
Treatment of Abnormal Behavior

I. THREE APPROACHES TO THERAPY

A. INSIGHT THERAPIES

1. Insight therapies are designed to help clients understand the causes of their problems. This understanding or insight will then help clients gain greater control over their thoughts, feelings, and behaviors.
2. The leading insight approaches include psychoanalytic/psychodynamic, cognitive, and humanistic therapies. All three are based upon a personal relationship between the client and therapist. A variety of group therapies based upon insight are also available for families and married couples.

B. BEHAVIOR THERAPY

1. Behavior therapy focuses on the problem behavior itself, rather than on insights into the behavior's underlying causes.
2. Behavior therapy is based on the principles of classical conditioning, operant conditioning, and observational learning.

C. BIOMEDICAL THERAPY

1. Biomedical therapies are based on the premise that the symptoms of many psychological disorders involve biological factors, such as chemical imbalances, disturbed nervous system functions, and abnormal brain chemistry.
2. Biomedical therapy uses drugs and electroconvulsive therapy to treat psychological disorders.

II. SIGMUND FREUD AND PSYCHOANALYSIS

A. INTRODUCTION

1. Freud's theories of psychoanalysis rest upon the premise that unconscious conflicts and repressed memories are the underlying causes of abnormal behavior.
2. During psychoanalysis, the therapist helps the patient gain insight into how childhood conditions created unconscious conflicts.
3. Insight does not occur easily or quickly. According to Freud, the ego utilizes a variety of defense mechanisms to repress unconscious conflicts and thoughts.

B. FIVE MAJOR PSYCHOANALYTIC TECHNIQUES

1. Encouraging free association
 - ▶ *In free association, the patient lays on a couch and spontaneously reports thoughts, feelings, and mental images.*
 - ▶ *The psychoanalyst asks questions to encourage the flow of associations in order to provide clues as to what the patient's unconscious wants to conceal.*
2. Analyzing dreams
 - ▶ *Freud believed that dreams are symbolic representations of unconscious conflicts and repressed impulses.*
 - ▶ *Freud analyzed his patient's dreams as a means of interpreting their unconscious conflicts, motives, and desires.*
3. Analyzing resistance
 - ▶ *Resistance is the patient's conscious or unconscious attempt to conceal disturbing memories, motives, and experiences.*
 - ▶ *Freud believed that the therapist must help a patient confront and overcome resistance.*
4. Analyzing transference
 - ▶ *Transference is the process by which a patient projects or transfers unresolved conflicts and feelings onto the therapist.*
 - ▶ *Freud believed that transference helps patients gain insight by reliving painful past relationships.*

5. Offering interpretation

- ▶ *The techniques of psychoanalysis create a close relationship between a patient and his or her psychoanalyst.*
- ▶ *The psychoanalyst waits for the right opportunity to offer a carefully timed interpretation of the patient's hidden conflicts.*

C. EVALUATION

1. Psychoanalysis seems to work best for articulate, highly motivated patients who suffer from anxiety disorders.
2. Psychoanalysis is both time-consuming and expensive.

III. COGNITIVE THERAPY

A. INTRODUCTION

1. Cognitive therapy rests on the assumption that faulty thoughts, such as negative self-talk and irrational beliefs, cause psychological problems.
2. While psychoanalysts focus on unconscious conflicts, cognitive therapists help their patients change the way they think about and interpret life events.

B. ALBERT ELLIS

1. Albert Ellis (1913–2007) noted that most people believe that their emotions and behaviors are the direct result of specific events. For example, a poor SAT or ACT score makes you feel miserable and depressed.
2. Ellis challenged this common-sense interpretation by arguing that our feelings are actually produced by the irrational beliefs we use to interpret events. For example, it is not the poor SAT or ACT score that makes you feel miserable, but rather your irrational belief that since you did not achieve a high score, you are a complete failure.

C. RATIONAL EMOTIVE THERAPY

1. Ellis developed a four-step rational emotive therapy (RET) to help his clients recognize and change their self-defeating thoughts.
2. Identifying activating events
 - ▶ *RET therapy begins by identifying an "activating event" that affects a client's mental processes and behavior.*
 - ▶ *For example, you are nervous during a job interview and are not hired.*
3. Identifying belief systems
 - ▶ *The second step in RET therapy is to identify the client's irrational beliefs and negative self-talk.*
 - ▶ *For example, you interpret the poor job interview by telling yourself, "I can't stay calm during a job interview. I'll never get a job."*
4. Examining emotional consequences
 - ▶ *RET therapists argue that irrational beliefs lead to self-defeating behaviors, anxiety disorders, and depression.*
 - ▶ *For example, a disappointing job interview leads to a feeling of depression that reinforces irrational beliefs.*
5. Disputing erroneous beliefs
 - ▶ *In the final step of RET therapy, the therapist vigorously disputes the client's faulty logic and self-defeating "should," "must," "can't," and "never" beliefs.*
 - ▶ *For example, a therapist would challenge the statement, "I will never get a job because I get too nervous during a job interview."*
 - ▶ *Changing irrational beliefs is not easy. Replacing negative self-talk with rational beliefs requires time and patience. For example, the therapist would suggest that the client make the following statement instead: "I can stay calm and confident during an interview and I will find the perfect job for me."*

D. AARON BECK'S COGNITIVE THERAPY

1. Aaron Beck (b. 1921) developed a form of cognitive therapy that has proven to be particularly effective for treating depression.

2. Beck helps his clients come to grips with negative beliefs about themselves, their worlds, and their futures.
3. Beck argues that depression-prone people are particularly susceptible to focusing selectively on negative events while ignoring positive events. In addition, depression-prone people typically engage in all-or-nothing thinking by believing that everything is either totally good or totally bad.

E. EVALUATION

1. Cognitive therapy has proven to be a highly effective treatment for anxiety disorders, depression, addiction, anger management, and bulimia nervosa.
2. Cognitive therapy has been criticized for relying too heavily on rationality while ignoring the client's unconscious drives.



Albert Ellis and Aaron Beck have both made significant contributions to cognitive therapy. AP Psychology test writers have thus far placed a greater emphasis upon Ellis's rational emotive therapy (RET). Be sure you know that rational emotive therapy can involve a confrontational atmosphere between the therapist and the client.

IV. HUMANIST THERAPY

A. INTRODUCTION

1. Humanist psychologists do not view human nature as irrational or self-destructive. Instead, humanist psychologists contend that people are innately good and motivated to achieve their highest potential. When people are raised in an accepting atmosphere, they will develop healthy self-concepts and strive to find meaning in life.
2. People with problems must strive to overcome obstacles that disrupt their normal growth potential and impair their self-concepts.

B. CARL ROGERS AND CLIENT-CENTERED THERAPY

1. Carl Rogers (1902–1987) was an influential humanist psychologist who developed the client-centered approach to therapy.
2. Also called person-centered therapy, client-centered therapy is one of the most widely used models in psychotherapy. In this technique, the therapist creates a comfortable, non-judgmental environment by demonstrating empathy and unconditional positive regard toward his or her patients.
3. Unlike psychoanalysts and cognitive therapists, client-centered therapists do not offer a carefully timed interpretation or a vigorous challenge to their client's beliefs. Instead, client-centered therapists create a non-directive environment in which their clients are encouraged to freely find solutions to their problems.
4. The following exchange illustrates the nondirective approach utilized by client-centered therapists:

Client: I feel totally rejected. I'm too shy and I'll never be popular.

Therapist: I guess you feel that way a lot, don't you? That people dismiss you. It's hard to have feelings like that.

Note that a client-centered therapist does not challenge the client's beliefs. Instead, the therapist actively listened and then paraphrased and clarified what the client said.

C. EVALUATION

1. Humanistic therapy emphasizes the positive and constructive role each individual can play in controlling and determining their mental health. As a result, humanistic psychology has helped remove some of the stigma attached to therapy.
2. Client-centered therapy is unstructured and very subjective. As a result, it is difficult to objectively measure such basic humanistic concepts as self-actualization and self-awareness.

V. GROUP, FAMILY, AND MARITAL THERAPIES**A. INTRODUCTION**

1. The psychoanalytic, cognitive, and humanist approaches all focus on the problems of a single client.
2. In contrast, group, family, and marital therapists work with small groups of clients.

B. GROUP THERAPY

1. In group therapy, a number of people meet and work toward therapeutic goals.
2. Although group therapists can and do draw upon a variety of therapeutic approaches, they often base their sessions on the principles of humanistic therapy developed by Carl Rogers.
3. Self-help groups offer a popular variation on group therapy. For example, Alcoholics Anonymous is one of the best-known self-help groups.

C. FAMILY AND MARITAL THERAPIES

1. Family and marital therapists strive to identify and change maladaptive family interactions.
2. Note that families are highly interdependent. When one member has a problem, it affects all the others.

D. EVALUATION

1. Group, family, and marital therapies are less expensive than traditional one-on-one therapies. In addition, group members can gain valuable insights by sharing experiences with others who face similar problems.
2. Group, family, and marital therapies have successfully dealt with alcoholism, drug problems, teenage delinquency, and marital infidelity.

VI. BEHAVIOR THERAPIES

A. INTRODUCTION

1. Although valuable, insight into a problem does not always guarantee desirable changes in behavior and emotions. For example, a student who is extremely anxious about taking the SAT or ACT may understand that he or she feels that way because of a lack of self-confidence caused by demanding parents. However, this insight may do little to reduce the student's high level of test anxiety.
2. Behavior therapists seek to modify specific problem behaviors. Instead of searching for underlying causes rooted in past experiences, behavior therapists focus on the problem behavior itself.
3. Behavior therapists assume that both adaptive and maladaptive behaviors are learned. They therefore attempt to use the principles of classical conditioning, operant conditioning, and observational learning to modify the problem behavior.

B. MARY COVER JONES AND THE BEGINNING OF BEHAVIOR THERAPY

1. Mary Cover Jones (1896–1987) conducted pioneering research in applying behavioral techniques to therapy. As a result, Jones is often called “the mother of behavior therapy.”
2. In her first and most famous study, Jones treated a three-year-old named Peter, who was especially afraid of a tame rabbit. Jones used a technique now known as counterconditioning to modify Peter's behavior by associating his favorite snack of milk and crackers with the rabbit. As Jones slowly inched the rabbit closer to Peter in the presence of his favorite food, the little boy grew more comfortable and was soon able to touch the rabbit without fear.

C. JOSEPH WOLPE AND SYSTEMATIC DESENSITIZATION

1. Mary Cover Jones's pioneering work influenced the South African psychologist Joseph Wolpe. During the 1950s, Wolpe perfected a technique for treating anxiety-producing phobias that he named systematic desensitization.

2. Systematic desensitization uses the principles of classical conditioning to reduce anxiety.
3. Systematic desensitization is a behavior therapy in which phobic responses are reduced by first exposing a client to a very low level of the anxiety-producing stimulus. Once no anxiety is present, the client is gradually exposed to stronger and stronger versions of the anxiety-producing stimulus. This continues until the client no longer feels any anxiety toward the stimulus.
4. The three-step desensitization process—
 - ▶ *Wolpe begins by teaching his client how to maintain a state of deep relaxation. Recall that the sympathetic nerves are dominant when we are anxious, and the opposing parasympathetic nerves function when we are relaxed. As a result, it is physiologically impossible to be both relaxed and anxious at the same time.*
 - ▶ *Wolpe and his client next create a hierarchy or ranked listing of anxiety-arousing images and situations. The list begins with situations that produce minimal anxiety and escalate to those that arouse extreme anxiety.*
 - ▶ *Wolpe and his client begin the process of desensitization with the least threatening experience on the anxiety hierarchy. For example, a student who is anxious about taking the SAT or ACT might begin by sitting in the empty classroom where the test will be administered. To extinguish the test anxiety, the student then gradually works his or her way to the top of the hierarchy of anxiety-producing experiences.*



Systematic desensitization has generated a significant number of multiple-choice questions. It is very important to remember that systematic desensitization relies upon classical conditioning to treat specific phobias.

D. AVERSION THERAPY

1. In contrast to systematic desensitization and its use of classical conditioning to reduce anxiety, aversion therapy uses the principles of classical conditioning to create anxiety.

2. In aversion therapy, the therapist deliberately pairs an aversive or unpleasant stimulus with a maladaptive behavior. For example, a nausea-producing drug called Antabuse is often paired with alcohol to create an aversion to drinking.

E. EVALUATION

1. Behavior therapy has proven to be an effective way to treat phobias, eating disorders, and obsessive-compulsive disorders.
2. Critics point out that the newly acquired behaviors may disappear if they are not consistently reinforced. Critics also question the ethics of using rewards and punishments to control a client's behavior.

VII. BIOMEDICAL THERAPIES

A. INTRODUCTION

1. Biomedical therapies use drugs and electroconvulsive therapy to treat psychological disorders.
2. In most cases, a psychiatrist must prescribe biomedical therapies.

B. PSYCHOPHARMACOLOGY

1. Psychopharmacology is the study of how drugs affect mental processes and behavior.
2. Antianxiety drugs
 - ▶ *Designed to reduce anxiety and produce relaxation by lowering sympathetic activity of the brain.*
 - ▶ *Vallium and Xanax are the best-known antianxiety drugs.*
3. Antipsychotic drugs
 - ▶ *Designed to diminish or eliminate hallucinations, delusions, and other symptoms of schizophrenia. Also known as neuroleptics or major tranquilizers.*
 - ▶ *Antipsychotic drugs work by decreasing activity at the dopamine synapses in the brain.*

- ▶ Long-term use of antipsychotic drugs can produce a movement disorder called tardive dyskinesia. The symptoms of tardive dyskinesia include involuntary movements of the tongue, facial muscles, and limbs.
4. Mood-stabilizing drugs
 - ▶ Designed to treat the combination of manic episodes and depression characteristic of bipolar disorders.
 - ▶ Lithium is the best-known drug for treating bipolar disorders.
 5. Antidepressant drugs
 - ▶ Designed to treat depression by inhibiting the reuptake of the neurotransmitter serotonin.
 - ▶ Prozac is the best-known and most widely used selective serotonin reuptake inhibitor (SSRI).



AP Psychology textbooks often contain detailed charts listing psychological disorders and the drugs used to treat them. Do not waste valuable study time memorizing these lists. You should focus on remembering that Lithium is used to treat bipolar disorders and Prozac is a selective serotonin reuptake inhibitor (SSRI) used to treat depression.

C. ELECTROCONVULSIVE THERAPY

1. In electroconvulsive therapy (ECT), two electrodes are placed on the outside of the patient's head and a moderate electrical current is passed through the brain.
2. Electroconvulsive therapy is used to treat serious cases of depression. Because it works faster than antidepressant drugs, electroconvulsive therapy is often used to treat suicidal patients.

D. EVALUATION

1. Biomedical therapies can be very effective treatments for bipolar disorders and depression. The availability of new drugs has enabled mental hospitals to implement a policy of deinstitutionalizing or releasing patients.

2. Although biomedical drugs relieve many symptoms, they do not cure the underlying disorder and can have many negative side effects. In addition, some patients can become physically dependent on the drugs.