CHAPTER OVERVIEW

Chapter 17 discusses the major psychotherapies and biomedical therapies for maladaptive behaviors. The various psychotherapies all derive from the personality theories discussed earlier, namely, the psychoanalytic, humanistic, behavioral, and cognitive theories. The chapter groups the therapies by perspective but also emphasizes the common threads that run through them. In evaluating the therapies, the chapter points out that, although people who are untreated often improve, those receiving psychotherapy tend to improve somewhat more, regardless of the type of therapy they receive. This section includes a discussion of several popular alternative therapies.

The biomedical therapies discussed are drug therapies, electroconvulsive therapy, and psychosurgery, which is seldom used. By far the most important of these, drug therapies are being used in the treatment of psychotic, anxiety, and mood disorders.

Because the origins of problems often lie beyond the individual, the chapter concludes with approaches that aim at preventing psychological disorders by focusing on the family or on the larger social environment as possible contributors to psychological disorders.

NOTE: Answer guidelines for all Chapter 17 questions begin on page 453.

CHAPTER REVIEW

First, skim each section, noting headings and boldface items. After you have read the section, review each objective by answering the fill-in and essay-type questions that follow it. As you proceed, evaluate your performance by consulting the answers beginning on page 453. Do not continue with the next section until you understand each answer. If you need to, review or reread the section in the textbook before continuing.

Introducing Therapy (pp. 685–686)

David Myers at times uses idioms that are unfamiliar to some readers. If you do not know the meaning of any of the following words or expressions in the context in which they appear in the introduction, refer to page 460 for an explanation: cracked the genetic code; gawk.

Objective 1: Discuss some ways that psychotherapy, biomedical therapy, and an eclectic approach to therapy differ.

1. Mental health therapies are classified as either ________ therapies or ________ therapies.

2. Psychological therapy is more commonly called _________. This type of therapy is appropriate for disorders that are _________.

3. Biomedical therapies include the use of ________ and medical procedures that act directly on the patient’s ________ ________ ________.

4. Some therapists, particularly those who adopt a biopsychosocial view, blend several psychotherapy techniques and so are said to take an ________ approach. Closely related to this approach is ________, which attempts to combine methods into a single, coherent system.
The Psychological Therapies (pp. 686–699)

Objective 2: Define psychoanalysis, and discuss the aims of this form of therapy.

1. The goal of Freud’s psychoanalysis, which is based on his personality theory, is to help the patient gain ________________.

2. Freud assumed that many psychological problems originate in childhood impulses and conflicts that have been ________________.

3. Psychoanalysts attempt to bring ________________ feelings into ________________ awareness where they can be dealt with.

Objective 3: Describe some of the methods used in psychoanalysis, and list some criticisms of this form of therapy.

4. Freud’s technique in which a patient says whatever comes to mind is called ________________.

5. When, in the course of therapy, a person omits shameful or embarrassing material, ________________ is occurring. Insight is facilitated by the analyst’s ________________ of the meaning of such omissions, of dreams, and of other information revealed during therapy sessions.

6. Freud referred to the hidden meaning of a dream as its ________________.

7. When strong feelings, similar to those experienced in other important relationships, are developed toward the therapist, ________________ has occurred.

8. Critics point out that psychoanalysts’ interpretations are hard to ________________ and that therapy takes a long time and is very ________________.

Objective 4: Contrast psychodynamic therapy and interpersonal therapy with traditional psychoanalysis.

9. Therapists who are influenced by Freud’s psychoanalysis but who talk to the patient face to face are ________________ therapists. In addition, they work with patients only ________________ (how long?) and for only a few weeks or months.

10. A brief alternative to psychodynamic therapy that has proven effective with ________________ patients is ________________.

11. While this approach aims to help people gain ________________ into their difficulties, it focuses on ________________ rather than on past hurts.

Objective 5: Identify the basis characteristics of the humanistic therapies, and describe the specific goals and techniques of Carl Rogers’ client-centered therapy.

12. Humanistic therapies attempt to help people meet their potential for ________________.

List several ways that humanistic therapy differs from psychoanalysis.

13. The humanistic therapy based on Rogers’ theory is called ________________.

_________________ therapy, which is described as ________________ therapy because the therapist ________________ (interprets/does not interpret) the person’s problems.
14. In order to promote growth in clients, Rogerian therapists exhibit ________________, ________________, and ________________.

15. Rogers’ technique of restating and clarifying what a person is saying is called ________________.

Given a nonjudgmental environment that provides ________________, patients are better able to accept themselves as they are and to feel valued and whole.

16. Three tips for listening more actively in your own relationships are to ________________, ________________, and ________________.

Objective 6: Explain how the basic assumption of behavior therapy differs from those of traditional psychoanalytic and humanistic therapies.

17. Behavior therapy applies principles of ________________ to eliminate troubling behaviors.

Contrast the assumptions of the behavior therapies with those of psychoanalysis and humanistic therapy.

18. One cluster of behavior therapies is based on the principles of ________________, as developed in Pavlov’s experiments. This technique, in which a new, incompatible response is substituted for a maladaptive one, is called ________________.

Two examples of this technique are ________________ and ________________.

19. The most widely used techniques of behavior therapy are the ________________. The technique of systematic desensitization has been most fully developed by the therapist ________________.

The assumption behind this technique is that one cannot simultaneously be ________________ and relaxed.

20. The first step in systematic desensitization is the construction of a ________________ of anxiety-arousing stimuli. The second step involves training in ________________.

In the final step, the person is trained to associate the ________________ state with the ________________-arousing stimuli.

21. For those who are unable to visually imagine an anxiety-arousing situation, or too afraid or embarrassed to do so, ________________

therapy offers a promising alternative.

22. In aversive conditioning, the therapist attempts to substitute a ________________ (positive/negative) response for one that is currently ________________ (positive/negative).

In this technique, a person’s unwanted behaviors become associated with ________________ feelings.

Objective 8: State the main premise of therapy based on operant conditioning principles, and describe the views of proponents and critics of behavior modification.

23. Reinforcing desired behaviors and withholding reinforcement for undesired behaviors are key aspects of ________________.

24. Therapies that influence behavior by controlling its consequences are based on principles of ________________ conditioning. One application of this form of therapy to institutional
settings is the ________________
______________________, in which desired
behaviors are rewarded.
State two criticisms of behavior modification.

State some responses of proponents of behavior mod-
ification.

Objective 9: Contrast cognitive therapy and
cognitive-behavior therapy, and give some
examples of cognitive therapy for depression.

25. Therapists who teach people new, more construct-
ive ways of thinking are using
______________________ therapy.

26. One variety of cognitive therapy attempts to
reverse the ________________ beliefs often
associated with ________________ by help-
ing clients see their irrationalities. This therapy
was developed by ________________.

27. A form of cognitive therapy developed by Adele
Rabin builds on the finding that depressed peo-
ple ________________ (do/do not) exhibit
the self-serving bias.

28. Training people to restructure their thinking in
stressful situations is the goal of ________________
______________________ training. Students trained
to ________________ their negative thoughts
are less likely to experience future depression.

29. Treatment that combines an attack on negative
thinking with efforts to modify behavior is
known as ________________
______________________ therapy.

Objective 10: Discuss the rationale and benefits of
group therapy, including family therapy.

List several advantages of group therapy.

30. The type of group interaction that focuses on the
fact that we live and grow in relation to others is
______________________
______________________.

31. In this type of group, therapists focus on impro-
ving ________________ within the family and
helping family members to discover new ways of
preventing or resolving ________________
______________________.

32. Two common types of group therapy are
______________________
______________________

groups for the addicted, the divorced, and those
simply looking for fellowship and growth, for
example. Most support groups focus on
______________________
______________________

illnesses.

Evaluating Psychotherapies (pp. 700–710)

If you do not know the meaning of any of the
following words, phrases, or expressions in the
context in which they appear in the text, refer
to pages 461–462 for an explanation: Hung in
there; testimonials; ebb and flow of events;
clear-cut; fertile soil for psychotherapies;
harness; empa-
thy are hallmarks.

1. In contrast to earlier times, most therapy today
______________________ (is/is not) provided by
psychiatrists.
Objective 11: Explain why clients tend to overestimate the effectiveness of psychotherapy.

2. A majority of psychotherapy clients express ________________(satisfaction/dissatisfaction) with their therapy.

Give three reasons why client testimonials are not persuasive evidence for psychotherapy’s effectiveness.

3. A long-term study of 500 Massachusetts boys found that those who received intensive counseling _______________(had/did not have) significantly fewer problems than a control group. Research has also shown that “Scared Straight” programs _______________(are/are not) effective in reducing criminal offenses committed by delinquent boys.

Objective 12: Give some reasons why clinicians tend to overestimate the effectiveness of psychotherapy, and describe two phenomena that contribute to clients’ and clinicians’ misperceptions in this area.

4. Clinicians tend to _______________(overestimate/underestimate) the effectiveness of psychotherapy.

5. One reason clinicians’ perceptions of the effectiveness of psychotherapy are inaccurate is that clients justify entering therapy by emphasizing their _______________ and justify leaving therapy by emphasizing their _______________.

6. (Thinking Critically) Clients’ and therapists’ perceptions of therapy’s effectiveness may be inflated by their _______________ that a treatment works. This phenomenon is called the _______________.

Another phenomenon that may inflate their perceptions of therapy’s effectiveness is the phenomenon called _______________, which is the tendency for _______________ events or emotions to return to their _______________ state.

Objective 13: Discuss the importance of outcome studies in judging the effectiveness of psychotherapies, and describe some of these findings.

7. In hopes of better assessing psychotherapy’s effectiveness, psychologists have turned to _______________ research studies.

8. The debate over the effectiveness of psychotherapy began with a study by _______________; it showed that the rate of improvement for those who received therapy _______________ (was/was not) higher than the rate for those who did not.

9. A statistical technique that makes it possible to combine the results of many different psychotherapy outcome studies is called _______________. Overall, the results of such analyses indicate that psychotherapy is _______________ (somewhat effective/ineffective).

10. Psychotherapy is cost-effective when compared with the greater costs of _______________ care for psychological problems.

Objective 14: Summarize the findings on which psychotherapies are most effective for specific disorders.

11. Comparisons of the effectiveness of different forms of therapy reveal _______________ (clear/no clear) differences, that the type of therapy provider _______________ (matters greatly/does not matter), and that whether therapy is provided by an individual therapist or within a group _______________ (makes a difference/does not make a difference).

12. Controlled treatment studies have demonstrated that depression may be effectively treated with _______________ and _______________ therapies. In treating
anxiety, ___________ and ___________ therapies and
training have proven effective. Cognitive-
behavior therapy has proven effective in treating
___________, and behavior modification in treating
___________.

13. With phobias, compulsions, and other specific
behavior problems, ___________ therapies have been the
most effective.

14. As a rule, psychotherapy is most effective with
problems that are ___________ (specific/nonspecific).

Objective 15: Evaluate the effectiveness of eye move-
ment desensitization and reprocessing (EMDR) and
light exposure therapies.

15. Today, many forms of ___________ are touted as effective
treatments for a variety of complaints.

16. Aside from testimonials, there is very little evi-
dence based on ___________ research for such therapies.

17. In one popular alternative therapy, a therapist
triggers eye movements in patients while they
imagine ___________. This therapy, called
___________, has proven
__________ (completely
ineffective/somewhat effective) as a treatment for
nonmilitary ___________. However, skeptics point
to evidence that ___________ is just as effective as
triggered eye movements in producing beneficial
results. The key seems to be in the person’s
__________ traumatic memories and in a ___________ effect.

18. For people who suffer from the wintertime form
of depression called ___________, timed
__________ therapy may be beneficial.

Objective 16: Describe the three benefits attributed to
all psychotherapies.

19. All forms of psychotherapy offer three benefits:
___________ for demoralized people; a
new ___________ on oneself; and a
relationship that is ___________,
__________, and ___________.

20. Therapy outcomes vary with the
___________ of the person seeking
help.

21. In one study of depression treatment, the most
effective therapists were those who were per-
ceived as most ___________ and
___________.

22. Several studies found that treatment for mild
problems offered by paraprofessionals
__________ (is/is not) as effective as
that offered by professional therapists.

Objective 17: Discuss the role of values and cultural
differences in the therapeutic process.

23. Generally speaking, psychotherapists’ personal
values ___________ (do/do not) influence their therapy. This is particularly significant
when the therapist and client are from
__________ (the same/different)
cultures.

24. In North America, Europe, and Australia, most
therapists reflect their culture’s
___________.

25. Differences in values may help explain the reluc-
tance of some ___________ populations to use mental health services.
The Biomedical Therapies (pp. 711–719)

If you do not know the meaning of any of the following words, phrases, or expressions in the context in which they appear in the text, refer to pages 462–463 for an explanation: sluggishness, tremors, and twitches; “Popping a Xanax”; lift people up; barbaric image; jump-starting the brain.

Objective 18: Define psychopharmacology, and explain how double-blind studies help researchers evaluate a drug’s effectiveness.

1. The most widely used biomedical treatments are the __________ therapies. Thanks to these therapies, the number of residents in mental hospitals has __________ (increased/decreased) sharply.

2. The field that studies the effects of drugs on the mind and behavior is __________.

3. To guard against the __________ effect and normal __________, neither the patients nor the staff involved in a study may be aware of which condition a given individual is in; this is called a __________ study.

Objective 19: Describe the characteristics of antipsychotic drugs, and discuss their use in treating schizophrenia.

4. One effect of __________ drugs such as __________ is to help those experiencing __________ (positive/negative) symptoms of schizophrenia by decreasing their responsiveness to irrelevant stimuli; schizophrenic patients who are apathetic and withdrawn may be more effectively treated with the drug __________.

5. These drugs work by blocking the receptor sites for the neurotransmitters __________ and __________.

6. Long-term use of first-generation antipsychotic drugs can produce __________, which involves involuntary movements of the

muscles of the __________, __________, and __________.

Objective 20: Describe the characteristics of antianxiety drugs.

7. Xanax and Ativan are classified as __________ drugs.

8. These drugs depress activity in the __________.

9. When used in combination with __________, these drugs can help people cope with frightening situations.

10. Antianxiety drugs have been criticized for merely reducing __________, rather than resolving underlying __________. These drugs can also cause __________.

Objective 21: Describe the characteristics of antidepressant drugs, and discuss their use in treating specific disorders.

11. Drugs that are prescribed to alleviate depression are called __________ drugs. These drugs also work by increasing levels of the neurotransmitters __________ or __________.

12. One example of this type of drug is __________, which works by blocking the reuptake of __________ from synapses and is therefore called a __________ drug.

13. Equally effective in calming anxious people and energizing depressed people is __________, which has positive side effects. Even better is to use drugs, which work __________ (bottom-up/top-down) in conjunction with __________ therapy, which works __________ (bottom-up/top-down).
14. Although people with depression often improve after one month on antidepressants, meta-analysis studies demonstrate that a large percentage of the effectiveness is due to _______ or _______.

Objective 22: Describe the use and effects of mood-stabilizing medications.

15. In order to stabilize the mood swings of a bipolar disorder, the simple salt _______ is often prescribed.

16. Another effective drug in the control of mania was originally used to treat epilepsy; it is _______.

Objective 23: Describe the use of electroconvulsive therapy in treating severe depression, and describe some possible alternatives to ECT.

17. The therapeutic technique in which the patient receives an electric shock to the brain is referred to as _______ therapy, abbreviated as _______.

18. ECT is most often used with patients suffering from severe _______. Research evidence _______ (confirms/maintains) ECT’s effectiveness with such patients.

19. The mechanism by which ECT works is _______.

20. A gentler alternative is a chest _______ that intermittently stimulates the _______ nerve.

21. Another gentler procedure called _______ _______ _______ aims to treat depression by presenting pulses through a magnetic coil held close to a person’s skull above the right eyebrow. Unlike ECT, this procedure produces no _______ _______ _______. These stresses include _______, work that is _______ _______ _______ _______ _______. These stresses include _______, work that is _______ _______ _______.

Objective 24: Summarize the history of the psychosurgical procedure known as a lobotomy, and discuss the use of psychosurgery today.

22. The biomedical therapy in which a portion of brain tissue is removed or destroyed is called _______.

23. In the 1930s, Moniz developed an operation called the _______. In this procedure, the _______ lobe of the brain is disconnected from the rest of the brain.

24. Today, most psychosurgery has been replaced by the use of _______ or some other form of treatment.

Preventing Psychological Disorders (pp. 719–720)

If you do not know the meaning of the following expression in the context in which it appears in the text, refer to page 463 for an explanation: upstream work.

Objective 25: Explain the rationale of preventive mental health programs.

1. Psychotherapies and biomedical therapies locate the cause of psychological disorders within the _______.

2. An alternative viewpoint is that many psychological disorders are responses to _______.

3. According to this viewpoint, it is not just the _______ who needs treatment but also the person’s _______.

4. One advocate of _______ mental health, George Albee, believes that many social stresses undermine people’s sense of _______ _______ _______ _______. These stresses include _______ _______ _______. These stresses include _______ _______ _______.
5. Albee’s views remind us that disorders are not just biological and not just environmental or psychological, because we are all an _________________ system.

PROGRESS TEST 1

Multiple-Choice Questions

Circle your answers to the following questions and check them with the answers beginning on page 455. If your answer is incorrect, read the explanation for why it is incorrect and then consult the appropriate pages of the text (in parentheses following the correct answer).

1. Electroconvulsive therapy is most useful in the treatment of:
   a. schizophrenia.
   b. depression.
   c. personality disorders.
   d. anxiety disorders.

2. The technique in which a person is asked to report everything that comes to his or her mind is called _______; it is favored by_____ therapists.
   a. active listening; cognitive
   b. spontaneous remission; humanistic
   c. free association; psychoanalytic
   d. systematic desensitization; behavior

3. Of the following categories of psychotherapy, which is known for its nondirective nature?
   a. psychoanalysis  c. behavior therapy
   b. humanistic therapy  d. cognitive therapy

4. Which of the following is not a common criticism of psychoanalysis?
   a. It emphasizes the existence of repressed memories.
   b. It provides interpretations that are hard to disprove.
   c. It is generally a very expensive process.
   d. It gives therapists too much control over patients.

5. Which of the following types of therapy does not belong with the others?
   a. cognitive therapy
   b. family therapy
   c. self-help group
   d. support group

6. Which of the following is not necessarily an advantage of group therapies over individual therapies?
   a. They tend to take less time for the therapist.
   b. They tend to cost less money for the client.
   c. They are more effective.
   d. They allow the client to test new behaviors in a social context.

7. Which biomedical therapy is most likely to be practiced today?
   a. psychosurgery
   b. electroconvulsive therapy
   c. drug therapy
   d. counterconditioning

8. The effectiveness of psychotherapy has been assessed both through clients’ perspectives and through controlled research studies. What have such assessments found?
   a. Clients’ perceptions and controlled studies alike strongly affirm the effectiveness of psychotherapy.
   b. Whereas clients’ perceptions strongly affirm the effectiveness of psychotherapy, studies point to more modest results.
   c. Whereas studies strongly affirm the effectiveness of psychotherapy, many clients feel dissatisfied with their progress.
   d. Clients’ perceptions and controlled studies alike paint a very mixed picture of the effectiveness of psychotherapy.

9. Which of the following best describes the results of the 30-year follow-up study of 500 Massachusetts boys who had been considered predelinquents?
   a. Predelinquent boys who received counseling had fewer problems as adults than untreated predelinquent boys.
   b. Predelinquent boys who did not receive counseling had slightly fewer problems as adults than boys who received counseling.
   c. Predelinquent boys who underwent behavior therapy had fewer problems as adults than boys who underwent psychoanalysis.
   d. Predelinquent boys who underwent psychoanalysis had fewer problems as adults than boys who underwent behavior therapy.
10. The results of meta-analysis of the effectiveness of different psychotherapies reveals that:
   a. no single type of therapy is consistently superior.
   b. behavior therapies are most effective in treating specific problems, such as phobias.
   c. cognitive therapies are most effective in treating depressed emotions.
   d. all of the above are true.

11. The antipsychotic drugs appear to produce their effects by blocking the receptor sites for:
   a. dopamine.
   b. epinephrine.
   c. norepinephrine.
   d. serotonin.

12. Psychologists who advocate a _______ approach to mental health contend that many psychological disorders could be prevented by changing the disturbed individual’s _______.
   a. biomedical; diet
   b. family; behavior
   c. humanistic; feelings
   d. preventive; environment

13. An eclectic psychotherapist is one who:
   a. takes a nondirective approach in helping clients solve their problems.
   b. views psychological disorders as usually stemming from one cause, such as a biological abnormality.
   c. uses one particular technique, such as psychoanalysis or counterconditioning, in treating disorders.
   d. uses a variety of techniques, depending on the client and the problem.

14. The technique in which a therapist echoes and restates what a person says in a nondirective manner is called:
   a. active listening.
   b. free association.
   c. systematic desensitization.
   d. meta-analysis.

15. Unlike traditional psychoanalytic therapy, interpersonal psychotherapy:
   a. helps people gain insight into the roots of their problems.
   b. offers interpretations of patients’ feelings.
   c. focuses on current relationships.
   d. does all of the above.

16. The technique of systematic desensitization is based on the premise that maladaptive symptoms are:
   a. a reflection of irrational thinking.
   b. conditioned responses.
   c. expressions of unfulfilled wishes.
   d. all of the above.

17. The operant conditioning technique in which desired behaviors are rewarded with points or poker chips that can later be exchanged for various rewards is called:
   a. counterconditioning.
   b. systematic desensitization.
   c. a token economy.
   d. exposure therapy.

18. One variety of _______ therapy is based on the finding that depressed people often attribute their failures to _______.
   a. humanistic; themselves
   b. behavior; external circumstances
   c. cognitive; external circumstances
   d. cognitive; themselves

19. (Thinking Critically and text) A person can derive benefits from psychotherapy simply by believing in it. This illustrates the importance of:
   a. spontaneous recovery.
   b. the placebo effect.
   c. the transference effect.
   d. interpretation.

20. Before 1950, the main mental health providers were:
   a. psychologists.
   b. paraprofessionals.
   c. psychiatrists.
   d. the clergy.
**Matching Items**

Match each term with the appropriate definition or description.

**Terms**

<table>
<thead>
<tr>
<th></th>
<th>1. cognitive therapy</th>
<th>2. behavior therapy</th>
<th>3. systematic desensitization</th>
<th>4. cognitive-behavior therapy</th>
<th>5. client-centered therapy</th>
<th>6. regression toward the mean</th>
<th>7. aversive conditioning</th>
<th>8. psychoanalysis</th>
<th>9. preventive mental health</th>
<th>10. biomedical therapy</th>
<th>11. counterconditioning</th>
</tr>
</thead>
</table>

**Definitions or Descriptions**

a. associates unwanted behavior with unpleasant experiences  
b. associates a relaxed state with anxiety-arousing stimuli  
c. emphasizes the social context of psychological disorders  
d. integrated therapy that focuses on changing self-defeating thinking and unwanted behavior  
e. category of therapies that teach people more adaptive ways of thinking and acting  
f. the tendency for unusual events to return to their average state  
g. therapy developed by Carl Rogers  
h. therapy based on Freud’s theory of personality  
i. treatment with psychosurgery, electroconvulsive therapy, or drugs  
j. classical conditioning procedure in which new responses are conditioned to stimuli that trigger unwanted behaviors  
k. category of therapies based on learning principles derived from classical and operant conditioning

**PROGRESS TEST 2**

Progress Test 2 should be completed during a final chapter review. Answer the following questions after you thoroughly understand the correct answers for the section reviews and Progress Test 1.

**Multiple-Choice Questions**

1. Carl Rogers was a ____ therapist who was the creator of _____.  
   a. behavior; systematic desensitization  
   b. psychoanalytic; insight therapy  
   c. humanistic; client-centered therapy  
   d. cognitive; cognitive therapy for depression

2. Using techniques of classical conditioning to develop an association between unwanted behavior and an unpleasant experience is known as:  
   a. aversive conditioning.  
   b. systematic desensitization.  
   c. transference.  
   d. electroconvulsive therapy.

3. Which type of psychotherapy emphasizes the individual’s inherent potential for self-fulfillment?  
   a. behavior therapy  
   b. humanistic therapy  
   c. psychoanalysis  
   d. biomedical therapy

4. Light-exposure therapy has proven useful as a form of treatment for people suffering from:  
   a. bulimia.  
   b. seasonal affective disorder.  
   c. schizophrenia.  
   d. dissociative identity disorder.

5. Which type of psychotherapy focuses on changing unwanted behaviors rather than on discovering their underlying causes?  
   a. behavior therapy  
   b. cognitive therapy  
   c. humanistic therapy  
   d. psychoanalysis
6. The techniques of counterconditioning are based on principles of:
   a. observational learning.
   b. classical conditioning.
   c. operant conditioning.
   d. behavior modification.

7. In which of the following does the client learn to associate a relaxed state with a hierarchy of anxiety-arousing situations?
   a. cognitive therapy
   b. aversive conditioning
   c. counterconditioning
   d. systematic desensitization

8. Principles of operant conditioning underlie which of the following techniques?
   a. counterconditioning
   b. systematic desensitization
   c. stress inoculation training
   d. the token economy

9. Which of the following is not a common criticism of behavior therapy?
   a. Clients may rely too much on extrinsic motivation for their new behaviors.
   b. Behavior control is unethical.
   c. Outside the therapeutic setting, the new behavior may disappear.
   d. All of the above are criticisms of behavior therapy.

10. Which type of therapy focuses on eliminating irrational thinking?
    a. EMDR
    b. client-centered therapy
    c. cognitive therapy
    d. behavior therapy

11. Antidepressant drugs are believed to work by affecting serotonin or:
    a. dopamine.  c. norepinephrine.
    b. lithium.  d. acetylcholine.

12. The following are some of the conclusions drawn in the text regarding the effectiveness of psychotherapy. For which of these conclusions did the Massachusetts study of predelinquent boys provide evidence?
    a. Clients' perceptions of the effectiveness of therapy usually are very accurate.
    b. Clients' perceptions of the effectiveness of therapy differ somewhat from the objective findings.
    c. Individuals who receive treatment do something better than individuals who do not.

13. Which of the following is the mood-stabilizing drug most commonly used to treat bipolar disorder?
    a. Ativan  c. Xanax
    b. chlorpromazine  d. lithium

14. The type of drugs criticized for reducing symptoms without resolving underlying problems are:
    a. antianxiety drugs.
    b. antipsychotic drugs.
    c. antidepressant drugs.
    d. amphetamines.

15. Which form of therapy is most likely to be successful in treating depression?
    a. behavior modification  c. cognitive therapy
    b. psychoanalysis  d. humanistic therapy

16. Although Moniz won the Nobel prize for developing the lobotomy procedure, the technique is not widely used today because:
    a. it produces a lethargic, immature personality.
    b. it is irreversible.
    c. calming drugs became available in the 1950s.
    d. of all of the above reasons.

17. A meta-analysis of research studies comparing the effectiveness of professional therapists with paraprofessionals found that:
    a. the professionals were much more effective than the paraprofessionals.
    b. the paraprofessionals were much more effective than the professionals.
    c. except in treating depression, the paraprofessionals were about as effective as the professionals.
    d. the paraprofessionals were about as effective as the professionals.

18. Among the common ingredients of the psychotherapies is:
    a. the offer of a therapeutic relationship.
    b. the expectation among clients that the therapy will prove helpful.
    c. the chance to develop a fresh perspective on oneself and the world.
    d. all of the above.
19. Family therapy differs from other forms of psychotherapy because it focuses on:
   a. using a variety of treatment techniques.
   b. conscious rather than unconscious processes.
   c. the present instead of the past.
   d. how family tensions may cause individual problems.

20. One reason that aversive conditioning may only be temporarily effective is that:
   a. for ethical reasons, therapists cannot use sufficiently intense unconditioned stimuli to sustain classical conditioning.
   b. patients are often unable to become sufficiently relaxed for conditioning to take place.

Matching Items

Match each term with the appropriate definition or description.

Terms

1. active listening
2. token economy
3. placebo effect
4. lobotomy
5. lithium
6. meta-analysis
7. psychopharmacology
8. double-blind technique
9. Xanax
10. free association
11. stress inoculation training

Definitions or Descriptions

a. type of psychosurgery
b. procedure for statistically combining the results of many experiments
c. mood-stabilizing drug
d. empathic technique used in person-centered therapy
e. the beneficial effect of a person’s expecting that treatment will be effective
f. antianxiety drug
g. technique of psychoanalytic therapy
h. an operant conditioning procedure
i. the study of the effects of drugs on the mind and behavior
j. experimental procedure in which both the patient and staff are unaware of a patient’s treatment condition
k. cognitive-behavior therapy in which people are trained to restructure their thinking in stressful situations
PSYCHOLOGY APPLIED

Answer these questions the day before an exam as a final check on your understanding of the chapter’s terms and concepts.

Multiple-Choice Questions

1. During a session with his psychoanalyst, Jamal hesitates while describing a highly embarrassing thought. In the psychoanalytic framework, this is an example of:
   a. transference.  c. mental repression.
   b. insight.  d. resistance.

2. During psychoanalysis, Jane has developed strong feelings of hatred for her therapist. The analyst interprets Jane’s behavior in terms of a ______ of her feelings toward her father.
   a. projection  c. regression
   b. resistance  d. transference

3. Given that Jim’s therapist attempts to help him by offering genuineness, acceptance, and empathy, she is probably practicing:
   a. psychoanalysis.  b. behavior therapy.
   c. cognitive therapy.  d. client-centered therapy.

4. To help Sam quit smoking, his therapist blew a blast of smoke into Sam’s face each time Sam inhaled. Which technique is the therapist using?
   a. exposure therapy  b. behavior modification
   c. systematic desensitization  d. aversive conditioning

5. After Darnel dropped a pass in an important football game, he became depressed and vowed to quit the team because of his athletic incompetence. The campus psychologist challenged his illogical reasoning and pointed out that Darnel’s “incompetence” had earned him an athletic scholarship. The psychologist’s response was most typical of a ______ therapist.
   a. behavior  c. client-centered
   b. psychoanalytic  d. cognitive

6. Seth enters therapy to talk about some issues that have been upsetting him. The therapist prescribes some medication to help him. The therapist is most likely a:
   a. clinical psychologist.  b. psychiatrist.
   c. psychiatric social worker.  d. clinical social worker.

7. In an experiment testing the effects of a new antipsychotic drug, neither Dr. Cunningham nor her patients know whether the patients are in the experimental or the control group. This is an example of the ______ technique.
   a. meta-analysis  c. double-blind
   b. within-subjects  d. single-blind

8. A close friend who for years has suffered from wintertime depression is seeking your advice regarding the effectiveness of light-exposure therapy. What should you tell your friend?
   a. “Don’t waste your time and money. It doesn’t work.”
   b. “A more effective treatment for seasonal affective disorder is eye movement desensitization and reprocessing.”
   c. “You’d be better off with a prescription for lithium.”
   d. “It might be worth a try. There is some evidence that morning light exposure produces relief.”

9. A relative wants to know which type of therapy works best. You should tell your relative that:
   a. psychotherapy does not work.
   b. behavior therapy is the most effective.
   c. cognitive therapy is the most effective.
   d. no one type of therapy is consistently the most successful.

10. Leota is startled when her therapist says that she needs to focus on eliminating her problem behavior rather than gaining insight into its underlying cause. Most likely, Leota has consulted a ______ therapist.
    a. behavior  c. cognitive
    b. humanistic  d. psychoanalytic

11. In order to help him overcome his fear of flying, Duane’s therapist has him construct a hierarchy of anxiety-triggering stimuli and then learn to associate each with a state of deep relaxation. Duane’s therapist is using the technique called:
    a. systematic desensitization.
    b. aversive conditioning.
    c. shaping.
    d. free association.
12. A patient in a hospital receives poker chips for making her bed, being punctual at meal times, and maintaining her physical appearance. The poker chips can be exchanged for privileges, such as television viewing, snacks, and magazines. This is an example of the:
   a. psychodynamic therapy technique called systematic desensitization.
   b. behavior therapy technique called token economy.
   c. cognitive therapy technique called token economy.
   d. humanistic therapy technique called systematic desensitization.

13. Ben is a cognitive-behavior therapist. Compared to Rachel, who is a behavior therapist, Ben is more likely to:
   a. base his therapy on principles of operant conditioning.
   b. base his therapy on principles of classical conditioning.
   c. address clients’ attitudes as well as behaviors.
   d. focus on clients’ unconscious urges.

14. A psychotherapist who believes that the best way to treat psychological disorders is to prevent them from developing would be most likely to view disordered behavior as:
   a. maladaptive thoughts and actions.
   b. expressions of unconscious conflicts.
   c. conditioned responses.
   d. an understandable response to stressful social conditions.

15. Linda’s doctor prescribes medication that blocks the activity of dopamine in her nervous system. Evidently, Linda is being treated with an ______ drug.
   a. antipsychotic
   b. antianxiety
   c. antidepressant
   d. anticonvulsive

16. Abraham’s doctor prescribes medication that increases the availability of norepinephrine or serotonin in his nervous system. Evidently, Abraham is being treated with an ______ drug.
   a. antipsychotic
   b. antianxiety
   c. antidepressant
   d. anticonvulsive

17. In concluding her talk entitled “Psychosurgery Today,” Ashley states that:
   a. “Psychosurgery is still widely used throughout the world.”
   b. “Electroconvulsive therapy is the only remaining psychosurgical technique that is widely practiced.”
   c. “With advances in psychopharmacology, psychosurgery has largely been abandoned.”
   d. “Although lobotomies remain popular, other psychosurgical techniques have been abandoned.”

18. A psychiatrist has diagnosed a patient as having bipolar disorder. It is likely that she will prescribe:
   a. an antipsychotic drug.
   b. lithium.
   c. an antianxiety drug.
   d. a drug that blocks receptor sites for serotonin.

19. Which type(s) of psychotherapy would be most likely to use the interpretation of dreams as a technique for bringing unconscious feelings into awareness?
   a. psychoanalysis
   b. psychodynamic therapy
   c. cognitive therapy
   d. both a. and b.

20. Of the following therapists, who would be most likely to interpret a person’s psychological problems in terms of repressed impulses?
   a. a behavior therapist
   b. a cognitive therapist
   c. a humanistic therapist
   d. a psychoanalyst

21. Nick survived a car accident in which another passenger died. Feeling anxious and guilty, he sought treatment from an alternative therapist, who used eye movement desensitization and reprocessing to help Nick return to his normally upbeat, optimistic frame of mind. After several months of treatment Nick began feeling better. Although Nick is convinced that the alternative therapy was responsible for his improvement, it is also possible that it was the result of:
   a. regression toward the mean.
   b. a placebo effect.
   c. merely seeking treatment from any practitioner who provided an empathic, trusting environment.
   d. all of the above.
Essay Question
Willie has been diagnosed as suffering from major depressive disorder. Describe the treatment he might receive from a psychoanalyst, a cognitive therapist, and a biomedical therapist. (Use the space below to list points you want to make, and organize them. Then write the essay on a separate sheet of paper.)

KEY TERMS
Writing Definitions
Using your own words, on a separate piece of paper write a brief definition or explanation of each of the following terms.

1. psychotherapy
2. biomedical therapy
3. eclectic approach
4. psychoanalysis
5. resistance
6. interpretation
7. transference
8. client-centered therapy
9. active listening
10. behavior therapy
11. counterconditioning
12. exposure therapies
13. systematic desensitization
14. virtual reality exposure therapy
15. aversive conditioning
16. token economy
17. cognitive therapy
18. cognitive-behavior therapy
19. family therapy
20. regression toward the mean
21. meta-analysis
22. psychopharmacology
23. tardive dyskinesia
24. electroconvulsive therapy (ECT)
25. repetitive transcranial magnetic stimulation (rTMS)
26. psychosurgery
27. lobotomy
Cross-Check

As you learned in the Prologue, reviewing and overlearning of material are important to the learning process. After you have written the definitions of the key terms in this chapter, you should complete the crossword puzzle to ensure that you can reverse the process—recognize the term, given the definition.

ACROSS
1. Therapy that teaches people new and more adaptive ways of thinking.
6. Approach that draws on a variety of forms of therapy to best suit clients’ needs.
14. Therapy that attempts to change behavior by removing or destroying brain tissue.
15. Therapy that uses prescribed medications or medical procedures to treat psychological disorders.
16. Conditioning in which an unpleasant state is associated with an unwanted behavior.

DOWN
2. Nondirective technique in which the listener echoes and restates, but does not interpret, clients’ remarks.
3. Integrated therapy that focuses on changing self-defeating thinking and unwanted behaviors.
4. Humanistic therapy developed by Carl Rogers.
5. Statistical procedure for combining the results of many different research studies.
7. Behavior therapy in which new responses are classically conditioned to stimuli that trigger unwanted behaviors.
8. Psychoanalytic term for the analyst’s helping a client to gain deeper insights into unwanted thoughts and behaviors.
9. Therapy that views problem behaviors as partially engendered by the client’s environment.
11. Biomedical therapy often used to treat severe depression.
12. Therapy developed by Sigmund Freud.

13. Therapy that applies principles of operant or classical conditioning to eliminate problem behaviors.

ANSWERS

Chapter Review

Introducing Therapy
1. psychological; biomedical
2. psychotherapy; learned
3. prescribed medications; nervous system
4. eclectic; psychotherapy integration

The Psychological Therapies
1. self-insight
2. repressed
3. repressed; conscious
4. free association
5. resistance; interpretation
6. latent content
7. transference
8. disprove; expensive
9. psychodynamic; once a week
10. depressed; interpersonal psychotherapy
11. insight; current relationships
12. self-fulfillment

Unlike psychoanalysis, humanistic therapy is focused on the present instead of the past, on awareness of feelings as they occur rather than on achieving insights into the childhood origins of the feelings, on conscious rather than unconscious processes, on promoting growth and fulfillment instead of curing illness, and on helping clients take immediate responsibility for their feelings and actions rather than on uncovering the obstacles to doing so.

13. client-centered; nondirective; does not interpret
14. genuineness; acceptance; empathy
15. active listening; unconditional positive regard
16. paraphrase; invite clarification; reflect feelings
17. learning

Whereas psychoanalysis and humanistic therapies assume that problems diminish as self-awareness grows, behavior therapists doubt that self-awareness is the key. Instead of looking for the inner cause of unwanted behavior, behavior therapy applies learning principles to directly attack the unwanted behavior itself.

18. classical conditioning; counterconditioning; systematic desensitization; aversive conditioning
19. exposure therapies; Wolpe; anxious
20. hierarchy; progressive relaxation; relaxed; anxiety
21. virtual reality exposure
22. negative; positive; unpleasant
23. behavior modification
24. operant; token economy

Behavior modification is criticized because the desired behavior may stop when the rewards are stopped. Also, critics contend that one person should not be allowed to control another.

Proponents of behavior modification contend that some clients request this therapy. Also, control already exists.

25. cognitive
26. catastrophizing; depression; Beck
27. do not
28. stress inoculation; dispute
29. cognitive-behavior

Group therapy saves therapists time and clients money. The social context of group therapy allows people to discover that others have similar problems and to try out new ways of behaving.

30. family therapy
31. communication; conflict
32. self-help; support; stigmatized, hard-to-discuss

Evaluating Psychotherapies

1. is not
2. satisfaction

People often enter therapy in crisis. When the crisis passes, they may attribute their improvement to the therapy. Clients, who may need to believe the therapy was worth the effort, may overestimate its effectiveness. Clients generally find positive things to say about their therapists, even if their problems remain.

3. did not have; are not
4. overestimate
5. unhappiness; well-being
6. belief; placebo effect; regression toward the mean; unusual; average
7. controlled
8. Eysenck; was not
9. meta-analysis; somewhat effective
10. medical
11. no clear; does not matter; does not make a difference
12. cognitive; interpersonal; behavior; cognitive; exposure; stress inoculation; bulimia; bed wetting
13. behavioral conditioning
14. specific
15. alternative therapy
16. controlled
17. traumatic events; eye movement desensitization and reprocessing (EMDR); somewhat effective; post-traumatic stress disorder; finger tapping; reliving; placebo
18. seasonal affective disorder; light-exposure
19. hope; perspective; caring; trusting; empathic
20. attitude
21. empathic; caring
22. is
23. do; different
24. individualism
25. minority

The Biomedical Therapies

1. drug; decreased
2. psychopharmacology
3. placebo; recovery; double-blind
4. antipsychotic; chlorpromazine (Thorazine); positve; clozapine (Clozaril)
5. dopamine; serotonin
6. tardive dyskinesia; face; tongue; limbs
7. antianxiety
8. central nervous system
9. psychological therapy
10. symptoms; problems; physiological dependence
11. antidepressant; norepinephrine; serotonin
12. fluoxetine (Prozac); serotonin; selective-serotonin-reuptake-inhibitor
13. aerobic exercise; bottom-up; cognitive-behavior; top-down
14. spontaneous recovery; placebo effect
15. lithium
16. Depakote
17. electroconvulsive; ECT
18. depression; confirms
19. unknown
20. implant; vagus
21. repetitive transcranial magnetic stimulation (rTMS); seizures; memory; frontal lobe
22. psychosurgery
23. lobotomy; frontal
24. drugs

Preventing Psychological Disorders
1. person
2. a disturbing and stressful society
3. person; social context
4. preventive; competence; personal control; self-esteem; poverty; meaningless; criticism; unemployment; racism; sexism
5. integrated biopsychosocial

Progress Test 1

Multiple-Choice Questions
1. b. is the answer. Although no one is sure how ECT works, one possible explanation is that it increases release of norepinephrine, the neurotransmitter that elevates mood. (p. 715)
2. c. is the answer. (p. 687)
   a. Active listening is a Rogerian technique in which the therapist echoes, restates, and seeks clarification of the client’s statements.
   b. Spontaneous recovery refers to improvement without treatment.
   d. Systematic desensitization is a process in which a person is conditioned to associate a relaxed state with anxiety-triggering stimuli.
3. b. is the answer. (p. 689)
4. d. is the answer. This is not among the criticisms commonly made of psychoanalysis. (It would more likely be made of behavior therapies.) (pp. 687–688)
5. a. is the answer. (pp. 697–698)
   b., c., & d. Each of these is a type of group therapy.
6. c. is the answer. Meta-analysis of the relative effectiveness of different therapies reveals no clear winner; the other factors mentioned are advantages of group therapies. (p. 703)
7. c. is the answer. (p. 711)
   a. The fact that its effects are irreversible makes psychosurgery a drastic procedure, and with advances in psychopharmacology, psychosurgery was largely abandoned.
   b. ECT is still widely used as a treatment of severe depression, but in general it is not used as frequently as drug therapy.
   d. Counterconditioning is not a biomedical therapy.
8. b. is the answer. Clients’ testimonials regarding psychotherapy are generally very positive. The research, in contrast, seems to show that therapy is only somewhat effective. (pp. 700–701, 703)
9. b. is the answer. Although many of those who received counseling felt it had saved their lives, on a number of measures these men exhibited slightly more problems than those who had not received counseling. (p. 701)
   a. Boys who received counseling had slightly more problems as adults.
   c. & d. This study did not compare the effectiveness of different forms of psychotherapy.
10. d. is the answer. (pp. 703–704)
11. a. is the answer. By occupying receptor sites for dopamine, these drugs block its activity and reduce its production. (p. 712)
12. d. is the answer. (p. 719)
13. d. is the answer. Today, half of all psychotherapists describe themselves as eclectic—as using a blend of therapies. (p. 686)
   a. An eclectic therapist may use a nondirective approach with certain behaviors; however, a more directive approach might be chosen for other clients and problems.
b. In fact, just the opposite is true. Eclectic therapists generally view disorders as stemming from many influences.
c. Eclectic therapists, in contrast to this example, use a combination of treatments.

14. a. is the answer. (p. 689)
15. c. is the answer. (p. 688)
16. b. is the answer. (p. 692)
a. This reflects a cognitive perspective.
c. This reflects a psychoanalytic perspective.

17. c. is the answer. (p. 693)
a. & b. Counterconditioning is the replacement of an undesired response with a desired one by means of aversive conditioning or systematic desensitization.
d. Exposure therapy exposes a person, in imagination or in actuality, to a feared situation.

18. d. is the answer. (p. 696)
19. b. is the answer. (pp. 702, 707)
a. Spontaneous recovery refers to improvement without any treatment.
c. Transference is the psychoanalytic phenomenon in which a client transfers feelings from other relationships onto his or her analyst.
d. Interpretation is the psychoanalytic procedure through which the analyst helps the client become aware of resistances and understand their meaning.

20. c. is the answer. (p. 700)

Matching Items

1. e (p. 695) 5. g (p. 689) 9. c (p. 719)
2. k (p. 690) 6. f (p. 702) 10. i (p. 686)
3. b (p. 692) 7. a (p. 692) 11. j (p. 691)
4. d (p. 697) 8. h (p. 686)

Progress Test 2

Multiple-Choice Questions

1. c. is the answer. (p. 689)
a. This answer would be a correct description of Joseph Wolpe.
b. There is no such thing as insight therapy.
d. This answer would be a correct description of Aaron Beck.

2. a. is the answer. (p. 692)
b. In systematic desensitization, a hierarchy of anxiety-provoking stimuli is gradually associated with a relaxed state.
c. Transference refers to a patient's transferring of feelings from other relationships onto his or her psychoanalyst.
d. Electroconvulsive therapy is a biomedical shock treatment.

3. c. is the answer. (p. 689)
a. Behavior therapy focuses on behavior, not self-awareness.
b. Psychoanalysis focuses on bringing repressed feelings into awareness.
d. Biomedical therapy focuses on physical treatment through drugs, ECT, or psychosurgery.

4. b. is the answer. (p. 706)

5. a. is the answer. For behavior therapy, the problem behaviors are the problems. (p. 690)
b. Cognitive therapy teaches people to think and act in more adaptive ways.
c. Humanistic therapy promotes growth and self-fulfillment by providing an empathic, genuine, and accepting environment.
d. Psychoanalytic therapy focuses on uncovering and interpreting repressed feelings.

6. b. is the answer. Counterconditioning techniques involve taking an established CS, which triggers an undesirable CR, and pairing it with a new US in order to condition a new, and more adaptive, CR. (p. 691)
a. As indicated by the name, counterconditioning techniques are a form of conditioning; they do not involve learning by observation.
c. & d. The principles of operant conditioning are the basis of behavior modification, which, in contrast to counterconditioning techniques, involves use of reinforcement.

7. d. is the answer. (p. 692)
a. This is a confrontational therapy, which is aimed at teaching people to think and act in more adaptive ways.
b. Aversive conditioning is a form of counterconditioning in which unwanted behavior is associated with unpleasant feelings.
c. Counterconditioning is a general term, including not only systematic desensitization, in which a hierarchy of fears is desensitized, but also other techniques, such as aversive conditioning.

8. d. is the answer. (p. 693)
a. & b. These techniques are based on classical conditioning.
c. This is a type of cognitive therapy.

9. d. is the answer. (p. 694)
10. c. is the answer. (p. 695)
a. This is an alternative therapy in which the
practitioner triggers eye movements in patients who are imagining traumatic events.

b. In this humanistic therapy, the therapist facilitates the client’s growth by offering a genuine, accepting, and empathic environment.

d. Behavior therapy concentrates on modifying the actual symptoms of psychological problems.

11. c. is the answer. (p. 713)

12. b. is the answer. Although many of the treated men offered glowing reports of the effectiveness of their therapy, these testimonials did not accurately reflect the results. (p. 701)

a. In fact, as this study showed, clients’ perceptions of the effectiveness of psychotherapy are often very positive but inaccurate.

c. On some measures, the treated men exhibited slightly more problems than the untreated men.

d. This study did not compare the effectiveness of different forms of psychotherapy.

13. d. is the answer. Lithium works as a mood stabilizer. (p. 715)

a. & c. Ativan and Xanax are antianxiety drugs.

b. Chlorpromazine is an antipsychotic drug.

14. a. is the answer. (p. 712)

15. c. is the answer. (pp. 695, 704)

a. Behavior modification is most likely to be successful in treating specific behavior problems, such as bed wetting.

b. & d. The text does not single out particular disorders for which these therapies tend to be most effective.

16. d. is the answer. (pp. 717–718)

17. d. is the answer. Even when dealing with seriously depressed adults, the paraprofessionals were as effective as the professionals. (p. 708)

18. d. is the answer. (pp. 707–708)

19. d. is the answer. (pp. 697–698)

a. This is true of most forms of psychotherapy.

b. & c. This is true of humanistic, cognitive, and behavior therapies.

20. c. is the answer. Although aversive conditioning may work in the short run, the person’s ability to discriminate between the situation in which the aversive conditioning occurs and other situations can limit the treatment’s effectiveness. (p. 693)

a., b., & d. These were not offered in the text as limitations of the effectiveness of aversive conditioning.

21. c. is the answer. (p. 697)

Matching Items

1. d (p. 689) 5. c (p. 715) 9. f (p. 712)
2. h (p. 693) 6. b (p. 703) 10. g (p. 687)
3. e (p. 702) 7. i (p. 711) 11. k (p. 696)
4. a (p. 717) 8. j (p. 711)

Psychology Applied

Multiple-Choice Questions

1. d. is the answer. Resistances are blocks in the flow of free association that hint at underlying anxiety. (p. 687)

a. In transference, a patient redirects feelings from other relationships to his or her analyst.

b. The goal of psychoanalysis is for patients to gain insight into their feelings.

c. Although such hesitation may well involve material that has been repressed, the hesitation itself is a resistance.

2. d. is the answer. In transference, the patient develops feelings toward the therapist that were experienced in important early relationships but were repressed. (p. 687)

a. Projection is a defense mechanism in which a person imputes his or her own feelings to someone else.

b. Resistances are blocks in the flow of free association that indicate repressed material.

c. Regression is a defense mechanism in which a person retreats to an earlier form of behavior.

3. d. is the answer. According to Rogers’ client-centered therapy, the therapist must exhibit genuineness, acceptance, and empathy if the client is to move toward self-fulfillment. (p. 689)

a. Psychoanalysts are much more directive in providing interpretations of clients’ problems than are humanistic therapists.

b. Behavior therapists focus on modifying the behavioral symptoms of psychological problems.

c. Cognitive therapists teach people to think and act in new, more adaptive ways.

4. d. is the answer. Aversive conditioning is the classical conditioning technique in which a positive response is replaced by a negative response. (In this example, the US is the blast of smoke, the CS is the taste of the cigarette as it is inhaled, and the intended CR is aversion to cigarettes.) (p. 692)

a. Exposure therapy exposes someone, in imagination (virtual reality exposure therapy) or actuality, to a feared situation.

b. Behavior modification applies the principles of operant conditioning and thus, in contrast to the example, uses reinforcement.
c. Systematic desensitization is used to help people overcome specific anxieties.

5. d. is the answer. Because the psychologist is challenging Darnell’s illogical, self-defeating attitude, this response is most typical of rational-emotive therapy. (p. 695)
   a. Behavior therapists treat behaviors rather than thoughts.
   b. Psychoanalysts focus on helping patients gain insight into previously repressed feelings.
   c. Client-centered therapists attempt to facilitate clients’ growth by offering a genuine, accepting, empathic environment.

6. b. is the answer. Psychiatrists are physicians who specialize in treating psychological disorders. As doctors they can prescribe medications. (p. 709)
   a., c., & d. These professionals cannot prescribe drugs.

7. c. is the answer. (p. 711)
   a. This is a statistical technique used to combine the results of many different research studies.
   b. In this design, which is not mentioned in the text, there is only a single research group.
   d. This answer would be correct if the experimenter, but not the research participants, knew which condition was in effect.

8. d. is the answer. (pp. 706–707)
   a. In fact, there is evidence that light-exposure therapy can be effective in treating SAD.
   b. There is no evidence that EMDR is effective as a treatment for SAD.
   c. Lithium is a mood-stabilizing drug that is often used to treat bipolar disorder.

9. d. is the answer. (p. 703)
   a. Psychotherapy has proven “somewhat effective” and more cost-effective than physician care for psychological disorders.
   b. & c. Behavior and cognitive therapies are both effective in treating depression, and behavior therapy is effective in treating specific problems such as phobias.

10. a. is the answer. (p. 690)
    b. & c. These types of therapists are more concerned with promoting self-fulfillment (humanistic) and healthy patterns of thinking (cognitive) than with correcting specific problem behaviors.
    d. Psychoanalysts see the behavior merely as a symptom and focus their treatment on its presumed underlying cause.

11. a. is the answer. (p. 692)
    b. Aversive conditioning associates unpleasant states with unwanted behaviors.
    c. Shaping is an operant conditioning technique in which successive approximations of a desired behavior are reinforced.
    d. Free association is a psychoanalytic technique in which a patient says whatever comes to mind.

12. b. is the answer. (p. 693)
13. c. is the answer. (p. 697)
   a. & b. Behavior therapists make extensive use of techniques based on both operant and classical conditioning.
   d. Neither behavior therapists nor cognitive behavior therapists focus on clients’ unconscious urges.

14. d. is the answer. (p. 719)
   a. This would be the perspective of a cognitive behavior therapist.
   b. This would be the perspective of a psychoanalyst.
   c. This would be the perspective of a behavior therapist.

15. a. is the answer. (pp. 711–712)
16. c. is the answer. (p. 713)
17. c. is the answer. (p. 718)
   b. Although still practiced, electroconvulsive therapy is not a form of psychosurgery.

18. b. is the answer. (p. 715)
19. d. is the answer. Both psychoanalysis and psychodynamic therapy seek insight into a patient’s unconscious feelings. The analysis of dreams, slips of the tongue, and resistances are considered a window into these feelings. (pp. 687, 688)
   c. Cognitive therapists avoid reference to unconscious feelings and would therefore be uninterested in interpreting dreams.

20. d. is the answer. A key aim of psychoanalysis is to unearth and understand repressed impulses. (p. 686)
    a., b., & c. Behavior and cognitive therapists avoid concepts such as “repression” and “unconscious”; behavior and humanistic therapists focus on the present rather than the past.

21. d. is the answer. (pp. 702, 707–708)

Essay Question

Psychoanalysts assume that psychological problems such as depression are caused by unresolved, repressed, and unconscious impulses and conflicts from childhood. A psychoanalyst would probably attempt to bring these repressed feelings into Willie’s conscious awareness and help him gain insight into them. He or she would likely try to interpret Willie’s
resistance during free association, the latent content of his dreams, and any emotional feelings he might transfer to the analyst.

Cognitive therapists assume that a person's emotional reactions are influenced by the person's thoughts in response to the event in question. A cognitive therapist would probably try to teach Willie new and more constructive ways of thinking in order to reverse his catastrophizing beliefs about himself, his situation, and his future.

Biomedical therapists attempt to treat disorders by altering the functioning of the patient's brain. A biomedical therapist would probably prescribe an antidepressant drug such as fluoxetine to increase the availability of norepinephrine and serotonin in Willie's nervous system. If Willie's depression is especially severe, a psychiatrist might treat it with several sessions of electroconvulsive therapy.

**Key Terms**

**Writing Definitions**

1. **Psychotherapy** is an emotionally charged, confiding interaction between a trained therapist and someone who suffers from psychological difficulties. (p. 685)

2. **Biomedical therapy** is the use of prescribed medications or medical procedures that act on a patient's nervous system to treat psychological disorders. (p. 686)

3. With an **eclectic approach**, therapists are not locked into one form of psychotherapy, but draw on whatever combination seems best suited to a client's needs. (p. 686)

4. **Psychoanalysis**, the therapy developed by Sigmund Freud, attempts to give clients self-insight by bringing into awareness and interpreting previously repressed feelings. (p. 686)

   *Example:* The tools of the **psychoanalyst** include free association, the analysis of dreams and transferences, and the interpretation of repressed impulses.

5. **Resistance** is the psychoanalytic term for the blocking from consciousness of anxiety-provoking memories. Hesitation during free association may reflect resistance. (p. 687)

6. **Interpretation** is the psychoanalytic term for the analyst's helping the client to understand resistances and other aspects of behavior, so that the client may gain deeper insights. (p. 687)

7. **Transference** is the psychoanalytic term for a patient's redirecting to the analyst emotions from other relationships. (p. 687)

8. **Client-centered therapy** is a humanistic therapy developed by Carl Rogers, in which growth and self-awareness are facilitated in an environment that offers genuineness, acceptance, and empathy. (p. 689)

9. **Active listening** is a nondirective technique of client-centered therapy, in which the listener echoes, restates, and seeks clarification of, but does not interpret, clients' remarks. (p. 690)

10. **Behavior therapy** is therapy that applies principles of operant or classical conditioning to the elimination of problem behaviors. (p. 690)

11. **Counterconditioning** is a category of behavior therapy in which new responses are classically conditioned to stimuli that trigger unwanted behaviors. (p. 691)

12. **Exposure therapies** treat anxiety by exposing people to things they normally fear and avoid. Among these therapies are systematic desensitization and virtual reality exposure therapy. (p. 691)

13. **Systematic desensitization** is a type of counter-conditioning in which a state of relaxation is classically conditioned to a hierarchy of gradually increasing anxiety-provoking stimuli. (p. 692)

   *Memory aid:* This is a form of **counterconditioning** in which sensitive, anxiety-triggering stimuli are desensitized in a progressive, or systematic, fashion.

14. **Virtual reality exposure therapy** progressively exposes people to simulations of feared situations to treat their anxiety. (p. 692)

15. **Aversive conditioning** is a form of counterconditioning in which an unpleasant state becomes associated with an unwanted behavior. (p. 692)

16. **A token economy** is an operant conditioning procedure in which desirable behaviors are promoted in people by rewarding them with tokens, or positive reinforcers, which can be exchanged for privileges or treats. For the most part, token economies are used in hospitals, schools, and other institutional settings. (pp. 693–694)

17. **Cognitive therapy** focuses on teaching people new and more adaptive ways of thinking and acting. The therapy is based on the idea that our feelings and responses to events are strongly influenced by our thinking, or cognition. (p. 695)
18. **Cognitive-behavior therapy** is an integrated therapy that focuses on changing self-defeating thinking (cognitive therapy) and unwanted behaviors (behavior therapy). (p. 697)

19. **Family therapy** views problem behavior as partially engendered by the client's family system and environment. Therapy therefore focuses on relationships and problems among the various members of the family. (p. 697)

20. **Regression toward the mean** is the tendency for unusual events (or emotions) to return toward their average state. (p. 702)

21. **Meta-analysis** is a procedure for statistically combining the results of many different research studies. (p. 703)

22. **Psychopharmacology** is the study of the effects of drugs on mind and behavior. (p. 711)

   *Memory aid:* Pharmacology is the science of the uses and effects of drugs. **Psychopharmacology** is the science that studies the psychological effects of drugs.

23. **Tardive dyskinesia** is an involuntary movement of the muscles of the face, tongue, and limbs that sometimes accompanies the long-term use of certain antipsychotic drugs. (p. 712)

24. In **electroconvulsive therapy (ECT)**, a biomedical therapy often used to treat severe depression, electric shock is passed through the brain. (p. 713)

25. **Repetitive transcranial magnetic stimulation (rTMS)** is the delivery of repeated pulses of magnetic energy to stimulate or suppress brain activity. (p. 716)

26. **Psychosurgery** is a biomedical therapy that attempts to change behavior by removing or destroying brain tissue. Since drug therapy became widely available in the 1950s, psychosurgery has been infrequently used. (p. 717)

27. Once used to control violent patients, the **lobotomy** is a form of psychosurgery in which the nerves linking the emotion centers of the brain to the frontal lobes are severed. (p. 717)

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**Cross-Check**

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**FOCUS ON VOCABULARY AND LANGUAGE**

*Introducing Therapy*

*Page 685:* ... **cracked the genetic code** ... Myers notes 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), finding cures for many diseases, and so on. He contrasts these attainments with the many odd and strange techniques (bewildering variety of harsh and gentle methods) used to deal with people suffering from psychological disorders, such as 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 685 (caption):* Visitors paid to **gawk** at the **patients** as if they were viewing zoo animals. In the past, mentally disordered people **(patients)** were confined to hospitals **(insane asylums)** and were often treated badly. For instance, some hospitals raised money by selling tickets to 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.

*The Psychological Therapies*

*Page 686:* ... 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 **(fueled)** by hidden **(repressed)** childhood urges 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, psychoanalysis digs up **(unearths)** the past in the hopes of uncovering **(unmasking)** the present.
Page 689: 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 person-centered therapy. The goal is to increase (the aim is to boost) the client’s feelings of accomplishment and achievement (self-actualization) by providing nonthreatening opportunities for living in the present, for becoming less critical of one’s self, and for becoming more self-aware.

Page 690: “And that just really knocks the props out from under you.” In Carl Rogers’ therapy sessions, he attempts to be genuine, accepting, and empathic; he also mirrors (reflects) back to the client in different words the feelings that were expressed. The client said he had been told that he was no good, and Rogers reflects the feelings he detects by saying that it must seem that the client’s self-worth had been undermined (knocked the props out from under you).

Page 691: . . . 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 more than 30 years later.

Pages 692–693: To treat alcoholism, 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 which 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, the person with alcoholism should want to avoid these drinks. Research shows some limited success with this approach.

Page 693: 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 and involves voluntary behavior followed by pleasant or unpleasant consequences. 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 695: 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 695: . . . 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 (convince them to take off the dark glasses).

Evaluating Psychotherapies

Page 700: “Hang in there until you find a psychotherapist who fills the bill.” Each year in the United States about 15 percent of the population seek help for psychological and addictive disorders. Many people, including the late advice columnist Ann Landers, recommend that troubled people get professional help and that they persevere (hang in there) in finding the right therapist to meet their needs (who fills the bill).

Page 700: 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 was what clients said about their therapy (testimonials), then the conclusion would have to be that psychotherapy works. (Three-quarters, or more, of those surveyed were satisfied.) Myers points out that such testimonials can be misleading and invalid.

Page 700: When, with the normal ebb and flow of events, the crisis passes, people may attribute their improvement to the therapy. Because of some serious traumatic events (crises) in their lives, people may end up seeing a therapist; 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.
Moreover, 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 schizophrenia or who want a total personality change. As Myers notes, the more specific the problem, the greater the hope.

The tendency of 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: worse-than-normal mental states tend to diminish and move back to more normal mental states (regression to the average) over time, and 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, given accolades (praised) on the Internet, alternative therapies can thrive and flourish (can spread like wildfire).

Each therapy, in its individual way, may harness 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 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.

Indeed, some believe that warmth and empathy are hallmarks of healers everywhere, whether psychiatrists, witch doctors, or shamans (Torrey, 1986). In general, therapies are approximately the same in effectiveness, but that does not mean that all therapists are equal in this respect. Fundamental qualities (hallmarks) of effective therapists are an ability to understand other people's experiences (empathy) and a capacity to show genuine concern and care (warmth). In addition, good listening skills, a reassuring manner, and concern for gaining (earning) the client's respect and trust help in the therapeutic process.

The Biomedical Therapies

Antipsychotics are powerful drugs. The first-generation dopamine-blocking drugs (such as Thorazine) can produce sluggishness, tremors, and twitches similar to those of Parkinson's disease, which is marked by too little dopamine (Kaplan & Saddock, 1989). Because of the serious side effects of some antipsychotic drugs—tiredness and apathy (sluggishness), shaking limbs (tremors), and sudden involuntary spasms (twitches)—therapists have to be very careful (they have to tread a fine line) in selecting the dose of both first- and new-generation drugs that will relieve the symptoms but will not produce the side effects.

"Popping a Xanax" at the first sign of tension can produce psychological dependence. The most popular antianxiety drugs (Xanax and Valium) are central nervous system depressants, and they 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).

As the antianxiety drugs can calm people down from a state of anxiety, the antidepressants sometimes lift people up from a state of depression. Antidepressants work by either increasing the availability of the neurotransmitters norepinephrine or serotonin, blocking their reabsorption, or by inhibiting an enzyme that breaks them down. Thus, they tend to make depressed people feel more alive and aroused (they lift them up).

ECT therefore gained a barbaric image, one that lingers still. Electroconvulsive therapy (ECT) has proven quite effective and is 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 and were shocked (jolted) with 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, but its Frankensteinlike image lingers on. (Note: Dr. Frankenstein is a fictional
character who created a living monster from the body parts of dead people.)

Page 716: Hopes are now rising for gentler alternative for jump-starting the depressed brain. (Using power from another car's battery to start a car with a flat or 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. Thus, optimism is increasing (hopes are rising) for a better way to activate (jump-start) the depressed brain.

Preventing Psychological Disorders

Page 719: Preventive mental health is upstream work. Some psychologists believe that prevention is better than cure and 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 conditions that may cause them is extremely difficult (upstream work).