22 PSYCHOTHERAPY

THIS CHAPTER IS ABOUT

- The Nature of Psychotherapy
- Early History of Psychotherapeutic Intervention
- Diagnosing and Assessing Abnormal Behavior
- Approaches to Psychotherapy
- Alternatives to Individual Psychotherapy
- Choosing an Optimal Approach
- Effectiveness of Psychotherapy
- Ethical Issues in Psychotherapy

22.1. The Nature of Psychotherapy

A. Psychotherapy is an intervention that uses the principles of psychology to try to improve the life of a person who is unhappy or disturbed.

B. Psychotherapists work with people individually, with groups of unrelated people, or with family groups.

22.2. Early History of Psychotherapeutic Intervention

A. In ancient times, abnormal behavior was viewed as being caused by demons, so that treatment often consisted of forms of exorcism to rid the body of evil spirits.

B. During the fifteenth and sixteenth centuries, asylums—hospitals for the mentally ill—became a popular means for the housing and possible rehabilitation of persons suffering from mental disorders.

   1). One such asylum, St. Mary of Bethlehem, was so chaotic that it gave rise to the term “bedlam.”

   2). In general, the conditions in these asylums, even into the eighteenth and nineteenth centuries, were extremely bad, and people would sometimes come to watch the inmates and what were perceived to be their bizarre antics.

22.3. Diagnosing and Assessing Abnormal Behavior

A. A number of techniques are used for diagnosing and assessing abnormal behavior.

B. The clinical interview is by far the most widely used technique for making diagnoses. In a structured interview, the interviewer follows a specific list of questions and rarely departs from the structured sequence of questions. In an unstructured interview, there is no specific list of questions, and the interviewer is able to follow rather than lead the client.

   1). Psychodynamically oriented clinicians tend to dwell on a patient’s early childhood, and to take relatively little of what the patient says at face value because of their belief that many of the most important feelings are repressed and unavailable to consciousness.
2). A behaviorally oriented interviewer is more likely to try to discover the environmental contingencies that are leading to a particular behavior, and to concentrate much more on the present than would a psychodynamically oriented clinician.

3). A cognitive therapist spends a great deal of time trying to elicit the maladaptive thoughts that are leading to abnormal behavior.

4). A humanistic therapist is likely to try to convey unconditional positive regard for the client and to communicate the support that the client can expect to receive.

C. Psychological testing may also be used in diagnosis, with projective tests such as the Rorschach Inkblot Test, the Thematic Apperception Test, and possibly an objective test such as the Minnesota Multiphasic Personality Inventory playing important roles. Clinicians also may use neuropsychological tests, such as the Halstead–Reitan Battery or the Luria–Nebraska Battery, if they are trying to diagnose neurological impairments.

D. Clinicians also may use psychophysiological measurements in their assessments. For example, the CAT (computerized axial tomography) scan of a person with a tumor exerting pressure on the brain and thereby causing abnormal behavior looks different from the CAT scan of a normal patient. The PET (positron emission tomography) scan of an individual suffering from Alzheimer’s disease will show patterns different from those of the PET scans of normal patients.

22.4. Approaches to Psychotherapy

A. Psychodynamic therapy

1. Psychodynamic therapies have in common their emphasis on insight as the key to improvement. The basic assumption is that when patients have insight into the source or sources of their problems, they will be largely freed of their problems.

2. Psychoanalytic therapy is the main kind of psychodynamic therapy. Psychoanalytic therapists assume that disorders result from people’s ignorance of their underlying thoughts, feelings, and motives.

3. Psychoanalytic therapists use a number of different techniques in psychotherapy. For example, in free association, patients are encouraged to say what comes to mind, without censoring or otherwise editing what is said before it is reported.

4. Psychotherapists work to overcome resistances on the part of patients, that is, attempts, usually unconscious, to block progress. These resistances are generated in order to save the patient from having to confront uncomfortable thoughts and feelings.

5. During the course of psychotherapy, a patient is likely to show transference, that is, a shift to the therapist of the thoughts and feelings the patient has had toward others, such as their parents, in the past. By staying detached, therapists actually encourage transference because patients can project onto the therapist whatever conflicts or fantasies arise from their past relationships.

6. An undesirable phenomenon during psychotherapy is countertransference, whereby the therapist projects his or her own conflicts onto the patient. Therapists need to be trained to avoid countertransference, and to recognize and squelch it when it occurs.

7. There have been a number of offshoots of conventional psychoanalytic therapy. For example, various forms of neo-Freudian therapy are typically referred to as ego analysis because of their common view that the ego is at least as important as the id. According to this view, conscious processing is also as important as unconscious processing. Another offshoot is time-limited psychotherapy, in which the idea is to effect improvement in a relatively short amount of time.

B. Humanistic (client-centered) therapy

1. Humanistic therapists try to help clients (the term they use rather than “patients”) to fulfill their human potentials.

2. Humanistic therapists typically use client-centered therapy, which holds that clients can be understood only in terms of their own construction of reality.
3. Client-centered therapists are typically non directive, in that they are not supposed to guide the course of therapy in any particular direction.

4. Carl Rogers suggested that there are three keys to successful client-centered therapy: (a) genuineness on the part of the therapist; (b) unconditional positive regard of the therapist for the client; and (c) accurate empathic understanding of the client by the therapist.

C. Existential therapy

1. Existential therapy, like humanistic therapy, emphasizes the need for clients to become more aware of their ability to make choices. But whereas humanism emphasizes the basic goodness of human nature, existentialism emphasizes the anxiety that accompanies important choices in life.

2. Existentialists emphasize the importance of authenticity in a person’s relations with other people. By isolating ourselves from others or by acting toward them in ungenuine ways, we limit our own growth.

D. Behavior therapies

1. Behavior therapy refers to a collection of techniques based, in some cases loosely, on ideas derived from the principles of classical and operant conditioning, as well as on observational modeling.

2. Behavior therapy differs in several respects from the therapies considered above. First, it tends to be short-term. Second, whereas psychoanalysis shuns the treatment of symptoms, behavior therapy deliberately seeks interventions to alleviate symptoms. To the behavior therapist, the symptom is the problem. Third, in addition to being very direct, behavior therapy is highly directive, in sharp contrast to humanistic therapies, which tend to be explicitly nondirective, or psychoanalytic therapy, which is only partially directive. Fourth, behavior therapy, as its name implies, concentrates on behavior. Finally, behavior therapists try to follow more closely the classical scientific model than do some other types of therapists.

3. One technique of behavior therapy is counterconditioning, in which a particular response to a particular stimulus is replaced by an alternative response to that stimulus. The alternative response is incompatible with the original response. For example, someone who has learned to associate pleasant feelings with smoking would learn to associate negative feelings with smoking.

4. Two main techniques are used to achieve counterconditioning. The first, aversion therapy, involves the therapist’s teaching the client to experience negative feelings in the presence of a stimulus that is considered inappropriately attractive.

5. The second technique, systematic desensitization, is almost the opposite of aversion therapy: It seeks to help the client learn not to experience negative feelings toward a stimulus. This method is used, for example, to relieve phobias, test anxiety, and the like. The method involves having the client imagine a sequence of successively more threatening situations, and learn to relax at the thought of these situations. At first, the client may become anxious even when imagining a fairly mild exposure to the threatening situation. Eventually, the client learns to imagine without experiencing anxiety even situations that formerly would have seemed highly threatening.

6. Extinction procedures weaken maladaptive responses, such as anxiety. Two types of extinction therapies are particularly useful. Flooding exposes a client to an anxiety-provoking stimulus, with the goal of having the client cease to feel anxiety in response to a particular stimulus. In flooding, unlike in systematic desensitization, the client is immediately placed in a situation that causes anxiety, not just in a sequence of imagined situations. For example, a person with a phobia of snakes would actually be forced to confront the snakes, rather than merely to imagine confronting them.

7. In implosion therapy, clients are asked to imagine and relive—to the extent that they can—unpleasant events that are causing them anxiety. Suppose, for example, that you had once almost drowned and now fear swimming. Your implosion therapist might ask you to imagine placing yourself in a bottomless bathtub, and then to imagine yourself starting to slip into the water. Of course, imagining this scene would at first cause you considerable anxiety. But soon you would see that nothing has happened to you, and so you would see that you can deal with the situation.

8. Operant conditioning has also been used in behavior therapy. Several different techniques of operant conditioning have been applied. One approach involves the use of a token economy, in which clients
receive tokens (tangible objects of no intrinsic worth) as rewards for showing adaptive behavior. The tokens can later be exchanged for goods or services that the clients desire.

9. In behavioral contracting, the therapist and the client draw up a contract that both parties are obliged to honor. The contract requires the client to exhibit certain behaviors that are being sought as part of the therapy, in exchange for things that the client may want, such as fewer therapy sessions or even permission to terminate the therapy.

10. Modeling represents another approach to behavior therapy, in which the client learns how to behave adaptively by watching others behave adaptively.

E. Cognitive approaches to therapy

1. Cognitive approaches to therapy seek changes in client behavior through changes in the client’s thinking.

2. One kind of cognitive approach to therapy is rational-emotive therapy (RET), proposed by Albert Ellis. Ellis believes that cognitions precede emotions, and that a number of maladaptive patterns of behavior can be traced to maladaptive thoughts, such as “you should be thoroughly competent in all respects,” “you need to have perfect self-control at all times,” and “you should be loved by everyone for everything you do.” By changing people’s thought patterns, Ellis seeks to change their behavior.

3. Another, related approach is Aaron Beck’s cognitive therapy. Beck, like Ellis, believes that irrational thoughts, which Beck refers to as automatic thoughts, lead us to maladaptive behavior. For example, depressed people often magnify their failures, minimize their successes, and interpret neutral events as indicating their inadequacy.

4. Donald Meichenbaum has used stress-inoculation therapy to teach clients to handle stressful situations. For example, someone who says to him- or herself that “I know I’m going to fail all of my exams” is taught to think that “By apportioning my time, I can successfully study for all my finals” and “Because I have always done well on my finals before, I can expect to do well on my finals again.”

F. Biological approaches to therapy

1. Biologically based therapies treat psychological disorders through medical or quasi-medical interventions.

2. Some of the earliest forays into biologically based therapies were disastrous, for example, the psychosurgery that resulted in prefrontal lobotomies and left people in a near-vegetative state. However, modern biological approaches are generally very successful.

3. The most common therapies are through drugs, such as the use of various antidepressant and antipsychotic drugs. Such drugs must be prescribed by physicians. Moreover, practitioners need to be careful of their side effects. In particular, antipsychotic drugs can have powerful and long-lasting side effects.

4. Common antidepressant drugs used against depression are tricyclics and MAO (monoamine oxidase) inhibitors. Both types of drugs increase concentrations of two neurotransmitters—serotonin and norepinephrine—at particular synapses of the brain. A third antidepressant, Prozac, works by inhibiting reuptake of serotonin and norepinephrine during transmission between neurons. In other words, concentrations of these neurotransmitters are increased by preventing them from being taken back into the terminal buttons of neurons that have released the neurotransmitters.

5. Common antipsychotic drugs used to fight psychosis are the phenothiazines, such as chlorpromazine. Common side effects of these drugs are dryness of the mouth, tremors, stiffness, and involuntary jerking movements. Generally, severe side effects appear only after the drugs have been used for a while. Patients differ in the severity of their symptoms and in the length of time until onset of symptoms.

6. Antianxiety drugs include chlordiazepoxide (Librium) and diazepam (Valium). These drugs may be habit forming, and their tranquilizing effects can impair attention and concentration.

7. The drug most commonly used to fight bipolar disorder (manic-depression) is lithium.

8. A totally different kind of biological treatment is electroconvulsive shock therapy (ECT), used to treat depression when psychotherapy and drugs have been unsuccessful.
22.5. Alternatives to Individual Psychotherapy

A. One alternative to conventional individual psychotherapy is group therapy, in which people meet as a group to work out their problems.

B. Group therapy has several advantages over individual therapy.

1). Group therapy is almost always less expensive than is individual therapy.

2). Group therapy may offer greater support than does individual therapy because groups usually comprise individuals with similar problems.

3). Group therapy offers the potential value of social pressure to change, which may supplement the authoritative pressure to change that comes from the therapist.

4). The very dynamic of group interaction may lead to therapeutic change, especially in the cases of people who have problems with interpersonal interactions.

C. There are also potential disadvantages to group therapy.

1). The treatment effect may be diluted by the presence of others requiring the therapist’s attention.

2). Group psychotherapy may embroil the clients in so many issues related to the group interactions that they no longer focus on resolving their own problems.

3). The content of the group process may move away from the dynamics of psychotherapy.

D. Twelve-step groups have become popular for the treatment of addictions. The first of such groups was Alcoholics Anonymous (AA), but today there are many similar such groups. These groups have in common a set of steps individuals are expected to follow in order to recover, such as admitting to their problem and making amends for the problems the individual has caused others.

E. Couples therapy and family therapy can be useful in treating problems that inhere not just in the individual, but in the systems of which the individual is a part. For example, in cases of marital conflict, couples therapy is more successful than is individual therapy in treating the problem.

F. Community psychology views people not only as a part of a couple or family system, but also as part of the larger system of the community. The emphasis in community psychology is at least as much on prevention as it is on treatment. Community psychologists intervene at one or more of three levels of prevention.

1). Primary prevention is aimed at preventing disorders before they happen.

2). Secondary prevention is targeted toward detecting disorders early, before they become major problems.

3). Tertiary prevention essentially treats disorders once they have developed more fully, and it can be considered preventive only in the sense that the continuation of the disorder may be prevented.

G. Many communities have reduced funding for community mental-health services, in some cases resulting in mentally ill persons being deinstitutionalized and going out on the streets.

H. One of the means by which community psychologists offer appropriate services to members of the community is through community mental-health centers. The goal of such centers is to provide outpatient mental health care to people in the community.

I. Hotlines also help people in need of immediate assistance, for example, in case of temptation toward suicide or child abuse.

22.6. Choosing an Optimal Approach

A. There is probably no one optimal approach to psychotherapy for all persons and all problems. Individuals need, above all, to find a therapist and method of treatment that is compatible with themselves and their problems.

B. Many psychotherapists use some form of eclectic therapy, which involves combining techniques from the various approaches described above. The therapist attempts to choose the method of treatment that best fits the patient and the problem, regardless of the particular approach involved.
C. In a 1982 survey of psychotherapists, almost half described themselves as eclectic. Of the rest, 14% described themselves as psychodynamic, 12% cognitive, 9% client-centered (humanistic), 6% behavioral, 3% existential, 3% family, and the rest, as "other."

D. Therapists need to be especially cautious in working in cross-cultural situations, where the patient is of a different cultural background than the therapist. On the one hand, one does not want to impose one's cultural assumptions and values on the client. On the other hand, one does not want to fail to recognize a problem, thinking that what seems like maladjustment is simply "cultural difference."

22.7. Effectiveness of Psychotherapy

A. Studies of psychotherapy suggest that, on average, it is effective for treating a wide variety of psychological problems.

B. Surprisingly, no one method or approach has been found to be better, overall, than any other method or approach. This surprising result may reflect differential effectiveness of particular therapies for particular problems, or the fact that what matters most is the effectiveness of the therapist rather than of the particular kind of therapy he or she uses.

C. Successful therapists, it has been found, have at least two common characteristics.

1). They tend to be warmly involved with their clients.

2). They establish rapport with clients, meaning that they try to ensure feelings of trust and to ensure good communication with the client.

D. Successful outcomes have also been linked to clients with three characteristics.

1). The clients are willing to be self-disclosing.

2). The clients have a strong desire to improve.

3). The clients believe that psychotherapy can help them.

22.8. Ethical Issues in Psychotherapy

A. There are certain ethical expectations for therapists. Among these expectations are the following.

1). They are expected to refrain from sexual involvement with clients.

2). They are expected to maintain confidentiality of their communications with patients, except in extreme cases, such as personal danger to the client or others.

3). They must report child abuse to the appropriate authorities so that action can be taken.

4). They must obtain informed consent from clients, meaning that the clients understand the procedures in which they are involved.

B. The large majority of psychotherapists are ethical in their behavior. As in any profession, however, there are occasional problematic situations. Professional and legal procedures exist for taking action against psychotherapists who violate ethical codes of their profession.

Summary

1. Early views of psychotherapy reflected the belief that persons afflicted with mental disorders were possessed by demons, with the result that an effort was made to exorcise the supposed demons.

2. Early asylums were inhumane places where mentally ill patients were treated in ways that denied them basic human dignity.

3. A variety of procedures are used to diagnose disorders, including clinical interviews and psychological tests (projective, objective, and neuropsychological).
4. Five main approaches to psychotherapy are psychodynamic, humanistic, behavioral, cognitive, and biological.

5. Psychodynamic therapies emphasize insight into underlying unconscious processes as the key to the therapeutic process.

6. Humanistic therapies emphasize the therapeutic effects of the therapist's unconditional positive regard for the client.

7. Behavior therapies emphasize the use of principles of classical and operant conditioning. Examples of commonly used techniques are counterconditioning, aversion therapy, systematic desensitization, and extinction procedures, such as flooding and implosion therapy. Additional techniques include token economies and behavioral contracting. The use of modeling bridges the gap between behavioral and cognitive therapies.

8. Cognitive therapies encourage clients to change their cognitions in order to achieve therapeutic changes in behavior. Two main kinds of therapies are Albert Ellis's rational-emotive therapy and Aaron Beck's cognitive therapy.

9. The most commonly used biological therapies today are drug treatments. The four main classes of drugs used are antipsychotics, antidepressants, antianxiety drugs, and lithium.

10. Alternatives to individual therapy include group therapy, couples and family therapy, and community psychology.

11. No single approach to psychotherapy appears to be uniformly better than any other approach. Rather, there are certain characteristics of therapists and clients that tend to be associated with success. For example, therapists are more successful when they are warmly involved with clients and establish good rapport. More successful clients tend to be self-disclosing, desirous of improvement, and favorably disposed toward the possibility of psychotherapy's helping them.

12. Many therapists have chosen to use an eclectic form of therapy, which cuts across approaches.

13. Psychotherapists are expected to be mindful of ethical considerations, for example, regarding prohibitions against sexual relationships with clients and against disclosure of confidential communications except in extreme cases.

### Key Terms

| antianxiety drug | countertransference | informed consent |
| antidepresant drug | couples therapy | modeling |
| antipsychotic drug | eclectic therapy | operant conditioning |
| asylum | electroconvulsive shock therapy (ECT) | psychodynamic therapy |
| automatic thought | extinction procedure | psychotherapy |
| aversion therapy | family therapy | rational–emotive therapy (RET) |
| behavioral contracting | flooding | resistance |
| behavior therapy | free association | stress inoculation therapy |
| client-centered therapy | group therapy | systematic desensitization |
| clinical interview | hotline | token economy |
| cognitive therapy | humanistic therapist | transference |
| community psychology | implosion therapy |
| counterconditioning | |

### Solved Problems

A. Select the best response option from among the four that are given.

1. The clinical interview typically includes
   A. a follow-up evaluation and assessment after therapy is terminated.
   B. the initial diagnosis of a client’s psychological functioning.
C. psychophysiological assessment.
D. the client’s initial and final evaluations.

2. In psychodynamic terminology, countertransference refers to the process whereby
   A. thoughts and feelings the patient has toward other individuals are projected onto the therapist.
   B. the therapist projects his or her own intrapsychic conflicts onto the patient.
   C. the patient avoids confronting uncomfortable thoughts and feelings by thwarting the progress of therapy.
   D. the patient’s ambivalent feelings toward his or her therapist are projected onto other individuals.

3. Client-centered therapy suggests all the following factors are keys for successful therapy except
   A. the client’s willingness to take constructive criticism from the therapist.
   B. genuineness on the part of the therapist.
   C. unconditional positive regard for the client.
   D. empathetic understanding of the client.

4. Two explicitly directive psychotherapeutic approaches are
   A. behavior therapy and psychodynamic therapy.
   B. behavior therapy and humanistic therapy.
   C. humanistic therapy and existential therapy.
   D. cognitive therapy and behavior therapy.

5. A behavioral technique whereby a therapist systematically teaches the client to experience negative feelings in response to a certain undesirable stimulus is termed
   A. counterconditioning.
   B. implosion therapy.
   C. aversion therapy.
   D. systematic desensitization.

6. If an individual is placed directly into an anxiety-provoking situation in the hope that the anxiety will eventually cease, he or she is undergoing
   A. flooding.
   B. implosion.
   C. systematic desensitization.
   D. maximum sensitization.

7. Biological treatments include all of the following except
   A. antidepressant medication.
   B. electroconvulsive shock therapy.
   C. systematic desensitization.
   D. antipsychotic medication.

B. Answer each of the following questions with the appropriate word or phrase.

8. During the fifteenth and sixteenth centuries, those classified as mentally ill were kept in ________, which, in general, provided harsh treatment in poorly maintained facilities.

9. A cognitive therapist will spend a great deal of time trying to elicit a client’s ________, which are viewed as causing psychological distress.

10. Attempts by the client, often unconscious, to sabotage the course of therapy are referred to as ________.

11. MAO inhibitors and tricyclics are examples of ________.

12. One technique used to reduce anxiety, ________, teaches the client to relax through imagination of increasingly anxiety-provoking situations.
13. ______ occurs when an unwanted response to a stimulus is systematically replaced with another, more desirable response.

14. ______ and ______ are examples of extinction procedures whereby unwanted responses are weakened.

15. ______ is a type of training whereby a client's maladaptive self-statements in response to stressful situations are restructured.

16. Community psychologists employ ______ prevention efforts when they detect disorders early, before the disorders become major problems.

17. ______ psychotherapeutic approach, in general, has been found to be most successful in treating psychological dysfunction.

18. Therapists must obtain ______ from clients—that is, an assurance that the client understands the conditions under which therapy will be conducted.

C. Answer T (true) or F (false) to each of the following statements.

19. The majority of psychotherapists claim adherence to a particular therapeutic approach.

20. Clinicians may use psychophysiological measurements as well as neuropsychological tests in their diagnoses.

21. To a behavior therapist, the actual behavior may be symptomatic of underlying unconscious conflicts.

22. Only by pairing the onset of smoking behavior with unpleasant stimuli has operant conditioning been used successfully in stopping smoking.

23. In modeling, a client is asked to observe a successfully functioning individual act in particular situations, and is then instructed to act in kind.

24. Research has suggested that depressives often magnify their failures, minimize their successes, and interpret ambiguous situations in order to diminish their self-worth.

25. Modern biological therapies, such as prefrontal lobotomies, have proven to be minimally successful in alleviating depressive symptoms.

26. Used primarily only when other intervention efforts have failed, electroconvulsive shock therapy may be used to treat severe cases of depression.

27. One advantage of group therapy is that the client is repeatedly exposed to the problems of others.

28. Community mental-health centers are designed to provide prevention and treatment services to people in the community in which the people reside.

29. Confidentiality of communication between client and therapist is maintained even when there is strong evidence of a client's likelihood of engaging in violent behavior toward others.

30. Psychoanalytic therapists believe that psychological symptoms mask deeper, intrapsychic conflicts.

31. Albert Ellis's RET focuses on relaxation and stress management techniques to alleviate psychological distress.
1. B; 2. B; 3. A; 4. D; 5. C; 6. A; 7. C; 8. asylums; 9. automatic thoughts; 10. resistances; 11. antidepressants; 12. systematic desensitization; 13. Counterconditioning; 14. Flooding, implosion; 15. Stress-inoculation therapy; 16. secondary; 17. No one; 18. informed consent; 19. F (a survey done in 1982 indicated that the majority of therapists were eclectic—that is, they used techniques from a variety of therapeutic approaches); 20. T; 21. F (a behavior therapist believes that the symptoms are the sole problems and must be dealt with directly); 22. F (operant conditioning has been used in smoking cessation programs, but by using rewards and punishments for desirable and undesirable behavior, respectively); 23. T; 24. T; 25. F (modern biological therapies, of which the crude prefrontal lobotomy is not an example, have been relatively successful in treating depressive symptoms); 26. T; 27. F (this may be a disadvantage—by being overly involved in other people’s problems, one may take time and energy away from one’s own problems); 28. T; 29. F (it is the therapist’s responsibility to warn the appropriate authorities if there is a strong likelihood that a client will harm others); 30. T; 31. F (rational—emotive therapy focuses on identifying and changing maladaptive thought patterns in order to alleviate psychological dysfunction).