Chapter 17
Therapy

Review 17.1: Psychoanalysis
At his friends’ urging, Barney has decided to seek help for the depression he has been struggling with ever since moving away from home and starting college two months ago. He’s heard a lot about Sigmund (1) Freud’s therapy, called (2) psychoanalysis, in which patients use (3) free association to express whatever comes to mind in order to uncover their (4) repressed unconscious conflicts. In this therapy, analysts traditionally would interpret their patients’ tendency to change the subject in response to difficult questions as (5) resistance, and if a patient’s anger toward abusive family members began to be directed at the therapist, that defense would be interpreted as (6) transference. Barney finds, however, that this therapy is practiced by only a very few therapists and that most are instead offering an updated version called (7) psychodynamic therapy. In this therapy, current symptoms are analyzed to consider themes across important (8) relationships, such as those between Barney and his family members back home. Or, Barney might be helped best by the brief variation known as (9) interpersonal psychotherapy, which may enable him to gain (10) insight into the root of his problem.

Review Humanistic Therapies
Megan has been researching the history of therapy and has become fascinated by the therapies that emphasize people’s inherent potential for (1) self-fulfillment, which are known as (2) humanistic therapies. These therapies have several important characteristics that differentiate them from psychoanalysis, including focusing on the (3) present and future rather than on the (4) past, promoting (5) growth in their clients rather than trying to cure (6) illnesses and emphasizing (7) conscious rather than (8) unconscious thoughts. Megan further learns that therapists such as Carl (9) Rogers, who founded (10) client-centered therapy, encouraged all therapists to exhibit (11) genuineness — expressing their true feelings, (12) acceptance — allowing clients to feel unconditional positive regard, and (13) empathy — sensing and reflecting their clients’ feelings, Together, these features form Rogers’ concept of (14) active listening.

Review 17.3: Behavior Therapies
Trish recently moved across Canada for her studies, but she is so afraid of flying that she now rarely sees her family and friends at home. This fear is interfering with her life, so Trish decides to seek help from a therapist who uses (1) classical conditioning principles to pair the stimulus that triggers her fear (flying) with a new response that is incompatible with that fear (relaxation), which is referred to as (2) counterconditioning. The therapist proposes a technique called systematic (3) desensitization, which is a type of (4) exposure therapy that pairs (5) relaxation with gradually increasing (6) anxiety triggering stimuli (going to the airport, going to the gate, getting on the plane, learning about flight procedures, actually taking a flight). However, Trish is embarrassed by the idea of exposing her fears in public (at the airport). So, the therapist suggests (7) virtual reality exposure therapy, which would allow Trish to work through her fears by way of vivid, three-dimensional, computer (8) simulations.

Review 17.4: Cognitive Therapy for Depression
Lola is searching for a therapist. After her father and mother divorced, and he moved away, she began reading about cognitive therapies, hoping those techniques might help her move on with her life. Lola learned that one famous cognitive therapist, Aaron (1) Beck, analyzed the dreams of depressed people and found recurring themes of loss and rejection. This famous psychologist’s goal in therapy was to reverse clients’ (2) catastrophizing beliefs by questioning their (3) irrational thinking. Lola decides to try an approach in which she will be trained to alter the way she acts ((4) behavior therapy) and the way she thinks ((5) cognitive therapy). This (6) integrated approach is called (7) cognitive-behavior therapy. Lola’s friend Moira has been undergoing treatment using this therapeutic approach for her obsession with germs and her compulsive hand-
washing. Moira is learning to (8) relabel her compulsive thoughts about germs. For example, she says to herself: am having a compulsive urge that is due to my (9) brain’s abnormal activity. Instead of giving in to the urge to wash my hands, I will engage in an alternative (10) behavior, such as taking a walk.”

**Review 17.5: Biomedical Therapies**

Jessica’s therapist has diagnosed her with major depressive disorder and has suggested that her recovery may be expedited if she takes an (1) antidepressant drug such as Prozac. Because her therapist is a (2) psychiatrist, he can prescribe drugs to his patients. Unlike the (3) antianxiety drugs, which depress central nervous system activity, these drugs work by increasing the availability of (4) norepinephrine or (5) serotonin, which are neurotransmitters that elevate (6) mood and arousal and are (7) scarce in depression. Prozac is called a (8) selective-serotonin-reuptake inhibitor (SSRI) because it partially blocks the reabsorption of (9) serotonin from neural (10) synapses. If the drugs and psychotherapy together don’t work for Jessica, her therapist may suggest the most controversial treatment for depression, (11) electroconvulsive therapy, which involves sending a brief electrical current through the patient’s brain. Alternatively, Jessica might try (12) repetitive transcranial magnetic stimulation (rTMS), which produces fewer side effects such as (13) seizures or (14) memory loss.