

FOCUS ON VOCABULARY AND LANGUAGE

. . . it was also an emotional roller coaster. Redfield Jamison's life was enhanced (*blessed*) by times of deep compassion, sympathy, and understanding (*intense sensitivity*) as well as high levels of fervent or ardent (*passionate*) energy. It was also characterized by extreme fluctuations in mood (*her life was an emotional roller coaster*). Exorbitant and excessive (*reckless*) spending, rapid speech (*racing conversation*), and insomnia (*sleeplessness*) switched back and forth (*alternated*) with severely depressed moods (*swings into "the blackest caves of the mind"*). **Psychotherapy** helped by making sense of her confused state, restraining (*reining in*) her frightening thoughts and feelings, and giving her some control and hope for the future.

Treating Psychological Disorders

The history of treatments for psychological disorders includes a *mix of harsh and gentle methods*. Myers is referring to the assortment (*mix*) of techniques, ranging from severe and cruel (*harsh*) treatment to kinder (*gentler*) methods that have been used to treat people with psychological disorders. For example, treatments have included cutting holes in the skull, piercing veins or attaching leeches to remove blood from the body (*bleeding*), whipping or striking people to force demons out of the body ("*beating the devil*" out of people), and so on. Today's more compassionate (*humane*) therapies are classified into two main categories—psychotherapy and **biomedical therapy**.

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

The Psychological Therapies

Psychoanalysis and Psychodynamic Therapy

Thus, its [psychoanalysis'] main method is *historical reconstruction*. **Psychoanalysis** attempts to restore a patient to mental health by bringing submerged (*repressed*) feelings into conscious awareness 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—and re-experiencing the feelings and emotions associated with those events so that the patient can gain an understanding (*insight*) into the origin of the problem. In this sense, psychoanalysis attempts to recreate the past (it is *historical reconstruction*). As Myers puts it, psychoanalytic theory aims to dig up (*excavate* or *unearth*) one's past in the hope that doing so will free the constraints it exerts on the present (*that it will loosen its bonds on the present*).

Your *mind goes blank* as you try to remember an important person or place. During a psychoanalytic therapy session, a patient might experience a mental block (*his mind goes blank*). For example, he might be unable to remember a person's name or recall important details. To the analyst, these brief cognitive impairments (*mental blips*) are signs or indications of **resistance**, the blocking from consciousness of the mental content that provokes fear and unease. Such impairments suggest that anxiety is present but concealed (*they hint that anxiety lurks*) and that the client is defending against sensitive material.

Humanistic Therapies

They [therapists who take a humanistic approach] *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 attempted to be genuine, accepting, and empathic. He also used different words to mirror (*reflect*) back to the client the feelings he had expressed. If the client said he had been told he was no good, Rogers would *reflect* the feelings he detected by saying that it must seem as though the client's self-worth had been undermined (*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* until psychiatrist Joseph Wolpe (1958; Wolpe & Plaud, 1997) *refined* Jones' counterconditioning technique into the exposure therapies used today. Mary Cover Jones was the first psychologist 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 (*psychology's lore*) until psychiatrist Joseph Wolpe developed (*refined*) Jones' counterconditioning techniques into the **exposure therapies** used today. In exposure therapies, repeated exposure to the feared stimulus or situation in a controlled setting makes the client less anxious and frightened (less *terrified*).

The therapist may offer the client appealing drinks *laced* with a drug that produces *severe nausea*. Therapists who focus 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, taste aversion to the drinks should develop and the person with alcohol use disorder should want to avoid these alcoholic beverages in the future. Research shows some limited success in the short run with this approach.

The combination *worked wonders* for some children. Another type of **behavior therapy** is based on *operant conditioning* principles. This therapy involves voluntary behavior followed by pleasant or unpleasant consequences. Some socially withdrawn autistic children, 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 therapy attempts to help people alter maladaptive thoughts and replace them with new ways of thinking (*to change their thinking*).

Many people see the world through rose-colored glasses. People who are overly optimistic, hopeful, and positive about life are said to “*view the world through rose-colored glasses.*” On the other hand, depressed people tend to view their lives negatively and pessimistically (*through dark glasses*). Cognitive therapy helps depressed people to change (*reverse*) their negative views of themselves, their situations, and their futures.

In Beck’s approach, *gentle questioning seeks to reveal irrational thinking and then to persuade people to remove the dark glasses through which they view life* (Beck et al., 1979, pp. 145–146). Aaron Beck developed cognitive therapy because he 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 (this is *catastrophizing*). Using *gentle questioning*, 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 people to remove the dark glasses through which they view life*).

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

Evaluating Psychotherapies

Is Psychotherapy Effective?

If clients’ *glowing comments* were the only *measuring stick*, your job would be easy. The question of whether psychotherapy is effective is a very complex issue. If our only gauge (*measuring stick* or “yardstick”) were clients’ very positive assertions (*their glowing comments*), then the conclusion would have to be that psychotherapy works. (Almost 90 percent of those surveyed were at least “fairly well satisfied.”) But, as Myers points out, critics of psychotherapy’s effectiveness have a number of reasons to be skeptical.

Life ebbs and flows. When the *crisis passes*, people may *assume their improvement was a therapy result*. Because of some serious traumatic events (*crises*) in their lives, people may end up seeing a therapist; after many sessions they may feel much better. During the ordinary fluctuations (*ebbs and flows*) of life, the crisis is likely to get resolved (*pass*)—but people may incorrectly attribute their newfound well-being to the psychotherapy (*they assume their improvement was a therapy result*).

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 that science should play in clinical practice. Some nonscientist therapists believe that psychotherapy is creative, imaginative, and inventive rather than empirical and *evidence-based (more art than science)*. In addition, they believe 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 therapies or pseudotherapies (*of sounding like snake-oil vendors*).

How Do Psychotherapies Help People?

By *harnessing the person's own healing powers*, all sorts of treatments—including some *folk-healing rites* with no scientific support for their effectiveness—may produce cures (Frank, 1982). 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, including some traditional rituals (*folk-healing rites*), 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

Do antipsychotics drugs also *have side effects*? Yes, and some are *powerful*. They may produce *sluggishness*, *tremors*, and *twitches* similar to those of Parkinson's disease (Kaplan & Saddock, 1989). While **antipsychotic drugs** can control symptoms, they also have very potent consequences (*they have powerful side effects*)—tiredness and apathy (*sluggishness*), shaking limbs (*tremors*), and sudden involuntary spasms (*twitches*). With long-term use, they can also cause *tardive dyskinesia*. Many of the newer-generation antipsychotics have fewer side effects but may increase the risk of obesity and diabetes. But, *despite their drawbacks* (disadvantages), *antipsychotics, combined with life-skills programs and family support, have given new hope to many people with schizophrenia* (Guo, 2010).

“*Popping a Xanax*” at the first sign of tension can produce immediate relief, which may reinforce a person's tendency to take drugs when anxious. Popular **antianxiety drugs** such as Xanax and Ativan are central nervous system depressants that reduce tension and anxiety. As a consequence, they are prescribed for a variety of problems, including minor emotional stresses. If a person takes an antianxiety drug whenever there is the slightest feeling of anxiety (routinely “*pops a Xanax*”), the drug use could become a habit because the drug-taking behavior is reinforced by immediate relief. Withdrawal symptoms for regular, heavy use of these drugs include physical problems, such as 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. **Antidepressant drugs** work by increasing the availability of the neurotransmitters norepinephrine and serotonin. For instance, they prolong the time serotonin molecules remain in the brain's synapses by partially blocking the reabsorption and removal of serotonin (*they slow the synaptic vacuuming up of serotonin*). As a consequence, they tend to make depressed people feel more alive and aroused (*they lift them up or lift their spirits*). Some professionals refer to Prozac, Zoloft, and Paxil as “SSRI drugs” (*selective serotonin reuptake inhibitors*) rather than “antidepressants” because of their inhibiting effect on the reuptake of serotonin and because they are now prescribed for a wider variety of disorders.

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 still used, mainly for chronically depressed people who have not responded to drug therapy. In 1938, when ECT was first introduced, wide-awake patients were strapped to a table to prevent them from hurting themselves while they were shaking and shuddering with spasms (*racking convulsions*). These patients were shocked (*jolted*) with roughly 100 volts of electricity to the brain. Although the procedure is different today (patients are given drugs to prevent convulsions), these inhumane (*barbaric*) images tend to remain in people's minds (*they linger*). As Myers points out, ECT reduces suicidal thoughts and is credited with saving many from suicide. It is also considered by its proponents to be "among the most positive treatment effects in all of medicine" (Glass, 2001).

To *jump-start* the depressed brain, scientists have developed some *gentler* alternatives (Moreines et al., 2011). (Note that using power from another car's battery to start a car with a dead battery is called *jump-starting*.) An example of one such alternative neurostimulation therapy is *vagus nerve stimulation*, which activates a nerve deep in the neck, via an electrical device implanted in the chest. This device periodically sends signals to the brain's mood-related limbic system. In addition, depressed moods appear to improve when a painless procedure called **repetitive transcranial magnetic stimulation (rTMS)** is used on wide-awake patients. A third experimental treatment called *deep-brain stimulation* uses implanted electrodes, controlled by a pacemaker, to excite neurons that inhibit activity in a brain area responsible for negative emotions and thinking. These new approaches show promise as milder (*gentler*) alternatives to powerful drugs or ECT for treating depression and may provide 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.