

21.	In one study of depression treatment, the mos
	effective therapists were those who were per-
	ceived as most and

22.	2. Several studies found that treatment for mild	
	problems offered by paraprofessionals	
	(is/is not) as effective as	
	that offered by professional therapists.	

Objective 17: Discuss the role of values and cultural differences in the therapeutic process.

- 23. Generally speaking, psychotherapists' personal values _________ (do/do not) influence their therapy. This is particularly significant when the therapist and client are from ________ (the same/different) cultures.
- 24. In North America, Europe, and Australia, most therapists reflect their culture's
- Differences in values may help explain the reluctance of some _____ populations to use mental health services.
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The Biomedical Therapies 443

The Biomedical Therapies (pp. 711–719)

If you do not know the meaning of any of the following words, phrases, or expressions in the context in which they appear in the text, refer to pages 462-463 for an explanation: sluggishness, tremors, and twitches; "Popping a Xanax"; lift people up; barbaric image; jump-starting the hrain

Objective 18: Define psychopharmacology, and explain how double-blind studies help researchers evaluate a drug's effectiveness.

1. The most widely used biomedical treatments are the ______ therapies. Thanks to these therapies, the number of residents in mental hospitals has _____

(increased/decreased) sharply.

- 2. The field that studies the effects of drugs on the mind and behavior is _____
- 3. To guard against the _____ effect and normal , neither the patients nor the staff involved in a study may be aware of which condition a given individual is in; this is called a study.

Objective 19: Describe the characteristics of antipsychotic drugs, and discuss their use in treating schizophrenia.

- 4. One effect of _____ ____ drugs such as _____ is to help those experiencing _____ (positive/negative) symptoms of schizophrenia by decreasing their responsiveness to irrelevant stimuli; schizophrenia patients who are apathetic and withdrawn may be more effectively treated with the drug _____.
- 5. These drugs work by blocking the receptor sites for the neurotransmitters _____ and _____.
- 6. Long-term use of first-generation antipsychotic drugs can produce _____ which involves involuntary movements of the

muscles of the _____, and _____

Objective 20: Describe the characteristics of antianxiety drugs.

- 7. Xanax and Ativan are classified as _____ drugs.
- These drugs depress activity in the ______
- 9. When used in combination with

these drugs can help people cope with frightening situations.

10. Antianxiety drugs have been criticized for merely reducing ______, rather than resolving underlying ______. These drugs can also cause _____

Objective 21: Describe the characteristics of antidepressant drugs, and discuss their use in treating specific disorders.

- 11. Drugs that are prescribed to alleviate depression are called _____ drugs. These drugs also work by increasing levels of the neurotransmitters ______ or
- 12. One example of this type of drug is ______, which works by blocking the reuptake of ______ from

synapses and is therefore called a ___________

____·

drug.

13. Equally effective in calming anxious people and energizing depressed people is

which has positive side effects. Even better is to use drugs, which work _______ _____ (bottom-up/top-down) in conjunction with ______ -

______ therapy, which works

(bottom-up/top-down).

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- 14. Although people with depression often improve after one month on antidepressants, metaanalysis studies demonstrate that a large percentage of the effectiveness is due to

or a _____

Objective 22: Describe the use and effects of moodstabilizing medications.

- 15. In order to stabilize the mood swings of a bipolar disorder, the simple salt _____ is often prescribed.
- 16. Another effective drug in the control of mania was originally used to treat epilepsy; it is

Objective 23: Describe the use of electroconvulsive therapy in treating severe depression, and describe some possible alternatives to ECT.

- 17. The therapeutic technique in which the patient receives an electric shock to the brain is referred to as ______ therapy, abbreviated as _____
- 18. ECT is most often used with patients suffering from severe ______. Research evidence _____ (confirms/does not confirm) ECT's effectiveness with such patients.
- 19. The mechanism by which ECT works is
- 20. A gentler alternative is a chest that intermittently stimulates the _____nerve

21. Another gentler procedure called ____ _____

_____ aims to treat depression by presenting pulses through a magnetic coil held close to a person's skull above the right evebrow. Unlike ECT, this procedure produces no

loss, or other side effects. This procedure may work by energizing the brain's left

which is relatively inactive in depressed patients.

Objective 24: Summarize the history of the psychosurgical procedure known as a lobotomy, and discuss the use of psychosurgery today.

- 22. The biomedical therapy in which a portion of brain tissue is removed or destroyed is called
- 23. In the 1930s, Moniz developed an operation called the ______. In this procedure, the _____ lobe of the brain is disconnected from the rest of the brain.
- 24. Today, most psychosurgery has been replaced by the use of ______ or some other form of treatment

Preventing Psychological Disorders (pp. 719-720)

If you do not know the meaning of the following expression in the context in which it appears in the text, refer to page 463 for an explanation: upstream work.

Objective 25: Explain the rationale of preventive mental health programs.

- 1. Psychotherapies and biomedical therapies locate the cause of psychological disorders within the
- 2. An alternative viewpoint is that many psychological disorders are responses to
- 3. According to this viewpoint, it is not just the ______ who needs treatment but also the person's _____ ____
- 4. One advocate of _____ mental health, George Albee, believes that many social stresses undermine people's sense of

	, алd
	. These stresses include
	, work that is
	, constant,
nd	

ξ.