
PSY1102

Introduction to Applied Psychology

Class 19

Therapy

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Agenda for today

1. Therapy: introduction and overview
2. The psychological therapies
 - a. Psychoanalysis
 - b. Humanistic therapies
 - c. Behaviour therapies
 - d. Cognitive therapies
 - e. Group and family therapies
3. Overview of major psychotherapies

But first, the issue of reality

- I feel more distance between me and reality.
- Maybe that's your space for writing.

- Dany Laferrière, *The Return*, 2009, p. 110

“I saw the angel in the marble, and I carved until I set him free.”

- attributed to Michaelangelo

A sculptor, asked how he could create a sculpture of a horse from a block of stone, reportedly said, “It's simple – I just cut away everything that doesn't look like a horse.”

- unknown source

1. Therapy: introduction and overview

- Having considered psychological disorders, the question naturally arises, “It’s nice to know about the disorders, but what can we do about them?”
- This leads us straight into different types of therapies.
- Over the next few classes, we’ll consider a variety of therapies, and today will consider:
 - Psychoanalysis
 - Humanistic therapies
 - Behaviour therapies
 - Cognitive therapies
 - Group and family therapies

1. Therapy: introduction and overview (continued)

- Over the centuries, an astonishing array of techniques has been developed and used to treat psychological disorders, ranging from torture (in today's view) to humane approaches.
- In the 19th century, Philippe Pinel and Dorothea Dix helped bring more humane treatments into play.
- Today, we identify two categories of mental health therapies:
 - psychotherapy, used for learning-related disorders, such as phobias, where a trained therapist helps someone achieve personal growth or address difficulties; and
 - biomedical therapy, used to address biologically influenced disorders such as schizophrenia.
- Some psychotherapists use an eclectic approach, choosing from the therapies available to select the best one(s).

2. The psychological therapies

- There are many kinds of psychotherapy, but we will consider only the major ones, including:
 - Psychoanalysis
 - Humanistic therapies
 - Behaviour therapies
 - Cognitive therapies
 - Group and family therapies

2a. Psychoanalysis

What are the aims and methods of psychoanalysis, and how have they been adapted to psychodynamic therapy?

- Psychoanalysis was the first psychological therapy. The vocabulary of psychoanalysis has permeated our modern vocabulary.
- Although strict Freudian psychoanalysis is not common today – in part because it is so time-consuming and expensive – some of Freud's techniques and assumptions survive in the psychodynamic therapies.

2a. Psychoanalysis: aims

- The aims of psychoanalysis are based on Freud's theoretical perspective.
- Because Freud assumed that psychological problems originate in repressed impulses and conflicts in childhood, one aim of psychoanalysis is to help bring these repressed items into conscious awareness. There, they can be worked through by the patient (with the guidance of the psychoanalyst).
- By rechanneling the energy that had been used to feed conflicts among the Id, Superego, and Ego, patients should experience less anxious, and thus healthier, living.

2a. Psychoanalysis: methods

- To delve into a patient's Unconscious, several tools are used.
- Free association is a technique where a relaxed patient speaks whatever comes to his or her mind, ideally without editing anything that is embarrassing, unpleasant, or trivial.
 - Try free associating without editing your comments. Clearly, you can only do this with someone who has your complete trust, because it is likely that many of the thoughts you have will be ones you consider private.
 - From the psychoanalyst's perspective, any editing suggests resistance on your part, where resistance indicates an underlying anxiety that works against your revealing sensitive material.
 - The analyst interprets your pattern of resistance to create insight into your inner psychodynamics.

2a. Psychoanalysis: methods (continued)

- Another psychoanalytic tool is dream analysis, in which the analyst interprets the meaning of a dream you have reported. Specifically, the analyst will look for latent content, the underlying meaning of your dreams. (This is a good example of the breadth of Freud's vision.)
- Because disclosure of private thoughts is intrinsic to psychoanalysis, the patient may experience very strong feelings towards the psychoanalyst, either positive or negative. The analyst may see this as transference, where the patient transfers to the analyst feelings experienced at an earlier time of life.
 - Thus, transference is a tool to help the patient have second chance to work through earlier feelings, as well as current relationships.

2a. Psychoanalysis: the balance sheet

- Psychoanalysis is time-consuming and expensive.
- As a therapy, its geographic reach is limited – a few spots in Europe and North America.
- On the positive side, interpretations can provide insight into one's past, at least in the view of psychoanalysts.

2a. Psychodynamic therapy

- Psychodynamic therapy is derived from psychoanalysis. It acknowledges the influences of childhood experiences and the Unconscious.
- Some differences vs. psychoanalysis:
 - face-to-face discussion;
 - sessions only once a week;
 - sessions only over a period of several weeks or months. (Think speed-dating, but based on psychoanalysis!)

2a. Interpersonal psychotherapy

- Interpersonal psychotherapy is a variation on psychodynamic therapy.
- Interpersonal psychotherapy uses a brief course of treatment (12 to 16 sessions).
- This treatment has been effective in treating depression.
- The longer-term aim of interpersonal psychotherapy is to help the patient gain insight into the roots of their difficulties, but the immediate goal is relief of symptoms in the short term rather than a wholesale change of personality.
 - For example, work on the relationship skills needed today.

2a. Psychoanalytic “school” of therapy

- Therapies from the psychoanalytic school use discussion-centred therapies in which the analyst guides the patient towards insights that may be useful in modifying behaviour and attitudes.

2b. Humanistic therapies

What are the basic themes of humanistic therapy, such as Rogers' client-centred approach?

- Client-centred therapy is a humanistic therapy developed by Carl Rogers in which the therapist uses techniques such as active listening within a genuine, accepting, empathic environment to facilitate clients' growth.
- The humanistic perspective on personality focuses on the inherent potential of humans for self-fulfillment. Similarly, client- (or person-)centred therapy strives to boost self-fulfillment by increasing the patient's self-awareness and self-acceptance.

2b. Humanistic therapies: aims

- Like psychoanalysis, humanistic therapies strive to provide clients with insights about themselves and try to reduce inner conflicts.
- However, differences between psychoanalysis and humanistic approaches include:
 - Focus more on the present and future than on the past;
 - Conscious rather than unconscious thoughts;
 - Taking immediate responsibility for one's feelings and actions instead of trying to uncover hidden roots of behaviour; and
 - Promoting growth rather than curing illness; here, the label client is relevant.

2b. Humanistic therapies: methods

- Client-centred therapy was developed by Carl Rogers (who we met in the personality section of the course).
- Client-centred therapy is a non-directive approach that focuses on the client's conscious self-perceptions.
 - The therapist listens without judging, interpreting, or steering.
- Consistent with the humanistic approach to personality, client-centred therapy emphasises genuineness, acceptance, and empathy.
- Rogers emphasised active listening, a non-directive interaction with the client which involves acknowledging the client's feelings and paraphrases the client's comments.
- This approach is part of unconditional positive regard, which is a non-evaluative interaction with the client.

2c. Behaviour therapies

What are the assumptions and techniques of the behaviour therapies?

- Psychoanalysis and humanistic therapies focus on the patient's insight as a means of addressing unresolved tensions that contribute to psychological problems.
- By contrast, behaviour therapy adopts the perspective taken by behaviourism that all of the unobservable, and therefore unverifiable, unconscious issues are irrelevant. Instead, the relevant issue is the problem behaviour, and like any behaviour it can be addressed by the application of the principles of learning.
 - By implication, unobservable issues are irrelevant to a behaviouristic perspective.

2c. Behaviour therapies: learning theory

- Learning theory has focused on two principal paradigms for learning:
 - Classical conditioning, and
 - Operant (instrumental) conditioning.
- Classical conditioning was first demonstrated by Pavlov, who showed that cues announcing the arrival of food for his lab dogs took on the reward qualities of the food itself in stimulating a salivation reflex.
- By contrast, operant conditioning demonstrated that the reward or punishment that occurs after a particular voluntary behaviour can increase or decrease the frequency of occurrence of the behaviour.
- Do these principles have relevance to therapies designed to modify human behaviour and emotions?

2c. Behaviour therapies: classical conditioning

- If behaviours and emotions can be conditioned in a classical conditioning paradigm, can they also be unlearned?
 - Mowrer demonstrated the effectiveness of this for bed-wetting;
 - Counter-conditioning has been used to treat fear of elevators by pairing the trigger stimulus with a new response (relaxation).
 - Two effective counter-conditioning responses are exposure therapies and aversive conditioning.
- Exposure therapies expose people to things they normally avoid to desensitize them to this particular stimulus. A very common exposure therapy is systematic desensitization, which relies on the fact that one cannot be both anxious and relaxed at the same time. This method works gradually, employing progressive relaxation.
- Virtual-reality exposure therapy is another option.

2c. Some targets for systematic desensitization



Source: www.wolfspider.org/photo-gallery



u11089392 fotosearch.com

Source: www.fotosearch.com/ULY049/u11089392/



CN Tower glass floor

2c. Behaviour therapies: classical cond. (continued)

- Unlike systematic desensitization, aversive conditioning substitutes an aversive (negative) response for a positive response to a harmful stimulus.
 - For example, paint fingernails with a horrible-tasting polish to treat nail-biting.
- Aversive conditioning has a success rate of about 60% after one year (for alcohol treatment) and about half that after 3 years.

2c. Behaviour therapies: operant conditioning

- Fundamental to operant conditioning is the principle that the frequency of occurrence of voluntary behaviours is influenced (or determined) by the consequences of those behaviours.
 - If the behaviour is rewarded, by definition it will occur more often.
 - If the behaviour is punished, by definition it will occur less often.
- These principles have led to the development of behaviour modification.

2c. Behaviour modification

- Behaviour modification has an intuitive simplicity that is appealing: if you would like to effect a change in someone's behaviour, then you should use accepted principles (“laws”) of learning to effect this change.
 - By implication, intervening variables such as thoughts have no role to play.
- Behaviour modification has been effective in a variety of situations, including:
 - Teaching persons with an intellectual disability to care for themselves;
 - Teaching persons with autism how to interact with others;
 - Teaching persons with schizophrenia how to behave on a ward.
- Therapy includes shaping behaviour by successive approximation.

2c. Behaviour modification (continued)

- A variety of rewards can be used, including food, attention, praise, etc.
- In some cases, it may be helpful (or necessary) to set up a token economy, “an operant conditioning procedure in which people earn a token for exhibiting a desired behaviour.”
 - At some later time, they can exchange the tokens for rewards or privileges, such as candy, TV time, etc.

2c. Concerns about behaviour modification

- How durable are these new behaviours? In operant conditioning, when the reinforcement regimen is discontinued the behaviour will extinguish. What happens when a patient leaves the institution behind – do the new (appropriate) behaviours disappear, or do they persist?
 - This concern can be allayed in part by making the regimen more appropriate to the real world.
- Perhaps more fundamental, how appropriate is it for one person to control another person's behaviour? Although the goals may be worthy, do the ends justify the means?
 - One response to this criticism is that the behaviour-modification regimen may be the most humane of the mechanisms available.

2d. Cognitive therapies

What are the goals and techniques of the cognitive therapies?

- As a scientist, it's difficult to argue with the behaviourist focus on observables.
- However, some psychological issues, such as depression and anxiety, are more difficult to quantify, but are no less real than inappropriate behaviours, for example.
- Cognitive therapies, including cognitive-behaviour therapy, have emerged in the past half-century, and represent a “marriage” of behaviourism with a cognitive approach.

2d. Cognitive therapies vs. strict behaviourism

- In a strict behaviourist interpretation, a stimulus elicits a response in a predictable fashion.
- Married with a cognitive approach, the response elicited by a stimulus depends on the thoughts that follow the stimulus.
 - For example, a negative event that happens to someone who has a negative self-image will likely have a different outcome than the same event happening to someone with a positive self-image.

2d. Beck's therapy for depression

- Working from the realisation that people with depression had recurring negative thoughts, Beck and his colleagues developed a therapy that counters this negative internal dialogue.
- Rather than simply listening to these thoughts and accepting them, the therapist tries to guide the patient to see the effects of negative thoughts, and then to reverse them.
 - The textbook (pp. 647-648) provides an example of a dialogue in which the therapist leads the patient to understand that the patient's perceived importance of a test is the root cause of the depression.

2d. Cognitive-behaviour therapy

- Cognitive-behaviour therapy is an integrative therapy that aims to modify the way people think (cognitive component) as well as the way they behave.
- In so doing, this approach follows three steps:
 1. Make the patient aware of their negative thinking;
 2. Replace it with new, more positive, ways of thinking;
 3. Ensure that they practice implementing the new approach.
- The issue of emotion regulation is common to anxiety and mood disorders. Thus, to be effective a therapy must train these patients to replace the negative thoughts with a more realistic view and to practice behaviours that are not consistent with their previous negative outlook.
 - For example, a person with obsessive-compulsive disorder can replace a compulsive action with a more productive activity.

2e. Group and family therapies

What are the aims and benefits of group and family therapy?

- Most therapies occur in small groups. Although this setting does not provide as much one-on-one contact, it saves time and money and may be as effective as individual therapy.
- For families or other groups, the group can help patients realise that their situation is not unique.
- The group members interact with each other as well as with the therapist.
- An important part of family therapy is seeing the family as a system that is influenced by the attitudes and behaviours of individuals within the system.
- The goal of family therapy is to heal damaged or dysfunctional relationships within the family, and to mobilise resources.

2e. Group and family therapies

- Self-help and support groups can specialise in issues that are difficult to discuss or are associated with a stigma, such as:
 - Gender issues
 - AIDS
 - Anorexia
 - Substance abuse (e.g., AA or NA)
- Therapy does not involve a competition among different methods. Different methods can be effective.

3. Overview of major psychotherapies

- Check out Table 15.1 (page 650), summarised below.

Therapy	Condition	Aims	Method
Psychodynamic	Unconscious forces, childhood experiences	Anxiety reduction via self-insight	Analysis and interpretation
Client-centred	Barriers to self-understanding and self-acceptance	Personal growth via self-insight	Active listening, unconditional positive regard
Behaviour	Maladaptive behaviour	Extinction and relearning	Operant, aversive conditioning, others
Cognitive	Negative, self-defeating thinking	Healthier thinking and self-talk	Reveal, reverse self-blaming
Family	Stressful relationships	Relationship healing	Better comm., exploring roles, other

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