INSIGHT THERAPY

**Psychoanalysis/Psychodynamic Therapies**

- The therapist works to bring **unconscious** **conflicts** (may date back to early childhood experiences) into the conscious mind

- The goal is that the patient will come to **understand** the reasons for his/her behavior

5 Techniques (from Freud):

1. **Free association**: The patient is instructed to **talk** about whatever comes to mind. Let your mind wonder, without attempting to control or monitor the direction of your thinking. For the most part the therapist just listens during this time, but may make a few comments to keep the patient going, or give some suggestions for motivation. Freud believed the first **uncensored** thing to come to your mind was often an important clue to the **unconscious**
2. **Dream Analysis**: Remember we talked about the **surface/manifest** content vs. the **latent** content of your dreams. The therapist interprets the dreams meaning to uncover the unconscious thoughts, desires, feelings, etc.
3. **Analyzing Resistance**: **resistance** = a person’s inability or unwillingness to discuss or reveal certain motives or experiences. When talking about a painful childhood memory they might “**forget**” where they were, or completely **change the subject**. It is the therapist job to identify this and help the patient deal with the painful or embarrassing feelings
4. **Analyzing Transference**: **transference** = patient may displace unconscious feelings about a significant other (parent, lover) onto the therapist. The therapist uses this as a **safe** way to help the patient “**relive**” painful past relationships to work through conflict and move on to a healthier relationship.
5. **Interpretation**: The therapist explanation of the free association, dreams, resistance, and transference. Helping the patient look at his/her problems in a new way

**Problems/Concerns**:

- time consuming and expensive: several years, 4-5 days a week

- works best with minor problems (mild anxiety)

**Psychodynamic approach:**

- more streamline: 1-2 times a week for a few weeks or months rather than years

-therapist is more directive (help give some suggestions about topics and less waiting for patient to get to something)

- still focused on early childhood and unconscious, but also on current problems and conscious thought

**Cognitive Therapies**

- faulty thought processes and beliefs create problem behavior and emotions.

- focus on the way people think (irrational, uninformed beliefs affect our behavior)

- to improve our lives we need to change the way we think

-insight comes from exploring the unexamined belief system

-**Self-Talk**: what you tell yourself…change the self-talk to change the behavior and feelings (a.k.a. cognitive restructuring)

-**Cognitive Restructuring** = process of changing destructive thoughts or inappropriate interpretations

**Example**: “I am a failure if I don’t do everything perfectly” = feeling depressed/overwhelmed…

**Change to**: “I can accept my limits” or I can constructively change my behavior”

Albert Ellis: Rational-Emotive Therapy (RET, REBT, CBT)

\*\*\*also called rational-emotive behavior therapy or cognitive behavior therapy\*\*\*

4 step process to deal with maladaptive thinking

**A = Activating Event**

- what happened, some stimulus

**B = Belief System (Irrational Beliefs)**

- person’s INTERPRETATION of the event

**C= Consequence** (emotional and behavioral)

-How the person feels, what they do

**D= Disputing**

- challenging of erroneous beliefs

Ellis believed that unless we consciously stop to think about our interpretation of the event we will go from A to C, skip B

A= low exam grade

B= I’ll never get through college ---- this is why you are depressed, not A

C= I’m depressed

D = I can do well, I just need to study harder

He believed part of our problem often with B is too many **demands**

- **MUSTS and SHOULDS**

- I *must* get into ….

- She/he *should* love me…

Aaron Beck

Psychological problems are a result of **illogical thinking**, and destructive self-talk

Very effective in the treatment of depression

4 patterns of thought associated with depression

1. **Selective perception**: depressed people tend to focus selectively on negative events while ignoring positive events
2. **Overgeneralization**: based on limited information, depressed people often over generalize and draw negative conclusions about self-worth. Believing you are worthless because you did not get a promotion…
3. **Magnification**: Depressed people tend to exaggerate the importance of undesirable events or personal shortcomings. They see them as catastrophic and unchangeable
4. **All**-**or-Nothing thinking**: Depressed people tend to see things in black-or-white…everything is either totally good, or bad

The therapist then begins to challenge these thought patterns

Evaluating Cognitive therapies:

- very effective with depression, anxiety, bulimia, anger management, addiction

- tends to minimize past events, oversimplifies thinking

**Humanistic Therapies:**

- great for people with “simple” relationship and self-image problems

- therapy to maximize personal growth

-figure out what is blocking the person form normal growth

Carl Rogers and Client-center therapy:

- use the term client (responsible and competent) instead of patient (sick)

- the therapist is to provide an accepting atmosphere in which the client can discover their own maladaptive behaviors

- this is done by focusing on 4 qualities of communication

1. **Empathy**: do not judge, when the client expresses feeling they are encouraged to explore them further. Use open ended questions such as “You found that upsetting”…rather than questions or offering explanations
2. **Unconditional positive regard**: love and acceptance, avoid making evaluative statements such as “That’s good” and “You did the right thing”, such comments give the idea that the therapist is judging
3. **Genuineness**: authenticity, being aware of one’s inner feelings. The therapist needs to be honest with the client, in order for the client to be honest. If the therapist is pleased or displeased with a client’s progress he/she would feel free to share these feeling
4. **Active Listening**: reflecting, paraphrasing, and clarifying what the clients says and means…shows he/she is interested in what the client is saying

Evaluating Humanistic Therapies:

- what these therapies are helping with “self-actualization” and self-awareness is hard to research…so little evidence to show how effective this really is

**Gestalt Therapy:**

* Developed by Fritz and Laura Perls.
* A version of Humanistic therapy.
* Believe people take information in from the environment, resulting in **their own version of reality.**
* Their version of reality – what they are really aware of – either **promotes or prevents** psychological growth.
* The goal of gestalt therapy is to make people aware of actual reality (environment, feelings, behaviors)
* This may involve the therapist questioning what the client is saying if it does not match the client’s actions.
* Positive growth comes from an accurate, realistic understanding of the environment

**Group, Family, and Marital Therapies:**

Group:

-8- 10 people meet together to work toward therapeutic goals

- usually once a week for 2 hours

- began as a result of a shortage of therapist and a need for a cheaper form, but is now a preferred approach

- therapist uses whatever method he/she desires

**Self-Help Group**

**-** not guided by a professional

-members assist each other with a specific problem (Alcoholics Anonymous)

Advantage of Group therapies

1. less expensive…group of 8 = 1/8 the cost
2. group support…not alone in your feelings
3. insight and information…learn from each others mistakes
4. behavior rehearsal…can role-play skills

Family and Marital:

- the primary aim is to change maladaptive family interaction patterns

- all members attend

-may also see members individually

-great as a part of treatment in drug abuse…all members are affected by the one person abuse