

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*; *gawk*.

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.
2. 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 _____.
4. 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.

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.

1. The goal of Freud’s psychoanalysis, which is based on his personality theory, is to help the patient gain _____.
2. 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.

4. Freud’s technique in which a patient says whatever comes to mind is called _____.
5. 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.
6. Freud referred to the hidden meaning of a dream as its _____.
7. When strong feelings, similar to those experienced in other important relationships, are developed toward the therapist, _____ has occurred.

8. Critics point out that psychoanalysts’ interpretations are hard to _____ and that therapy takes a long time and is very _____.

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.
10. 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 basic 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 _____ - _____ therapy, which is described as _____ therapy because the therapist _____ (interprets/does not interpret) the person’s problems.

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.

16. Three tips for listening more actively in your own relationships are to _____, _____, and _____.

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.

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.

18. 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 _____.

_____ and _____.

19. The most widely used techniques of behavior 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 _____ state with 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.

23. 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 _____

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

State two criticisms of behavior modification.

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.

- 25. Therapists who teach people new, more constructive ways of thinking are using _____ therapy.
- 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 _____ (do/do not) exhibit the self-serving bias.
- 28. 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.

- 29. Treatment that combines an attack on negative thinking with efforts to modify behavior is known as _____ - _____ therapy.

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

List several advantages of group therapy.

- 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, most therapy today _____ (is/is not) provided by psychiatrists.

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

2. A majority of psychotherapy clients express _____ (satisfaction/dissatisfaction) with their therapy.

Give three reasons why client testimonials are not persuasive evidence for psychotherapy's effectiveness.

3. A long-term study of 500 Massachusetts boys found that those who received intensive counseling _____ (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.

4. Clinicians tend to _____ (overestimate/underestimate) the effectiveness of psychotherapy.
5. 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 _____ state.

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

7. In hopes of better assessing psychotherapy's effectiveness, psychologists have turned to _____ research studies.
8. 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.
9. 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 _____ (somewhat effective/ineffective).
10. Psychotherapy is cost-effective when compared with the greater costs of _____ care for psychological problems.

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

anxiety, _____ and _____ therapies and _____ training have proven effective. Cognitive-behavior therapy has proven effective in treating _____, and behavior modification in treating _____.

13. With phobias, compulsions, and other specific behavior problems, _____ therapies have been the most effective.
14. As a rule, psychotherapy is most effective with problems that are _____ (specific/nonspecific).

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

15. Today, many forms of _____ are touted as effective treatments for a variety of complaints.
16. Aside from testimonials, there is very little evidence based on _____ research for such therapies.
17. 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 _____ is just as effective as triggered eye movements in producing beneficial results. The key seems to be in the person's _____ traumatic memories and 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 psychotherapy 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 most effective therapists were those who were perceived as most _____ and _____.
22. 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 _____.
25. Differences in values may help explain the reluctance of some _____ populations to use mental health services.

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 brain.*

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.
8. 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).

