Discovering Psychology: Updated Edition

22 Psychotherapy

1 01:28:50:00  >> ZIMBARDO: When mental illness strikes, how should it be treated -- as a biologically based disease that needs medical treatment?

2 01:29:06:13  Or as a psychological disorder that demands changes in thoughts and behavior?

3 01:29:12:29  "Psychotherapy," this time on Discovering Psychology.

4 01:29:47:22  >> ZIMBARDO: When our car breaks down, we take it to a mechanic.

5 01:30:00:21  But what happens when we break down -- when our behavior becomes erratic or self-defeating and our thoughts and emotions become disordered and painful?

6 01:30:00:20  Whom do we turn to then?

7 01:30:03:11  We might talk to a friend or a relative, a teacher, or family physician.

8 01:30:09:11  But if our problems continue to worsen, it's time to seek professional help.

9 01:30:14:24  >> Have you seen your parents recently?

10 01:30:17:07  >> I'm at that age where I'm beyond wanting to see them a great deal of the time.

11 01:30:24:11  >> ZIMBARDO: Professional treatment for mental illness is available from a wide range of health specialists: clinical psychologists, psychiatrists, psychological counselors, and psychiatrically-trained social workers.

12 01:30:39:06  In fact, the vast majority of professionals working in the field of psychology are practicing therapists.

13 01:30:46:10  But mental problems, like physical illnesses, vary greatly in kind and severity.

14 01:30:53:04  They may be limited to a fear of heights, or they may completely disrupt an individual's functioning.
There are almost as many varieties of therapies as there are mental disorders -- over 250.

We can start by dividing therapies into two major groups: the biomedical approach and the psychological approach.

Biomedical therapy focuses on changing some aspect of our physical functioning.

This approach is based on a premise that certain mental disorders are diseases, and that treatment must be biologically-based to reverse or eradicate them.

Sophisticated imaging techniques like this CAT scan are often used to pinpoint the problem.

Biomedical therapists are psychiatrists, neurobiologists, and others who specialize in isolating and identifying specific disease states that are assumed to underlie depression, schizophrenia, and other mental disorders.

Because the ecology of the mind is held in such a delicate balance, it can be upset by biochemical events.

Mental disorders are assumed to be the observable end products of these disturbances.

One of the most radical treatments in the biomedical approach has been psychosurgery.

The best-known form of psychosurgery is the prefrontal lobotomy, cutting the nerve fibers that connect the brain's frontal lobes with its thalamus.

The typical candidate for a lobotomy was an agitated schizophrenic, or someone with extreme compulsions and intense anxiety.

The operation eliminated these symptoms by, in effect, disconnecting the individual from traumas of the past and anxieties about the future.

>> Can you tell me a little something about yourself?

You are 19 years old.

>> That's right.
And you are in the first year of college.

That's right.

Catholic Sisters College.

Speak up a bit.

Catholic Sisters College.

The other place is Peabody University in Baltimore.

Now you would have got sick about when?

Do you remember?

When did I get sick?

About sometime in June.

And what happened to you after you went to the hospital?

Do you know?

Uh-huh.

What was it that happened to you?

I was fighting in a war.

What sort of war was it?

First of all it was the Christian war.

ZIMBARDO: But the operation also took away the ability to remember clearly and plan ahead.

Emotional flatness, childlike emotions, and a lack of concern for the opinions of others replaced earlier symptoms of guilt, anger, and anxiety.

Because the cure was often worse than the illness, its use is now restricted to only the most extreme cases where no other treatment has helped.

Another controversial biomedical treatment is electroconvulsive therapy, or ECT.

"Shock therapy," as it's known, has been hailed for its
effectiveness as the most powerful antidepressant treatment available for patients who can't tolerate medication, although misuse of ECT has been criticized for causing memory loss in some patients.

52 01:34:20:22 As effective as shock therapy can be, it can only help a limited number of people.

53 01:34:27:02 The real revolution in biomedical therapy, the treatment that has reached the greatest number of people, has been the use of drugs to treat mental and behavioral disorders.

54 01:34:37:08 When I was a graduate student back in the 1950s, before the advent of drug therapy, I visited a mental hospital for the first time.

55 01:34:45:24 It was a horrible sight.

56 01:34:47:15 Patients screamed constantly.

57 01:34:49:27 They exhibited themselves.

58 01:34:51:13 They exploded in violent rages.

59 01:34:53:23 They smeared excrement on the walls.

60 01:34:56:17 Some withdrew into zombie-like states, while others had to be put in straitjackets to keep them from hurting themselves or other patients.

61 01:35:05:03 But all that changed in the mid-1950s with the advent of tranquilizing drugs.

62 01:35:15:00 >> I hear voices.

63 01:35:17:27 >> ZIMBARDO: Chlorpromazine was the first miracle drug that worked on many of the symptoms found in schizophrenic patients: delusions, hallucinations, social withdrawal, and agitation.

64 01:35:30:00 Another antipsychotic drug, lithium, regulates the extreme mood swings of manic-depressive disorders, while anti-anxiety drugs relax and tranquilize patients.

65 01:35:41:15 Drug therapies not only suppress the symptoms of mental disorders and bring relief from suffering, but also make it possible to use psychotherapy with patients who previously could not be reached.
The danger with drug therapy, however, is that overworked hospital staffs may merely tranquilize their patients and leave it at that.

Or that individuals may overmedicate themselves to cope with everyday life.

Valium, the nation's most popular tranquilizer, is also addictive.

It's taken every day by over eight million Americans, many of whom have given up on trying to deal with the sources of their stress.

If chemotherapy was the last great revolution of biomedical therapy, genetics may be the next one.

Evidence that some mental disorders are inherited has already led to genetic counseling, in which families at risk are counseled about the probability of passing on defective genes.

>> Now, I understand that Steven has seven children?

Seven.

No, eight.

He left Joshua out.

>> Where does Joshua go?

>> He goes between...

>> ZIMBARDO: Chronic schizophrenia, some kinds of mental retardation and depression, and Alzheimer's disease are all disorders to which genetic factors contribute.

Recently, a team of researchers identified the actual gene on chromosome number 11 which, when defective, accounts for one type of depression.

The research was carried out among families in the Amish community in Pennsylvania.

But the results were complicated by the fact that at least half of those with the defective gene did not have the disorder.

It's an example of "biological biasing," in which people who
are genetically primed for a disorder are much more likely to get it than the general population, but only if they're also under prolonged or intense psychological stress.

83 01:37:40:11 We've seen how the biomedical approach to mental illness works.

84 01:37:44:24 But what about the psychological approach -- the one we're most familiar with?

85 01:37:48:26 How would a psychotherapist deal with a problem such as depression?

86 01:37:53:09 Well, that depends on what kind of therapy they practice.

87 01:37:56:09 Remember, there are over 250 varieties.

88 01:37:59:24 But we can start to simplify things a bit by dividing psychotherapies into four major types.

89 01:38:07:12 The first type is called psychodynamic or psychoanalytic therapy, which sees all behavior as driven or motivated by powerful inner forces.

90 01:38:17:02 The sources of mental illness are found in early-life traumas, conflict, frustrations, deprivations, and unresolved tensions.

91 01:38:25:12 >> ...time anymore to get anything done.

92 01:38:29:05 I used to sew a lot, and I just never get to the sewing machine anymore.

93 01:38:35:20 I don't know if the hours are shorter, or what's happened.

94 01:38:38:26 >> ZIMBARDO: Psychodynamic therapists seek to help patients recognize these hidden motivations and to institute ways of changing them.

95 01:38:50:06 Hans Strupp of Vanderbilt University is a leading authority on psychodynamic therapy.

96 01:38:57:21 >> The key ingredients of psychotherapy are a patient who can work in therapy, a therapist who can work with this patient, and a relationship between the two that makes it possible for the two to work together over a period of time.

97 01:39:14:13 The patient must be motivated to work in therapy.

98 01:39:17:26 That means they must be willing to come, they must be
willing to invest of themselves, they must be willing to put forth some work.

99 01:39:26:01 And that's very different from a patient in any other kind of treatment.

100 01:39:29:26 We expect the patient to play an active part.

101 01:39:33:22 The therapist must be a good listener, above all, and that means to try to immerse himself or herself in the inner world of the patient to try to understand what gives them difficulties and where they're hurting.

102 01:39:54:16 Psychotherapy is basically a human relationship.

103 01:39:57:17 It is not a treatment in the medical sense, or in the way treatment is ordinarily understood, where somebody administers a treatment to somebody.

104 01:40:09:25 But it is a relationship in which the two work together, and the result of which, we hope, results in an improvement in the patient's mental health.

105 01:40:25:12 >> ZIMBARDO: It was Sigmund Freud who developed the psychodynamic perspective around the turn of the century in Vienna.

106 01:40:33:29 >> He's paying attention to me and I want him...

107 01:40:36:20 >> ZIMBARDO: In classic Freudian psychoanalysis, the adult's current problem must be explored among the symbols of the past.

108 01:40:43:09 What makes this search particularly difficult for both patient and therapist is that in Freud's view, much of the contents of the human mind are unconscious thoughts that cannot be easily brought to the surface or verbalized because they are too threatening to self-esteem.

109 01:40:58:02 >> It's almost like I want to tell you what I'm feeling, but am afraid to.

110 01:41:03:26 >> Afraid?

111 01:41:07:08 >> Afraid because I'm not sure how you're going to react to it, and afraid that maybe you won't be with me either, the way that my parents weren't.
The central task of the psychoanalyst, then, is to discover the unconscious motives that are driving the neurotic symptoms and then carefully guide the patient to develop insights into the connections between those symptoms and the root causes that are buried in early childhood.

In addition, emphasis is focused on the development of the ego.

I felt unloved.

I felt left out.

I felt...

Did you really feel unloved?

Yeah, I guess it's....it feels funny that you should ask me that, because I feel...

One of the basic techniques of psychoanalysis is free association, in which patients talk about anything that comes to mind, thus reflecting their unconscious thoughts.

Other techniques include analysis of patients' resistance and defenses, and analysis of their dreams.

I was in a very large room in some house somewhere.

I don't know where it was.

Huge room with very high ceilings.

I was sort of leaning up against a wall in the shadows, and you were there.

You were in the middle of the room, and you were holding a very, very small baby.

After listening to and talking with the patient anywhere from three to five times a week for at least a year, and usually more, the therapist interprets the material that's been gathered and begins to help the patient gain insight into the origins of his or her present anxieties, tensions, and feelings of guilt.
Over the years, psychoanalysts have modified some of Freud's techniques, as well as his emphasis on infantile sexuality and aggressive fantasies.

But the analyst's ambitious goals remain the same: changing the patient's personality structure and not just his or her symptoms.

And that takes time and money, and requires patients who are highly verbal.

So psychoanalysis only reaches a tiny minority of those with mental disorders.

But there's another brand of this therapy which takes much less time.

By and large what you'll find is an amalgam of rather short-term therapy that may last six, ten, 15 hours, and a form of psychotherapy that is built on psychoanalytic ideas and principles, but which may last months, weeks.

It may be intensive or less intensive.

But the bulk of therapists today, mainly psychiatrists and clinical psychologists, practice this intermediate form of therapy which is neither short nor is it formal psychoanalysis, which, as I mentioned, is just about dying out.

What I'd like you to do is I'd like you to begin to relax.

And that's done by concentrating on one thing.

But what if we forget Freud's notion of excavating the past, forget about unconscious processes or character?

What if we stop worrying about the underlying causes and instead concentrate on the symptoms?

For behavior therapists, the goal is to modify problem behaviors by applying the principles of conditioning and reinforcement.

In other words, change the symptoms, the behavior, and the client will function more effectively.

In this example, a therapist uses fear reduction strategy to
help a young boy overcome his intense fear of dentists.

I'm going to hold that in my hand and I'd like you to relax now.

I'm going to hold it in three positions around your face.

May I do that?

Okay.

>> In your bedroom?

Nana.

>> ZIMBARDO: Some behaviors can be changed by teaching people opposing reactions, such as learning how to relax during a tense situation.

Other times, patients can be taught entirely new behaviors and skills.

Here therapists train a girl to control her epileptic seizures.

>> ...in your head and boom, you fall down.

Oh, you forgot to tense.

Karen, tell me, does...

>> ZIMBARDO: Behavior modification therapies, as they're called, use a variety of strategies both to extinguish behaviors that are nonproductive or upsetting, and to find sources of reinforcement in the client's current life that can increase more desirable behaviors.

In this case, the reward, or reinforcement, is a pen.

>> Was that good?

>> That was a good one.

That was a real good one.

You kept your eyes closed.

>> ZIMBARDO: But what if the problem isn't so much our behavior but how we think and what we think?
What if we get into trouble because of our tendency to vividly imagine worst-case scenarios in whatever we do, anticipating failure and humiliation, which then triggers intense anxiety?

Or maybe we give negative interpretations of everything we do, our attitudes, beliefs, and cognitive biases, setting up irrational and self-defeating expectations about how the world works and our place in it?

What do we do then?

The imagery...

If that's our problem, we might want to consider cognitive therapy, first developed in the 1960s by psychologists such as Albert Ellis.

Cognitive therapists teach their clients how to recognize and change unreasonable attitudes, false beliefs, and expectations of failure.

Ellis calls his form of cognitive therapy rational-emotive therapy, or RET.

He described it this way in a television interview.

A common technique of RET, rational-emotive therapy, because I want to play the devil's advocate in a sense, and show that even if the client, the subject, is 100 percent correct about the inequities and injustices of the world that are being foisted upon him, which he usually claims, he still doesn't have a good reason to get upset, to upset himself, and he still can be shown how to handle that.

Now sometimes in the course of this, it's shown that he really isn't directly presenting it, and we get onto why it occurred and other aspects.

But that's very common in both children and adults, to deliberately at first assume you are correct about the description.

Now even so, why do you have to upset yourself, and what are you doing to do so, and what could you do about not upsetting yourself if this bad situation, this noxious stimulus, occurs again?
>> So your feeling is that if you had...

>> ZIMBARDO: In the late 1960s, one of Ellis's actual therapy sessions was filmed.

>> I have a lot of hang-ups about dating.

I'm afraid of getting involved with someone, because I'm afraid I'm going to hurt them.

>> Right.

There we go again, you see?

But let's suppose that happens.

You date somebody and you see him a few times and then you decide, "He's not for me."

And he feels very hurt.

Now, you created the rejection.

You rejected him.

And you created the deprivation, the frustration, because he can't have you.

But did you really hurt him?

>> I don't know.

>> The answer is no, because again...

>> I know the answer is no, but I don't know...

>> I'll show you why, because again he's saying to himself when he feels what I call (C), consequence, the hurt after (A), the activating event.

You rejected him at (A), and at (C) he feels hurt.

Now he says "You hurt me."

But that's magic, that's voodoo.

You can't hurt him except physically -- you could hit him, as I said before -- because at (B), his belief system, he's telling himself first, again, "I don't like being rejected."
This is a pain in the neck.
How unfortunate," people tell themselves.
And he's right.
He doesn't like it.
It is a pain in the neck.
It is unfortunate.
He wants you.
He can't have you.
And if he stuck to that rational belief at (B), he would feel sorry or regretful or frustrated.
But he also has an irrational belief.
Can you guess what that is that leads to the hurt?
>> That it's my fault.
>> That he did something horrible to get rejected and he's no good.
That he'll never be able to get a girl like you again.
>> ZIMBARDO: Another alternative perspective is provided by humanistic therapists such as Rollo May, who focuses on the normal person seeking greater fulfillment.
>> I want to help people be...
help people exercise their human power, love, aims, potentialities.
And humanism to me is the great tradition, say, that began in the Renaissance and which we affirmed all of the potentialities of our fellow human beings.
Well, the role of the therapist is that he's the only profession in my day, in our day, who is devoted specifically and wholly to the helping of the person achieve these things.
Helping a person discover his own being and his own potentialities and then to live on that basis.
Now ministers used to do it, but they have a stake in their religious side, which I do not disagree with, but that's something different from psychotherapy.

Doctors used to do it, but doctors have become, with new inventions, so concerned with the techniques that they also have a great danger of missing the person.

Humanist therapies emphasize the psychological growth of the total person in her or his social context.

So it's not surprising that the traditional concept of one-on-one treatment has now been expanded to include therapy for families, for couples, and for groups.

I never really got to confront her on some of the things she had said about me, about the family, about my mother, so that was hard.

Does anybody else have any experience with that or like that, or thoughts, feelings about...

Well, I feel like when I go back to, like on the holidays, I always get torn between, "Well, this one's doing that.

My other sister's here.

And do I want to get involved?" But how do we know which kinds of treatment are best for which problems?

Clinical psychologist Enrico Jones of the University of California at Berkeley has been investigating this issue.

Now, for example, there are studies being done to see what kind of treatment might be most effective for depression.

Would it be psychodynamic, that is, sort of therapy based on Freudian principles?

Or cognitive behavioral therapy, that derives from another kind of theoretical system?

Or do drug treatments work most effectively with depressive disorders?
And it's this kind of matching of treatment type to a particular disorder that I think is going to move the field ahead.

And this is a very complex area of research, because even when you isolate a particular problem like depression, it turns out that there are many kinds of depression.

And so it's not one disorder, say, like measles.

I'd say there may be a dozen kinds of depression.

And also depression isn't something that the person has as, say, a particular kind of illness.

You might say it's carried within the person's personality, or within their character, so that the treatment for depression for one person may look quite different from the effective treatment of depression with another.

So it depends on the person as well as the disorder that they're suffering from.

>> ZIMBARDO: Most of the therapists we've seen here today, whatever their perspectives or techniques, have something in common: they wait for mental problems to occur and then treat them.

But the new direction in mental health care is preventing mental illness before it occurs.

To this end, many practitioners are adopting a public health model in which the source of the problem is seen in the social and physical environment.

For a new breed of specialists called "health psychologists," finding ways of changing the physical and social environment can be the key to help prevent or minimize mental illness.

In our next program, we'll take a look at their new and extremely important area of psychology known as health psychology, yours and mine.

I'm Philip Zimbardo.

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