

FOCUS ON VOCABULARY AND LANGUAGE

Treating Psychological Disorders

... *a bewildering mix of harsh and gentle methods*. Myers is referring to the perplexing assortment (*bewildering mix*) of techniques, ranging from severe and cruel (*harsh*) treatment to kinder (*gentle*) methods, that have been used to deal with people suffering from psychological disorders—for example, 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

Psychoanalysis 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 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 unearth* (dig up or *excavate*) *one’s past in hope of unmasking* (uncovering) *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**. 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

... Jones’ story of Peter and the rabbit did not immediately become part of psychology’s *lore*. 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 (*lore*) until psychiatrist Joseph Wolpe developed the **exposure therapies** more than 30 years later. In exposure therapies, repeated exposure to the feared stimulus or situation makes the client less anxious and frightened (*less petrified*).

To treat alcohol dependence, an aversion therapist offers the client appealing drinks *laced* with a drug that produces *severe nausea*. Behavior 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 dependence should want to avoid these alcoholic beverages in the future. Research shows some limited success in the short run with this approach.

The combination of positively reinforcing desired behaviors, and ignoring or punishing *aggressive and self-abusive* behaviors, *worked wonders* for some. 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 to 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 maladaptive thoughts (*change their minds*) and replace them with new ways of thinking.

. . . They can be easily *elicited* and *demolished* by any scientist worth his or her salt . . . Albert Ellis, creator of **rational-emotive behavior therapy (REBT)**, was very frank and straightforward in his criticisms of the negative and irrational way people think (he was *tart-tongued*). He believed that nonsensical and often hidden ideas (*covert hypotheses*) could be exposed (*elicited*) and eliminated (*demolished*) by any competent expert (*any scientist worth his or her salt*). He claimed the REBT therapist is precisely that—someone who exposes and destroys self-defeating and absurd ideas (*an exposing and nonsense-annihilating scientist*).

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

Evaluating Psychotherapies

Is Psychotherapy Effective?

If clients' *testimonials* were the only *measuring stick*, we could strongly affirm the effectiveness of psychotherapy. The question of whether psychotherapy is effective is a very complex issue. If the only gauge (*measuring stick* or "yardstick") we have were what clients say about their therapy (*their testimonials*), the conclusion would have to be that psychotherapy works. (Almost 90 percent of those surveyed were satisfied.) Myers points out that, although we should not reject such testimonials without due consideration (*we should not dismiss them lightly*), they can be misleading or invalid.

When, with the normal *ebb and flow* of events, the *crisis* passes, people may attribute their improvement to the therapy. Because of serious traumatic events (*crises*) in their lives, some 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.

The Relative Effectiveness of Different Psychotherapies

Moreover, we can say that therapy is most effective when the problem is *clear-cut* (Singer, 1981; Westen & Morrison, 2001). Psychotherapy tends to work best when the disturbances are well-defined (*clear-cut*) and explicitly stated or understood. For example, those who suffer from irrational fears (*phobias*), are timid or shy (*unassertive*), or have a psychologically caused sexual disorder respond better to therapy than those who suffer from less-focused problems such as depression or anxiety or who want a total personality change. As Myers notes, "The more specific the problem, the greater the hope."

Evaluating Alternative Therapies

The tendency of many abnormal states of mind to *regress* to normal, combined with *the placebo effect*, creates *fertile soil* for *pseudotherapies*. So-called alternative therapies may appear to be effective for a couple of reasons: (1) worse-than-normal mental states tend to diminish and move back to more normal mental states over time (*regression toward the mean*); and (2) if people expect that a particular therapy will help them, they may get better as a result of their belief alone (*the placebo effect*). These factors provide a basis (*fertile soil*) for the growth and popularity of therapies that have not been empirically validated (*pseudotherapies*). Indeed, supported (*bolstered*) by anecdotes, exuberantly reported (*heralded*) by the media, and broadcast on the Internet, alternative therapies can thrive and flourish (*can spread like wildfire*).

Was this a *bright idea*, or another *dim-witted* example of the placebo effect? Recent studies *shed some light*. With a play on words related to light, Myers asks whether giving light exposure therapy to *seasonal affective disorder* (SAD) patients was an intelligent decision (*a bright idea*)—or, were the results due to a simple, stupid (*dim-witted*) placebo effect? He notes that recent studies provide some answers (*shed some light*). Bright morning light does inhibit (*dim*) SAD symptoms for people suffering from the depression associated with the winter months (*the wintertime blahs*). In addition, light exposure therapy appears to be just as effective as **antidepressant drugs** or **cognitive-behavioral therapy**.

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). While **antipsychotic drugs** can control symptoms, they also have very potent consequences (*they have powerful side effects*)—tiredness and apathy (*sluggishness*), shaking limbs (*tremors*), sudden involuntary spasms (*twitches*), and, with long-term use, *tardive dyskinesia*. Many of the newer-generation antipsychotics have fewer side effects but increase the risk of obesity and diabetes.

“*Popping a Xanax*” at the first sign of tension can produce psychological dependence . . . Popular **antianxiety drugs** such as Xanax and Ativan are central nervous system depressants, which 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 takes 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 **antidepressants** were named for their ability to *lift people up* from a state of depression, and this was their main use until recently. Antidepressants work by increasing the availability of the neurotransmitters norepinephrine and/or serotonin either by blocking the reabsorption and removal of serotonin (*they slow the synaptic vacuuming up of serotonin*) or by blocking the reabsorption and breakdown of both serotonin and norepinephrine. As a consequence, they tend to make depressed people feel more alive and aroused (*they lift them up*). As Myers notes, the name “antidepressant” may be misleading (*a misnomer*) today because these drugs are used to treat many disorders; in fact, some professionals refer to Prozac, Zoloft, and Paxil as “SSRI drugs” (*selective-serotonin-reuptake-inhibitors*) rather than “antidepressants” because of their use in treatment of many disorders, from anxiety to strokes.

Brain Stimulation

ECT therefore gained a *barbaric* image, one that *lingers*. **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 during the convulsions. These patients were shocked (*jolted*) with roughly 100 volts of electricity to the brain. Although the procedure is different today (patients are given a drug to reduce convulsions), these inhumane (*barbaric*) images tend to remain in people's minds (*they linger*). As Myers points out, ECT is credited with saving many from suicide and is considered by its proponents to be “among the most positive treatment effects in all of medicine.”

Two other neural stimulation techniques—magnetic stimulation and deep-brain stimulation—are *raising hopes* for gentler alternatives that *jump-start* neural circuits in the depressed brain. (Note that using power from another car's battery to start a car with a 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. In addition, an experimental treatment called deep-brain stimulation, which targets (*pinpoints*) depression centers in the brain, shows promise as an alternative to powerful drugs or ECT for treating depression. Thus, optimism is increasing (*hopes are 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. Thus, 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*).