

FOCUS ON VOCABULARY AND LANGUAGE

Page 637: . . . *cracked the genetic code* . . . Myers begins this chapter by noting the progress we have made in understanding the physical world—mapping (*charting*) the solar system (*heavens*), discovering the structure of DNA (*cracking the genetic code*), eliminating or finding cures for many diseases, and so on. He contrasts these attainments with the many odd and strange techniques (*bewildering array of harsh and gentle methods*) that have been used to deal with people suffering from psychological disorders—cutting holes in the skull, piercing veins or attaching leeches to remove blood from the body (*bleeding*), whipping or striking people in order to force demons out of the body (*“beating the devil” out of people*), and so on.

Page 638 (caption): . . . visitors to eighteenth-century mental hospitals paid to *gawk* at the *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

Page 638: . . . Freud assumed that many psychological problems *are fueled by* childhood’s residue of *repressed impulses and conflicts* . . . Freud’s psychoanalytic techniques are used by many therapists; their fundamental tenet (*assumption*) is that mental disorders are created and kept in existence by (*are fueled by*) hidden (*repressed*) childhood urges (*impulses*) and opposing psychic forces (*conflicts*). Psychoanalysis attempts to restore the patient to mental health by bringing these submerged (*buried*) feelings into conscious awareness where they can be examined and dealt with (*worked through*). As Myers puts it, psychoanalytic theory digs up (*unearths or excavates*) the past in hope of uncovering (*unmasking*) the present.

Page 641: Not surprisingly, humanistic therapists *aim to boost* self-fulfillment by helping people 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.

Page 642: “*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 that were 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*).

Page 643: . . . Jones’ story of Peter and the rabbit did not immediately become part of psychology’s *lore*. 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 (*lore*) until Wolpe developed **systematic desensitization** (a widely used form of **exposure therapy**) more than 30 years later.

Page 644: To treat alcohol dependency, an aversion 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 therapy, 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 dependency should want to avoid these alcoholic beverages in the future. Research shows some limited success with this approach.

Page 645: 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*).

Page 646: 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 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.

Page 647: . . . *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 (*catastrophizing*). The goal is to get them to think about their lives in more positive terms and to see life as less dreary and dismal (*to persuade them to remove the dark glasses through which they view life*).

Evaluating Psychotherapies

Page 651: If clients' *testimonials* were the only *measuring stick*, we could strongly affirm the effectiveness of psychotherapy. The question of whether or not **psychotherapy** is effective is a very complex issue. 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 satisfied.) Myers points out that, although we should not reject such *testimonials* without due consideration (*dismiss them lightly*), they can be misleading or invalid.

Page 651: 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.

Page 654: Moreover, we can say that therapy is most effective when the problem is *clear-cut*. 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."

Page 655: The tendency of many abnormal states of mind to return 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 given accolades (*praised*) on the Internet, alternative therapies can thrive and flourish (*can spread like wildfire*).

Page 656: Was this a *bright idea*, or another *dim-witted* example of the placebo effect, attributable to people's expectations. 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-behavior therapy**.

Page 657: . . . one way therapies help is by *harnessing the client's own healing powers*. Research has shown that actual therapy is better than no treatment, but that placebo-treated people improve significantly. This finding suggests that therapies 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 *client's own healing powers*).

The Biomedical Therapies

Page 661: Antipsychotics are powerful drugs. Some can produce *sluggishness*, *tremors*, and *twitches* similar to those of Parkinson's disease, which is marked by too little dopamine. 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 must be very careful to select a dosage that will relieve symptoms without producing side effects. This is true of both older and newer (*atypical antipsychotic*) drugs.

Page 662: "*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*).

Page 662: The **antidepressants** were named for their ability to *lift people up* from a state of depression . . . Antidepressants work by either (1) increasing the availability of the neurotransmitters norepinephrine or serotonin, (2) by blocking their reabsorption, or (3) by inhibiting an enzyme that breaks them down. Thus, they tend to make depressed people feel more alive and aroused (*they lift them up*).

Page 664: 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, these inhumane (*barbaric*) images tend to remain in people's minds. 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."

Page 665: Two other techniques—magnetic stimulation and deep-brain stimulation—are also *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

Page 669: 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*).