Chapter 16 - Therapy

I. INTRODUCTION TO THERAPY AND PSYCHOLOGICAL THERAPIES

Treating Psychological Disorders

- Modern therapies can be classed into 2 groups:
    - Psychotherapy: treatment involving psychol techniques
        - Consists of interactions bw trained therapist and someone seeking to overcome psycho difficulties or achieve personal growth
    - Biomedical therapy: prescribe meds or procedures acting directly on person's physiology
- Some consider psychotherapy a biol treatment bc it changes way ppl think and behave, prompting physical changes in brain
- Care provider's training and expertise and disorder influence treatment choice
- Psychotherapists take an eclectic approach - using techniques from various forms of therapy

Psychoanalysis and Psychodynamic Therapies

- First major theory was psychoanalysis
- Form foundation for treating psychological disorders, partly by influencing modern therapists working from the psychodynamic perspective

<u>Goals</u>

- Achieve healthier, less anxious living by releasing NRG previously devoted to id-ego-superego conflicts
- Freud's therapy aimed to bring repressed feelings into conscious awareness
- Giving insight into origins of their disorders helped him reduce inner conflicts

<u>Techniques</u>

- Free association - say whatever comes to mind w/o thinking about it
    - Any filtration of thoughts shows resistance
        - Blocking anxiety-laden thoughts from consciousness
        - Interpretation - analyst's noting supposed meanings of dream, resistances and other behaviours so that they can promote insight
    - Transference - patient's transfer to analyst of emotions linked w other relations

<u>Psychodynamic Theory</u>

- Psychodynamic therapists view individuals as responding to unconscious forces and childhood experiences and seeks to enhance self-insight
- Sessions take place 1-2 times per week
- Reveals past relationship troubles as the origin of current difficulties
- Interpersonal psychotherapy: aims to help ppl gain insight into focusing mostly on unoding past hurts and offering interpretations
    - Goal is symptom relief in the moment

Humanistic Theories

- Both psychodynamic and humanistic referred to as insight therapies

    - All the therapies aim to improve psychological fxning by increasing people's awareness of their underlying motives and defenses
- Differ from psychodynamic theories:
    - Aim to boost self-fulfilment by helping them grow in self-awareness and self-acceptance
    - Promoting growth is therapy's focus
    - Path to growth is taking immediate responsibility for one's feelings and actions rather than uncovering hidden motives
    - Conscious thoughts are more important than unconscious ones
    - Present and future are more important than past
    - GOAL: explore feelings as they happen
- Rogers' developed client-centered therapy:
    - Therapist uses techniques like active listening w genuine, accepting, empathetic env't to facilitate their growth
        - Active listening: empathetic listening in which listener echoes, restates and clarifies
        - Aka person-centered therapy
    - Make client feel very comfortable to be able to help them
- Unconditional positive regard: caring, accepting and non-judgemental attitude, which would help clients develop self-awareness and self-acceptance
- Paraphrasing, inviting clarification and reflecting feelings are core parts of active listening

Behaviour Therapies

- Therapy that applies learning principles to the elimination of unwanted behaviours
- View maladaptive behaviours as things that can be replaced w constructive ones

<u>Classical Conditioning Techniques</u>

- Counter conditioning: use classical conditioning to evoke new responses to stimuli triggering unwanted behaviours
    - Includes exposure and aversive conditioning
- Exposure Therapies: techniques like systematic desensitization, VR exposure therapy that treat anxieties by exposing ppl to things they fear and avoid, and thus lead them to overcome them
    - Systematic desensitization: type of ET that associates a pleasant relaxed state w gradually increasing anxiety-triggering stimuli
        - Used for phobias
    - VR ET: exposes ppl to electronic simulations of their greatest fear, like flying, spiders, snakes etc
- Aversive Conditioning:
    - Counterconditioning technique
    - Replaces positive responses to harmful stimuli w negative/aversive responses
        - Ex. Antabuse to reduce alcohol addiction

<u>Operant Conditioning Techniques</u>

- Associates behaviours w consequences

- If behaviour makes desirable consequence, it repeats
- If behaviour makes undesirable consequence, it's less likely to repeat
  - Reinforcement: want desired behaviour to continue
    - Follow it w reward to its likely to recur
  - Punishment: don't want behaviour to continue
    - Follow it w bad consequences so its less likely to recur
  - Extinction: don't want behaviour to continue at all
    - So ensure behaviour has no payoff so its not reinforced
  - Token economy: use tokens to reinforce/reward desired behaviours
    - Includes smiley faces, beads, stars etc and exchange these for better rewards

Cognitive Behavioural Therapy

- Combining 2 therapies together
- Challenge irrational thoughts and teach adaptive behaviours

Group and Family Therapy

- Group Therapy: ppl who share disorder see same therapist at same time
  - Advantages:
    - Cheaper
    - Faster access to help
    - Seeing others struggle makes us feel not alone
    - Other become supportive forces
- Family Therapy: entire family goes to therapy
  - See family as dynamic system where everyone has role to play and they influence e/o
  - Goal is to teach everyone to have healthier roles and better ways to deal w e/o

II. EVALUATING PSYCHOTHERAPY

Is Psychotherapy Effective?

- Don't rely on client/therapist opinions bc they're biased
- Answer questions using solid science and research
- Eysenck: going to psychotherapy is ineffective
  - Was non-scientific study, so conclusions disregarded
- Psychotherapy is actually effective based on:
  - Meta-analysis research: statistical method where results of multiple studies combined and analysed like its one study
  - Brain scans: done before and after therapy to compare
    - Shows its effective bc lots of changes seen in brain after therapy

Which PT Works Best?

- On avg, clearer and more specific issues lead to more effective PT sessions

Evaluating Alternative Therapies

- EMDR: Eye Movement Desensitization and Reprocessing
    - Is established PT
    - Borrows techniques from other effective therapies
    - Uses eye movements from other effective therapies
    - Eye moving = cause of significant change in ppl

<u>Is EMDR Effective?</u>

- Vs no treatment?
    - Yes its effective
- Do eye movements work?
    - No difference in behaviour
- Light Exposure Therapy: used to treat SAD
    - SAD: major depression during specific times in year, like winter
        - Crave carbs, sleep a lot more
    - What causes SAD?
        - Days shorter, exposed to less light, changing biochem of brain
        - Behave like hibernating animals
        - Closer to equator = lower SAD cases
    - During an episode, have high melatonin levels and low serotonin levels
    - Treatment is luminotherapy → use lightboxes emitting natural light
        - Helps enough to be a viable treatment, but not others

How do PT Help People?

- Offers hope for demoralized ppl
- New perspective leading to new behaviours
- Empathetic, trusting, caring relationships
- Therapeutic alliance: bond of trust bw therapist and client who work together to overcome client's problem

Cultures and Values in PT

- Therapists differ from country to country
- Type of therapy offered shows reason for reluctance of some ppl
- Highly religious ppl may prefer and benefit from religiously similar therapists
    - Clients adopt therapist's values

III. BIOMEDICAL THERAPIES

Introduction

- Main assumption → at heart of MI are biological and physiological factors, so BIM therapies like medication should be used

Drug Therapies

- Psychopharmacology: scientific study of drugs' influence and effects on brain
- Psychotropic meds: meds used to treat MI
- Psychiatrist: med doctor who treats MI, can do psychotherapy and prescribe meds
- Parmacogenetics: study of how drugs interact w DNA

<u>Antipsychotic Drugs</u>

- Aka narcoleptics
- Used for schizophrenia and other psychotic disorders
- Ex. Bersepine and Thorazine
- Similar to dopamine to occupy its receptor sites and block their activity
    - Reinforces idea that dopamine overactivity contributes to schizophrenia
- Have powerful side effects
    - Produce sluggishness, tremors and twitches
- LT use produces tardive dyskinesia
    - Involuntary face movements
- New gen antipsychotics Risperidone, olanzapine have fewer mal side effects
    - But increase risk of obesity and diabetes

<u>Antianxiety Drugs</u>

- Used to control anxiety and increase sleep
- Common ones are benzodiazepines
    - Ex. Xanax, Valium
    - Are depressants that depress N/S activity
    - Fast-acting and effective
    - Amygdala activity is reduced - lessens anxiety and enhances GABA
- Drawbacks:
    - Impair motor coordination and judgement
    - Slows rxn time
    - Highly addictive
    - Lethal if combined w other depressants

<u>Antidepressant Drugs</u>

- 1st gen: tricyclics and MAO inhibitors
    - Were very effective and influenced many NTs like serotonin and NE
- 2nd gen: created but were as effective as 1st gen
- 3rd gen:
    - Ex Prozac - was as effective, but had fewer side effects
        - Used to treat depression, anxiety disorders, OCD
            - Widely used are selective-serotonin reuptake inhibitors - SSRI's
        - Blocking reabsorption and removal of serotonin from synapses
        - Experience weight gain, dry mouth, hypertension and dizzy spells
        - Not immediate effect, full effect takes 4 weeks
            - Reason is bc increased serotonin promotes new synapses and neurogenesis
    - Antidepressants - work bottom up and cog.behav therapy - works top-down
- 4th gen:
    - Dual reuptake inhibitors
        - Enhances serotonin and NE by blocking reuptake

<u>Mood-Stabilizing Meds</u>

- Treat emotional highs and lows of BD

    - Lithium salts treat mania of BD
    - Thought that Li keeps glutamate levels in check
        - If too low, brings it up and v/v
            - Works on both depressive and manic episodes

Electroconvulsive Therapy

- BIM therapy for severely depressed patients in which brief current is sent through brain by joining electrodes and anesthetizing them
- Produces convulsions and brief unconsciousness - in past
- Improvement is seen slightly, no brain damage occurs
- Unsure how it works
- Patients relapse into depression within 6 months

<u>Alternative Neurostimulation Therapies</u>

- Repetitive Transcranial Magnetic stimulation (rTMS): repeated impulses of magnetic NRG to brain
    - Influences target area of brain's fxning
    - Produces no brain seizures, memory loss or other side effects
- Deep Brain Stimulation: if resisted drugs and ECT, use this
    - Is stimulating deep brain depression center
        - Insert electrodes into
    - Has worked well on some patients

Psychosurgery

- Removes and destroys brain tissue in effort to change behaviour
- Lobotomy: used to calm uncontrollably violent patients
    - Cut nerves connecting frontal lobes to emotion-controlling centers of brain
        - Massive repercussions, regression is common

Therapeutic Lifestyle Change

- Humans are integrate biopsychosocial systems
- Regular aerobic exercise rivals healing power of antidepressant drugs
    - Aerobic exercise, adequate sleep, light exposure, social connection, anti-rumination and nutritional supplements had their depression decrease by a bit

Preventing Psychological Disorders and Building Resilience

- Preventative Mental Health: prevent disorders and mental illnesses by identifying and alleviating conditions that cause them
    - Empower those who learned that helplessness
    - Upstream work
    - Community psychologists
- Building Resilience: personal strength helping ppl cope w stress and recover from adversity and trauma
    - Posttraumatic growth: positive psychol changes as result of struggling w challenging life circumstances

Chapter 13 - Social Psychology

I. SOCIAL THINKING

- Social psychology: scientific study of how others presence, real or not, is gonna influence us and our thoughts, behaviours, emotions

Attributions

- Are explanations to suggest why behaviour occurred
- Can make many attributions like:
    - Dispositional - it occured bc of internal characteristics of person
    - Situational - it occurred bc of env'tal and situational factors
    - Interaction bw both - mixing causes behaviour to occur
        - So when person is stressed out
- Fundamental attribution error: tendency to consider that behaviours of others are caused by internal dispositions and disregard dispositional/situational attributions
    - Exceptions:
        - When we consider our own behaviours, we look at situation we're in to explain them
        - Less likely to make error when compassion kicks in
        - Less likely w people we care for
- So what?
    - Attributions we make influence how we think and treat others

Attitudes and Actions

- Is tendency to assess and evaluate something uncertain, can be positive, negative and neutral
- 3 components: cognitive, emotional and behavioural
    - cognitive→ super imp to end env'tal destruction
    - Behavioural → act on it
    - Emotional → feel sad about it
- Attitudes don't always influence actions
    - Only influence us when
        - External influences are minimal
        - More specific attitude is to behaviour, more attitudes influence us
        - Explicit attitudes influence us more (conscious and aware)
        - Extreme attitudes influence actions more
        - Frequent attitudes influence actions more
        - Public attitudes influence actions more
        - Attitudes that develop as a result of direct experiences have more influence on actions
- Actions DO affect attitudes
    - Foot-in-the-door: asking for something simple, then following it w higher request
    - Role-playing: roles we play in lives influence our attitudes
        - Festinger suggested cognitive dissonance
            - Is when we see gap bw attitudes and actions, we'll feel state of tension that's uncomfortable for us and motivates us to change our attitudes (pestering someone w challenging question, they accept it)

II. SOCIAL INFLUENCE

Conformity and Obedience

- Conformity: changing behaviour so its in line w rest of group/society
- Asch : “would we still conform if group’s attitudes are clearly wrong?”
    - When group is unanimous
    - Asked to say opinion aloud
    - Situation is ambiguous and we dont know whats happening
    - Self doubt exists
    - Low self esteem
    - Come from collectivist cultures
- Why do we conform?
    - 1) normative social influence: conform bc we want acceptance
    - 2) informational social influence: conform bc we want to be right, so if we aren’t clear if we’re right we play it safe and follow the group
- Obedience: when we perform behaviour bc given order from one of higher status and power
    - Milgram was scientist
        - Recruited 40 subjects, asked them to play role of teacher, and zapped fake subject and kept going even when they screamed to stop and fell unconscious
        - When no orders given by researchers, they stopped at 150

Group Influence

<u>Individual Behaviour in the Presence of Others</u>

- Social loafing: tendency to put less effort in group projects compared to if we were working alone
    - Will occur if:
        - We won’t work hard if others aren’t gonna work hard either
        - Our effort doesn’t make a difference
        - Diffused responsibility so can’t pinpoint who did what
    - Exceptions to loafing are:
        - If working w ppl we like and want them to like us, so less likely to loaf
        - Part of group w good rep and rep is on the line, noy gonna socially loaf
        - Wanna join a group, so won’t loaf
        - Not gonna socially loaf unless it’s something we like
- Social facilitation
    - Presence of others can influence our performance, either enhance or hinder it
        - When working on easy task task and something we’re good at, it’ll enhance our performance
        - When working on hard task or something we’ve never done, it’ll hinder our performance
- Deindividuation: when in crowds, feel anonymous and physiologically aroused, usually lose sense of self-awareness and identity, and do what crowd does, and antisocial behaviours

    - HAVE to bring back self-awareness and remind them what they truly stand for

Effects of Group Interactions

- Group polarization: once group forms and members meet and discuss, initial group position's shifts and becomes more extreme and ingrained (radical)
    - Can be good but also bad
    - Groups can also be 2 people
- Janis coined work groupthink
- Groupthink: ppl so into keeping harmony and pleasing leader, they stop dissenting, giving opposite opinions, shut off critical thinking and external criticism, aka becoming Yes Men
    - Avoid groupthink by:
        - Leader encourages devil's advocacy
        - Hire outsider as devil's advocate
        - Have it reviewed again

III. SOCIAL RELATIONS

Prejudice

- Comes from work prejudgement → reaching conclusions too fast w/o having all information
- Having negative opinion towards groups of ppl, attitudes based on inaccurate, incomplete and distorted information
- Has 3 components: cognitive, emotional and behavioural (discrimination comes here)
    - Discrimination: completely hate them and want nothing to do w them
- Explicit prejudice: conscious of it
- Implicit prejudice: not aware of it, but still affects us
- Thought it meant the prejudiced person was mentally ill, if they're prejudiced
    - Is universal and lies within everyone

Sources of Prejudice

- Mental shortcuts:
    - Categorization: of ppl, we go into us vs them battle, we categorize ppl
    - Form IN vs OUT groups (belong vs don't belong in our opinion)
    - IN - heterogeneous: despite being one group we're aware we're different
    - OUT - homogeneous: everyone in the opposite group are all the same
- Ethnocentrism: look at our group's values and see those as far superior to other views
- Vivid cases: pay attention and remember these better
- Just world phenomenon: tend to believe the world is fair, good things happen to good ppl and same is v/v

Emotional Factors in Prejudice

- Worldview: like superiority blanket, if other views are different, makes us feel unsafe
    - Is tonic for self-esteem: downing others makes us feel better
    - Scapegoat theory: source of frustrations are unclear, too powerful, so we scapegoat them

Economic Factors

- When economic barriers exist, we think poor people are lazy and rich are privileged