

CHAPTER 15: TREATMENT OF ABNORMAL BEHAVIOR

IF YOU LEARN ONLY FIVE THINGS IN THIS CHAPTER . . .

1. The most common treatment for psychiatric disorders today is the use of medication.
2. Medication is effective as a treatment, but it is often combined with a form of “talk therapy” to provide a more complete therapeutic technique.
3. Most medications have side effects.
4. Behavioral and cognitive therapies are very popular forms of “talk therapy.”
5. Freudian therapy, though well known, is not utilized much anymore.

INTRODUCTION

Treating psychological disorders poses one of the biggest problems for psychologists. It is important to have a realistic perspective: We can treat the symptoms, but according to most perspectives, we cannot cure the disorders.

Several treatment methods have been designed, each with a different degree of effectiveness.

DRUG THERAPY

The first course of treatment for many psychological disorders is to provide relief of the symptoms. Drugs are often the most effective strategy for doing this.

The following drugs have been used for the following psychological disorders:

Depression	Antidepressants, including the selective serotonin reuptake inhibitors, such as Prozac, Wellbutrin, Zoloft
Anxiety disorders	Anxiolytics, such as Xanax or Paxil
Schizophrenia	Early antipsychotics included drugs that caused side effects such as tardive dyskinesia. The most well-known of these drugs was chlorpromazine (Thorazine). More recent drugs, such as Zyprexa and Risperdal, reduce the effects on the muscle systems.

Drug therapy is designed to reduce the symptoms of psychological disorders. But typically, it is combined with “**talk therapy**” to alleviate symptoms overall and to help the afflicted person handle the disorder more effectively.

Of the various “talk therapies,” the techniques of Sigmund Freud have served as the face of psychology. What is interesting about this is that Freud offered some of the least testable techniques of any of the therapies.

FREUD’S THERAPEUTIC TECHNIQUE

In Freud’s therapy, the goal is to help the patient uncover the **unconscious conflicts** that give rise to **anxiety**. Anxiety typically causes a person difficulty in dealing with everyday life. The cause of anxiety is, according to Freud, deep-rooted conflicts set in the unconscious. To get at them, the therapist must use a variety of techniques, including intensive one-on-one therapy. This therapy is called **psychoanalysis**.

Psychoanalysis is a long-term commitment; it typically lasts one hour a day, several days a week—possibly for several years. Various techniques are used to get to the unconscious, but the setup, according to Freud, is important. The therapist should sit behind a client in a chair, and the client should lie in a chaise lounge so she can relax. The therapist asks questions, and the client answers as honestly as possible. Therapy takes so long because the techniques to get to the unconscious cannot be direct. To uncover what is in the unconscious, the therapist must use techniques that require interpretation before the true meaning can be divined.

AP EXPERT TIP

Note: Some therapeutic techniques are designed to treat the *actual cause* of a disorder (Freud), while others treat the *symptoms or behaviors* associated with the disorder (drug therapy, behavioral therapy).

DREAM ANALYSIS

Freud argued that dreams were the “royal road to the unconscious.” By using dream analysis, a therapist could take notes on the **manifest content** (the dream itself) and then interpret the **latent content** (the hidden, underlying symbolic meaning of the dream). By using what Freud knew about the symbolism of dreams, a therapist can determine some of the potential causes of anxiety.

TRANSFERENCE

Freud discovered that some of his patients developed strong feelings about him—some of love, some of hate—but after contemplation he realized that these patients were experiencing strong emotions for their loved ones and temporarily transferring those to their therapist. Freud had the great insight that this transference was an unconscious process—and, indeed, a way that he could illuminate this issue and help the patients see the unresolved conflicts with people they were close to.

HYPNOSIS

Freud practiced hypnosis early in his career. He believed that hypnosis would ease the grip that repression had on the unconscious and allow some of those issues to percolate to consciousness. He later argued, however, that it was far less effective than he once believed.

FREE ASSOCIATION

Free association was Freud’s preferred method of therapy. With free association, a person says the first thing that comes to mind when a therapist says something. If a person does this fast enough, according to Freud, the first thing he says can be a “glimpse” into the unconscious. By getting such a glimpse, the therapist can determine the causes of the anxiety.

DRUGS

Freud also believed that a variety of drugs (including cocaine) could be used to alleviate anxiety.

It is interesting to note that Freud did not spend much of the therapeutic situation practicing these techniques but, rather, collecting detailed histories of his clients. He believed that small details of one’s childhood could be critical in explaining how the anxiety had developed.

After years of intensive therapy and after much of the unconscious has been laid bare through the treatment, the client is presumably “cured.”

Other forms of psychoanalysis also focused on determining the cause of anxiety in the unconscious but used different techniques. The underlying assumption is that therapy should uncover the issues in the unconscious that are the root of anxiety.

COGNITIVE THERAPY

Cognitive therapies assume that people suffer from problems when their beliefs about the world are disconnected from reality itself. One feels anxiety because the perspective that one brings to the world is inconsistent and, typically, much worse than reality. People who see a cognitive therapist will describe their perspective on reality, to which the therapist responds by helping them see reality more clearly. In the technique called **cognitive restructuring**, the therapist helps the client restructure his thoughts to make them more consistent with reality.

Cognitive therapies have been used with a variety of disorders, but the most common disorder they help is **depression**. **Aaron Beck** (among others) pioneered the use of cognitive therapy with depression when he learned that depressed people tend to catastrophize issues in their lives. That is, they tend to view their issues as being worse than they are. Cognitive restructuring helps these individuals realize that life situations are not as severe as they perceive. With that understanding, they can deal more effectively with their depression.

HUMANISTIC THERAPY

The most well-known humanistic therapy is the approach championed by **Carl Rogers**. According to Rogers, and humanistic theory in general, people are **inherently good** and **strive to reach their potential**. Therapy is designed to help people understand the essential human characteristics and help them work toward achieving their potential.

Essentially, the philosophy of humanistic therapy is to **provide a sounding board for people to voice opinions and thoughts**. The therapist gives the client **unconditional positive regard**. By doing this, he helps the client understand conditions of worth, which in turn helps her understand how to deal better with situations in life.

Much of this therapeutic approach is reflective toward the person; all that might be required is for a person to hear an objective opinion. Humanistic psychologists do this by parroting back to the client what she says. This technique is known as **active listening** and is an important part of the humanistic approach, because it helps people feel that someone is listening to them and that their concerns are being validated. Humanistic psychologists often view those whom they work with not as patients but as clients, so the term often used for this approach is **client-centered therapy**.

BEHAVIORAL THERAPY

The behavioral approach to therapy assumes that **psychological disorders are really behavior disorders**. To treat the “disorder,” we need only treat the behavior. The techniques that modify human behavior are appropriate to dealing with the disorders. Essentially, the goal of

behavioral therapy is to create an **environmental context** that is in conflict with the behaviors demonstrated by the person with the disorder. When that occurs, we are able to alter the behavior because the reinforcement is stronger for the alternative behavior choice than it is for the disordered behavior.

The best example for a behavior therapy is called **systematic desensitization**. This technique was developed by Joseph Wolpe and is most effective in dealing with **phobias**. The technique borrows from the **progressive relaxation** literature. First, a client is taught how to relax. This is more than just relaxing the way one might do while watching a baseball game—it is a systematic approach to relaxation.

In progressive relaxation, a person is taught to relax each body part in sequence. The relaxation is made observable to the client by using biofeedback (a technique that allows one to see a measure of heart rate, breathing rate, etc.). Finally, in very small steps, the phobia-causing stimulus is introduced. When the client feels anxiety, she is told to practice relaxation. In such a way, and in small steps, the client can learn to relax in the presence of the phobia-causing stimulus.

Behavioral approaches have been shown to be very effective treatments for a wide variety of disorders.