

# Humanistic vs. Psychoanalytic Therapy

	Humanistic psychotherapy	Psychoanalytic psychotherapy
Goal	Promote growth	Cure mental illness
How to improve	Take responsibility for feelings and actions	Bring unconscious conflicts into conscious awareness
Role of therapist	Provide an environment in which growth can occur	Provide interpretations (e.g. of dreams, resistance and transference)
Content of therapy	Conscious feelings, actual self and ideal self	Unconscious conflicts
Time focus	The present and future	The past

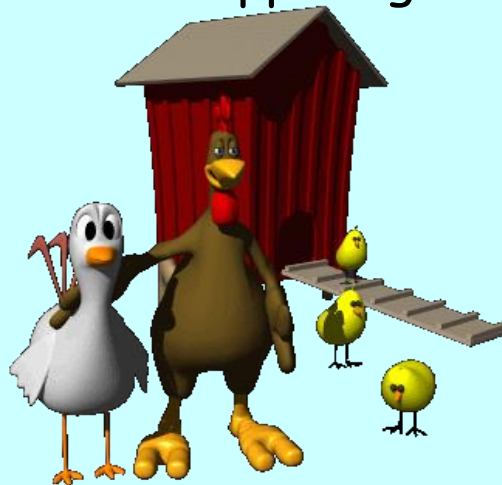


# Group Therapies

(Emerged from humanistic movement)



- Provides a social atmosphere that is similar to the real world
- Groups are cost effective
- Groups provide commonality (e.g. "I'm not the only one with this problem")
- Making a public statement about target behavior means one is more likely to follow through.
- Feedback / diversity of perspectives
- Normally consists of 6-9 people attending a 90-minute session
- Often focus on stigmatized or hard-to-discuss illnesses.
- AIDS, Anorexia and alcoholism are two conditions which often lead to support groups.



Not everyone can be in a group (e.g., issues, interpersonal skills)

Confidentiality more difficult to maintain

Harder to build trust and safety

Group leaders have less control / not always properly trained

Not enough time to deal with each person thoroughly

There are concerns with conformity and peer pressure

# Other Therapies

**Family therapy** treats the family as a system.

Therapy guides family members toward positive relationships and improved communication.

**Community psychology** is a relatively new specialty area concerned with how individuals relate to society.

Two main areas of focus:

1. How people can become more active contributors in their communities?
2. How community issues can impact the health and wellness of individuals?

**Self-Help Groups** are led by group members instead of a therapist, and focus more on support rather than working on goals during the session. They can be much larger than group therapy, with less interaction.

# Commonalities Among Psychotherapies

Three commonalities shared by all forms of psychotherapies are the following:

1. A hope for demoralized people.

**"therapeutic alliance"** - The emotional bond between therapist and client

2. A new perspective.

3. An empathic, trusting and caring relationship.



# Behavior Therapies

- Therapy that applies learning principles to the elimination of unwanted behaviors.



- The behaviors are the problems- so we must change the behaviors.

# Classical Conditioning Techniques

## Counterconditioning:

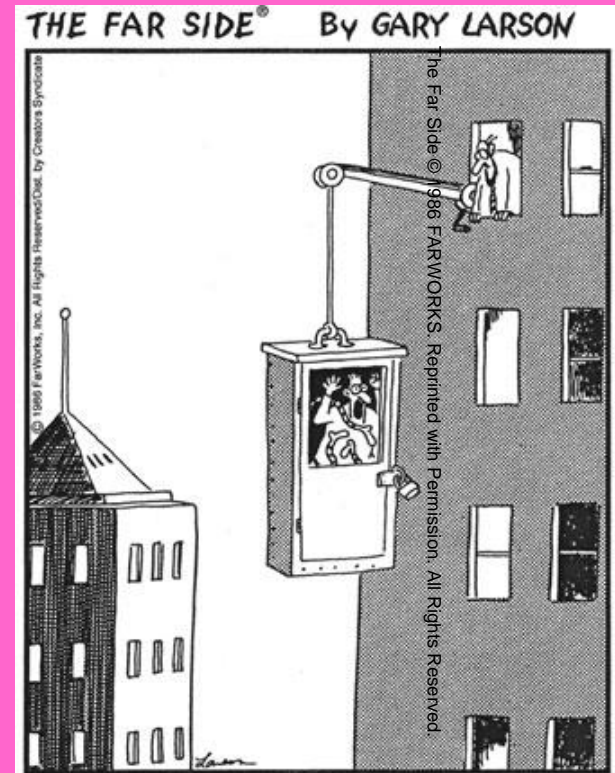
*Mary Cover Jones*

- A behavioral therapy that conditions new responses to stimuli that initially trigger unwanted behaviors.

Based on classical conditioning and includes **exposure therapy** and **aversive conditioning**.

# Exposure Therapy

- Used to treat phobias
- Expose patients to things they fear and avoid. Through repeated exposures, anxiety lessens because they habituate to the things feared.

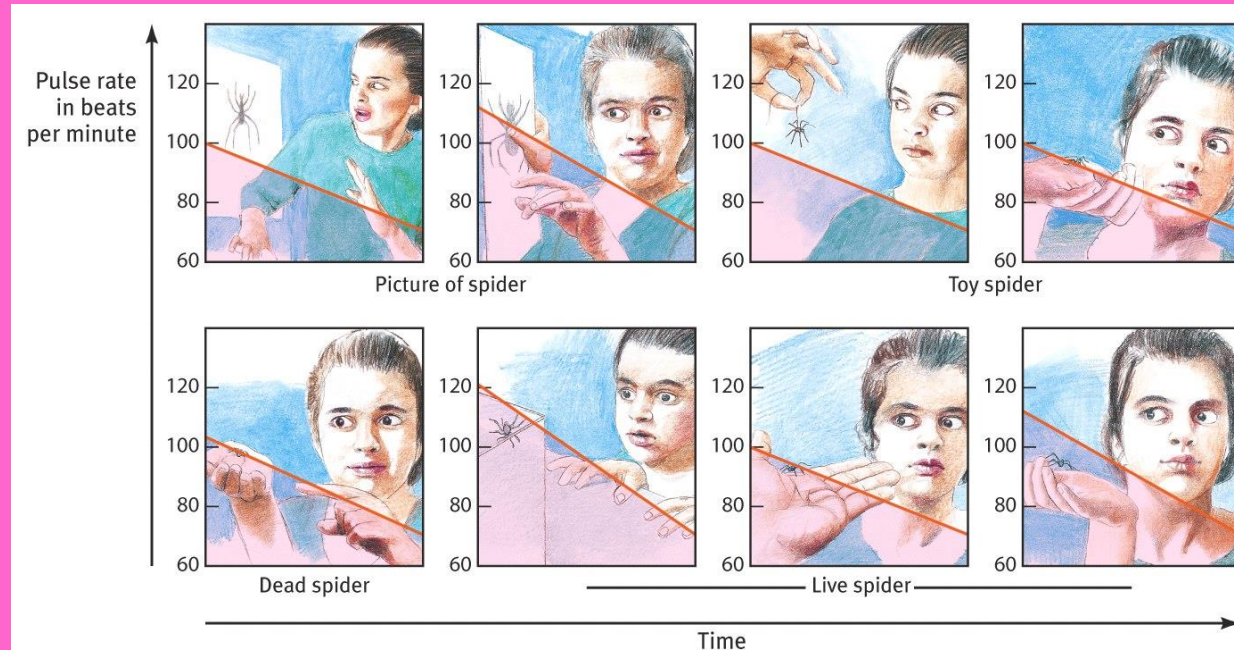


Professor Gallagher and his controversial technique of simultaneously confronting the fear of heights, snakes, and the dark.

# Systematic Desensitization (Wolpe)

- A type of counterconditioning that associates (step 1) a pleasant relaxed state with (step 2) gradually increasing anxiety-triggering stimuli.

Progressive  
exposure is  
key





# Exposure Therapy - (Flooding)

*Thomas Stampfl*

- Uses in vivo exposure (actual exposure to feared stimulus.)
- Patient confronted with a situation in which the stimulus that provoked the original trauma is present.
- Therapist usually offers very little assistance or reassurance other than to help the patient to use relaxation techniques in order to calm themselves.

Step 1: Build a hierarchy of the anxiety-arousing stimuli including the degree of fear experienced from 5 to 100

The client lists all anxiety arousing stimuli for example-

1. Looking at a spider.
2. Holding a spider in hands.

Step 2: Train the client in deep muscle relaxation

Relaxation techniques taught to client

Step 3: Client works through hierarchy while using relaxation techniques

Talks about anxiety of spiders and practices relaxation techniques

Step 4: (used in some cases) Client confronts real fear

Client is presented with a real spider and holds it in his/her hands

Figure 3: Systematic Desensitization





Pit Bull guy

ANIMAL  
PLANET

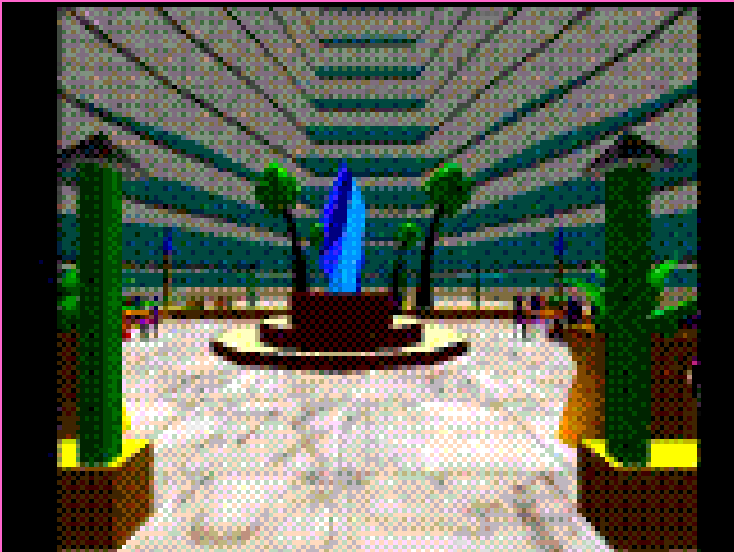


# Systematic Desensitization

How would I use systematic desensitization to reduce my fear of clowns?



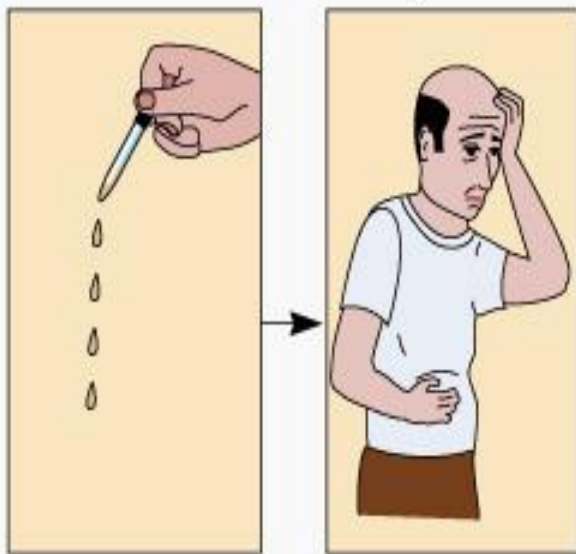
# Virtual Technology Exposure Therapy



# Aversive Conditioning (Aversion training)

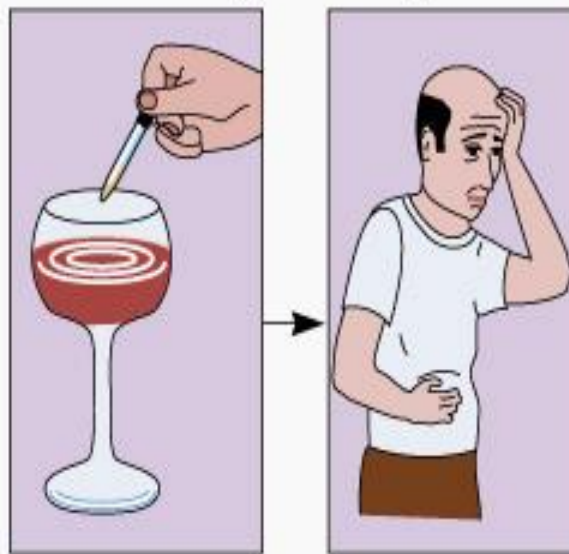
- A type of counterconditioning that associates an unpleasant state with an unwanted behavior.

Before Conditioning



UCS  
(nausea producing  
drug) → UCR  
(nausea)

During Conditioning



UCS (drug)  
+  
Neutral Stimulus  
(alcoholic drink) → UCR  
(nausea)

After Conditioning



CS  
(alcoholic drink  
without drug) → CR  
(nausea)

Aversion Therapy gone  
horribly, horribly wrong...



# Aversive Conditioning

What are some ways you can change the behaviors of your friends with aversive conditioning?

# Behavioral Therapy

Useful in treating:

Depression

ADHD

Anxiety (Phobias/OCD)

Obesity

Insomnia

Chronic fatigue

## Criticisms:

- Dehumanizing - techniques are sterile, standardized, and mechanistic.
- Lack the promotion of internal growth
- Lack of one specific theory to guide therapists in treatment.



# Classical Conditioning in Therapy - Homework

- Explain the contributions of Mary Cover Jones, and explain how Joseph Wolpe expanded and adapted her work for therapeutic benefit.

# Operant Conditioning

- Operant Conditioning Techniques Used to **INCREASE Adaptive Behaviors**:
- **Shaping**--successive approximations of target behavior are rewarded (includes role-playing, behavior rehearsal, assertiveness training)



# Operant Conditioning

**Token Economy:** an operant conditioning procedure that rewards a desired behavior.



A patient exchanges a token of some sort, earned for exhibiting the desired behavior, for various privileges or treats.

# Criticisms of operant conditioning for behavior modification

- What happens when the reinforcers stop? (overjustification effect)
- Is it right for one person to control another person's behavior?



search ID: shr0927

© Original Artist  
Reproduction rights obtainable from  
[www.CartoonStock.com](http://www.CartoonStock.com)



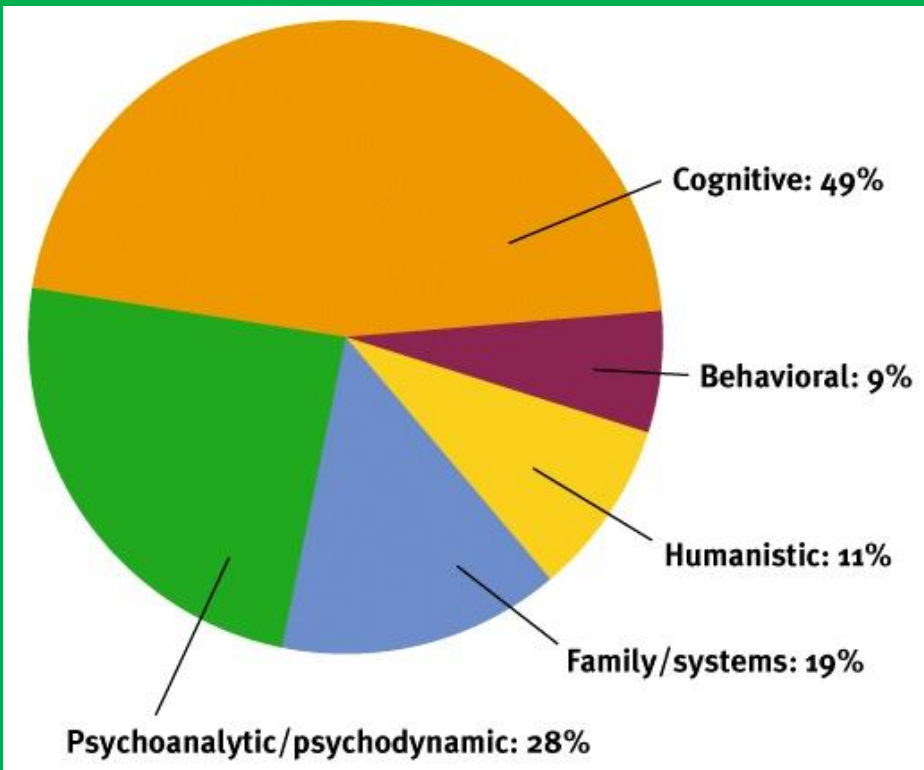
# Cognitive Therapy

(CBT - Cognitive Behavioral Therapy)

Key figures:

Albert Ellis

Aaron Beck



Behaviorism focused on observable behavior (J.B. Watson, B.F. Skinner)

- Albert Bandura re-opened the door to cognitions with modeling
- The Cognitive Revolution in therapy - 1960s
- Core assumption: *Conscious thoughts* are most influential to our psychological well-being
- Goal: Change unhealthy thought patterns to new, more constructive ways of thinking

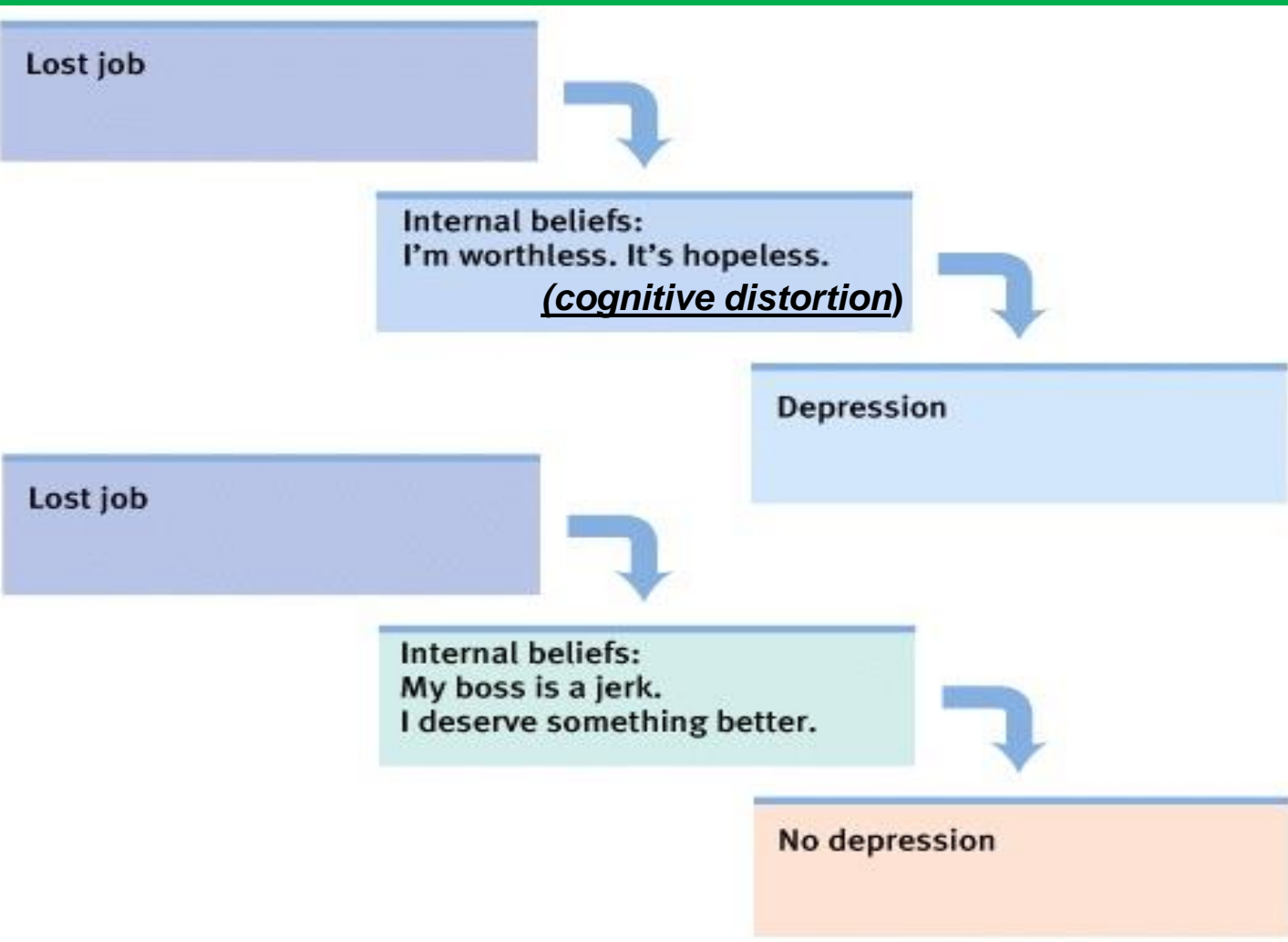
# Cognitive Therapy



- Cognitive Therapy: focuses on faulty thinking and beliefs
  - Improvement comes from insight into negative **self-talk** (unrealistic things a person has been telling himself or herself)
  - **Cognitive Restructuring** (process of changing destructive thoughts or inappropriate interpretations)

# Cognitive Therapy

Through *Functional analysis* the therapist might help the client identify her automatic negative thought patterns.



In the cognitive perspective, the cause of depression are not bad events, but *our thoughts about those events.*