

# THERAPIES

## Psychoanalysis

Based on Freudian ideas  
Repressed ideas must be accessed  
Insight is the goal  
Methods  
Free association  
Resistance  
Dream analysis  
Latent content most important  
Transference  
Duration  
Years  
Psychodynamic therapy—same foundation, less intense

## Humanistic

Focus: boost self-actualization (Maslow)  
Become more self-accepting  
Method:  
Client-centered therapy  
- active listening (no judgment)  
Reflect feelings of client  
- non-directive  
Therapist: genuineness, unconditional positive regard, empathy  
Goal: promote personal growth, personal responsibility

## Behavioristic

Classical conditioning applications:  
- Counterconditioning—replace previous fear response with new relaxation response  
- Exposure therapy (Mary Cover Jones)  
Gradual exposure to feared object  
- Systematic desensitization (Wolpe)  
Anxiety hierarchy, then relaxation  
- Virtual reality exposure therapy  
- Implosion therapy  
Includes flooding  
- Aversive conditioning (substitute neg. response for unwanted behavior)  
Operant conditioning applications:  
- punishment (bed-wetting buzzers)  
- behavior modification  
\* token economy

## Cognitive therapy

Aaron Beck (cognitive triad)  
Albert Ellis (RET)  
Stress inoculation training (change in thinking patterns to stress)  
Cognitive-behavioral therapy

## Group/family therapy

Saves time/money  
Humanistic foundation  
Often as effective as individual therapy

## Effectiveness

People report that therapy is effective  
\* But regression toward the mean?  
\* Selective recall  
\* Eysenck's research: 2/3 improved with or without therapy  
Depression: cognitive, interpersonal, behavior  
Anxiety: cognitive, exposure, behavioral  
Bulimia: cognitive-behavioral therapy  
Other unusual treatments:  
EMDR— For trauma victims  
Light exposure therapy—for SAD

## Biomedical therapy

1950's—deinstitutionalization  
Antipsychotic medications (D2 antagonists):  
Chlorpromazine (Thorazine) - pos. symptoms  
Clozapine (Clozaril) - negative symptoms  
\* Problem: tardive dyskinesia  
Atypical antipsychotics (D2 & serotonin antagonists) - fewer side effects  
Antianxiety meds: Xanax, Valium, Ativan (GABA agonists)  
Antidepressants: also for OCD, anxiety  
SSRI's—Prozac, Zoloft, Paxil, etc.  
Mood stabilizers  
Lithium—bipolar  
Depakote—bipolar (originally for seizures)  
Brain stimulation  
ECT (electroconvulsive therapy)  
rTMS (magnetic stimulation)  
Surgery: Lobotomy (Moniz)