

FOCUS ON VOCABULARY AND LANGUAGE

Treating Psychological Disorders

. . . *bewildering mix of harsh and gentle methods* . . . Myers is referring to the many odd and strange techniques (the *bewildering mix of harsh and gentle methods*) that have been used to deal with people suffering from psychological disorders. These include cutting holes in the skull, piercing veins or attaching leeches to remove blood from the body (*bleeding*), and whipping or striking people to force demons out of the body (*“beating the devil” out of people*). Today’s less harsh (*gentle*) therapies are classified into two main categories, psychological and biomedical.

(*Photo caption*) Visitors to eighteenth-century mental hospitals paid to *gawk at patients*, as though they were viewing zoo animals. In the past, people suffering from mental disorders (*patients*) were confined to mental hospitals, where they were often treated badly. For instance, some hospitals raised money by selling tickets to the public; visitors could come and stare at (*gawk at*) the inmates (*patients*), much as we do today when we visit the zoo and look at the captive animals.

The Psychological Therapies

Psychoanalysis

Psychoanalysis is historical reconstruction. **Psychoanalysis** attempts to restore the patient to mental health by bringing submerged feelings into conscious awareness (by *excavating* them), where they can be examined and dealt with (*worked through*). This involves delving into the patient’s past (his or her history)—especially into childhood experiences. The patient re-experiences the feelings and emotions associated with these events in order to gain insight into the origin of the problem. In this sense, psychoanalysis attempts to reconstruct the past (*it is historical reconstruction*). As Myers puts it, psychoanalysis aims to dig up (*unearth* or *excavate*) the past in hope that doing so will free the constraints it exerts on the present (*will loosen its bonds on the present*).

Humanistic Therapies

Humanistic therapists *aim to boost* people’s *self-fulfillment* by helping them grow in self-awareness and self-acceptance. The most popular humanistic technique is Carl Rogers’ nondirective **client-centered therapy** (now often called *person-centered therapy*). The goal is to increase (*the aim is to boost*) the client’s feelings of accomplishment and achievement (*self-fulfillment*) by providing nonthreatening opportunities for living in the present, for becoming less critical of one’s self, and for becoming more self-aware.

“And that just really knocks the props out from under you.” In Carl Rogers’ therapy sessions, he attempts to be genuine, accepting, and empathic; he also mirrors (*reflects*) back to the client the feelings that the client had expressed, using different words. If the client said he had been told he was no good, Rogers would *reflect* the feelings he detects by saying that it must seem as though the client’s self-worth had been undermined (as though *it knocked the props out from under you*).

Behavior Therapies

Unfortunately for many who might have been helped by Jones’ procedures, her story of Peter and the rabbit did not enter psychology’s lore when it was reported in 1924. Mary Cover Jones was the first to demonstrate **counterconditioning** (replacing a fear response with an incompatible response, such as relaxation, through classical conditioning). This technique, however, did not become part of

psychology's tradition and store of knowledge (its *lore*) until Joseph Wolpe developed **systematic desensitization** (a widely used form of **exposure therapy**) more than 30 years later.

To treat alcohol dependence, the therapist offers the client appealing drinks *laced* with a drug that produces *severe nausea*. Behavior therapists, focusing on observable behaviors, use a number of techniques based on well-established learning principles. Two counterconditioning techniques based on classical conditioning are **systematic desensitization** and **aversive conditioning**. In aversive conditioning, people who regularly drink too much are given enticing alcoholic beverages that are infused (*laced*) with a substance that induces sickness (*severe nausea*). Alcohol should now be a potent conditioned stimulus that elicits unpleasant feelings; as a result, an aversion to the taste of the drink should develop and the person with alcohol dependence should want to avoid these alcoholic beverages in the future. Research shows some limited success with this approach.

The combination *worked wonders* for some children. Another type of **behavior therapy** is based on operant conditioning principles and involves voluntary behavior followed by pleasant or unpleasant consequences. Socially withdrawn autistic children who were treated with an intensive two-year program of positive reinforcement for desired behaviors and punishment for violent and self-injurious (*aggressive and self-abusive*) behaviors responded extremely well (it *worked wonders* for them).

Cognitive Therapies

The **cognitive therapies** assume that our thinking *colors our feelings*. The underlying assumption of the cognitive approach to therapy is that thoughts precede and influence (*color*) our emotional responses (our *feelings*). If certain destructive patterns of thinking are learned, then it must be possible to unlearn them and replace them with more constructive ways of viewing what happens to us. Cognitive therapists attempt to help people alter their maladaptive thoughts (*they aim to help people change their minds*) and replace them with new ways of thinking.

Gentle questioning seeks to reveal irrational thinking and then to persuade people to remove the dark glasses through which they view life. Aaron Beck, a cognitive therapist, believes that the way to help depressed people feel better is to turn around (*reverse*) their negative, distorted (*irrational*) thinking, which tends to transform ordinary events into disasters. The goal is to get them to think about their lives in more positive terms and to look at life as less dreary, dull, and dismal (*to persuade them to remove the dark glasses through which they view life*).

Cognitive-behavioral therapy takes a *double-barreled approach* to depression and other disorders. This integrated form of therapy combines the cognitive approach with the behavioral approach in dealing with depression and other disorders. It has two goals—alter the way people think and alter the way they act (*it takes a double-barreled approach*).

Evaluating Psychotherapies

Is Psychotherapy Effective?

If clients' *testimonials* were the only *measuring stick*, we could strongly assert that psychotherapy is effective. The question of whether or not psychotherapy is effective is very complex. If the only gauge (*measuring stick* or yardstick) we have is what clients say about their therapy (their *testimonials*), then the conclusion would have to be that psychotherapy works. (Almost 90 percent of those surveyed were at least "fairly well satisfied.") But Myers points out that such testimonials can be misleading and invalid.

When, with the normal *ebb and flow* of events, the *crisis* passes, people may assume their improvement was a result of the therapy. Because of some serious traumatic events (*crises*) in their lives, people may end up seeing a therapist—and after many sessions they may feel much better. During the ordinary course (*ebb and flow*) of events, however, the crisis is likely to have passed; thus, their present feelings of well-being may have little to do with the psychotherapy.

Which Psychotherapies Work Best?

People are too complex and psychotherapy *is too intuitive for a cookie-cutter approach*, many therapists say. Therapists are debating the role science should play in clinical practice. Some nonscientist therapists believe that psychotherapy is creative, imaginative, and inventive rather than empirical and *evidence-based* (it is *more art than science*). In addition, there is no one correct way to achieve effective psychotherapy (it *is too intuitive for a cookie-cutter approach*). Science-oriented clinicians claim that basing psychotherapeutic practice on empirical evidence will protect the public from false therapies as well as accusations of appearing to promote fake- or pseudotherapies (*of sounding like snake-oil vendors*).

How Do Psychotherapies Help People?

Each therapy, in its own way, may therefore *harness the person's own healing powers*. Research has shown that actual psychotherapy is better than no treatment, but that placebo-treated people improve significantly. This suggests that psychotherapies work in part because they offer hope; each different type of therapy may be effective to the extent that it capitalizes on and uses (*harnesses*) the clients' ability for self-healing (*the person's own healing powers*).

People with *clear-cut*, specific problems tend to improve the most. Psychotherapy tends to work best when the disorder is well defined (*clear-cut*) and explicitly stated or understood. In addition, psychotherapists help people improve simply by offering hope, a new perspective about themselves, or a new way of looking at problems, along with being empathic and caring.

The Biomedical Therapies

Drug Therapies

Antipsychotics also have powerful side effects. Some produce *sluggishness, tremors, and twitches* similar to those of Parkinson's disease (Kaplan & Saddock, 1989). Because of the serious side effects of some **antipsychotic drugs**—tiredness and apathy (*sluggishness*), shaking limbs (*tremors*), sudden involuntary spasms (*twitches*), and, with long-term use, *tardive dyskinesia*—therapists have to be very careful in selecting the dose of both first- and new-generation drugs. They look for a dose that will relieve the patient's symptoms but will not produce the side effects.

“*Popping a Xanax*” at the first sign of tension can produce psychological dependence; . . . The most popular antianxiety drugs (Xanax and Valium) are central nervous system depressants that reduce tension without causing too much drowsiness. As a consequence, they are prescribed for a variety of problems, including minor emotional stresses. If a person regularly uses an antianxiety drug (routinely “*pops a Xanax*”) whenever there is the slightest feeling of anxiety, the result can be psychological dependence on the drug. Withdrawal symptoms for heavy users include increased anxiety and an inability to sleep (*insomnia*).

The **antidepressant drugs** were named for their ability to *lift people up from* a state of depression. *Until recently, this was their main use.* Antidepressants work by either increasing the availability of the neurotransmitters norepinephrine or serotonin, or by slowing the reabsorption or reuptake of serotonin (*they inhibit the synaptic vacuuming up of serotonin*). Thus, they tend to make depressed people feel more alive and aroused (*they lift them up*). As Myers notes, these drugs are also used to treat anxiety disorders such as obsessive-compulsive disorder.

Brain Stimulation

The procedure [ECT], which produced racking convulsions and brief unconsciousness, gained a *barbaric* image. **Electroconvulsive therapy (ECT)** has proven quite effective and is used mainly for chronically depressed people who have not responded to drug therapy. In 1938, when ECT was originally introduced, wide-awake patients were first strapped to a table to prevent them from hurting themselves during convulsions and then shocked (*jolted*) with 100 volts of electricity to the brain. Although the procedure is different today (patients are now given a drug that prevents convulsions), these inhumane (*barbaric*) images tend to remain in people's minds. As Myers points out, ECT is credited with saving many from suicide.

Hopes are now rising for gentler alternatives that *jump-start* the depressed brain. (Note that using power from one car's battery to start another car with a flat or dead battery is called *jump-starting*.) Depressed moods appear to improve when a painless procedure called **repetitive transcranial magnetic stimulation (rTMS)** is used on wide-awake patients. Other more invasive procedures such as electrical stimulation of the vagus nerve or deep stimulation that inhibits activity in the brain are also used. Thus, optimism is increasing (*hopes are now rising*) for a better way to activate (*jump-start*) the depressed brain.

Preventing Psychological Disorders

Preventive mental health is *upstream work*. Some psychologists believe that prevention is better than cure; for that reason, they support programs that help relieve and stop poverty, racism, discrimination, and other disempowering or demoralizing situations. The attempt to prevent psychological disorders by getting rid of the conditions that may cause them is extremely difficult (it is *upstream work*).

Better to drain the swamps than just swat the mosquitoes. The idea here is that it is better to attack the source of a problem than its effects. Eliminating the breeding grounds of insects (*draining the swamps*) is a more productive way of removing the insects than trying to kill them after they've hatched (to *just swat the mosquitoes*). Similarly, when attempting to prevent psychological problems, we should empower those who have learned an attitude of helplessness and change environments that give rise to (*breed*) loneliness.