as very kind, and even though he understood more than anyone how much I felt I was losing—in energy, vivacity, and originality—by taking medication, he never was seduced into losing sight of the overall perspective of how costly, damaging, and life-threatening my illness was... Although I went to him to be treated for an illness, he taught me... the total beholddens of brain to mind and mind to brain (pp. 87–88).

"Psychotherapy heals," Jamison reports. "It makes some sense of the confusion, reins in the terrifying thoughts and feelings, returns some control and hope and possibility from it all."

Module 70
Introduction to Therapy, and Psychodynamic and Humanistic Therapies

Module Learning Objectives

70-1 Discuss how psychotherapy, biomedical therapy, and an eclectic approach to therapy differ.

70-2 Discuss the goals and techniques of psychoanalysis, and describe how they have been adapted in psychodynamic therapy.

70-3 Identify the basic themes of humanistic therapy, and describe the specific goals and techniques of Rogers’ client-centered approach.

The long history of efforts to treat psychological disorders has included a bewildering mix of harsh and gentle methods. Well-meaning individuals have cut holes in people’s heads and restrained, bled, or “beat the devil” out of them. But they also have given warm baths and massages and placed people in sunny, serene environments. They have administered drugs and electric shocks. And they have talked with their patients about childhood experiences, current feelings, and maladaptive thoughts and behaviors.

Reformers Philippe Pinel and Dorothea Dix pushed for gentler, more humane treatments and for constructing mental hospitals. Since the 1950s, the introduction of effective drug therapies and community-based treatment programs have emptied most of those hospitals.

Introduction to Therapy

70-1 How do psychotherapy, biomedical therapy, and an eclectic approach to therapy differ?

Today’s therapies can be classified into two main categories. In psychotherapy, a trained therapist uses psychological techniques to assist someone seeking to overcome difficulties or achieve personal growth. Biomedical therapy offers medication or other biological treatments.

Many therapists combine techniques. Jamison received psychotherapy in her meetings with her psychiatrist, and she took medications to control her mood swings. Many psychotherapists describe themselves as taking an eclectic approach, using a blend of therapies. Like Jamison, many patients also can receive psychotherapy combined with medication.

Let’s look first at the psychotherapeutic “talk therapies.” Among the dozens of types of psychotherapy, we will look at the most influential. Each is built on one or more of psychology’s major theories: psychodynamic, humanistic, behavioral, and cognitive. Most of these techniques can be used one-on-one or in groups. We explore psychodynamic and humanistic therapies in this module, and behaviors, cognitive, and group therapies in Module 71.

Psychoanalysis and Psychodynamic Therapy

70-2 What are the goals and techniques of psychoanalysis, and how have they been adapted in psychodynamic therapy?

Sigmund Freud’s psychoanalysis was the first of the psychological therapies. Few clinicians today practice therapy as Freud did, but his work deserves discussion as part of the foundation for treating psychological disorders.

Goals

Psychoanalytic theory presumes that healthier, less anxious living becomes possible when people release the energy they had previously devoted to id-ego-superego conflicts (see Module 35). Freud assumed that we do not fully know ourselves. There are threatening things that we seem to want not to know—that we dismiss or deny. "We can have loving feelings and hateful feelings toward the same person," notes Jonathan Shedler (2009), and "we can desire something and also fear it."

**AP® Exam Tip**

Most of the treatments discussed in this unit come from the perspectives you’ve been learning about since Unit 1. As you read each major section—like the upcoming one on psychoanalytic and psychodynamic therapy—try to anticipate how someone from that perspective would approach therapy (for example, "What would Freud do?"). This should help you organize and retain the information as you read.
Freud's therapy aimed to bring patients' repressed or disguised feelings into conscious awareness. By helping them recall their unconscious thoughts and feelings and giving them insight into the origins of their disorders, he aimed to help them reduce growth-impeding inner conflicts.

**Techniques**

Psychoanalysis is historical reconstruction. Psychoanalytic therapy emphasizes the formative power of childhood experiences and their ability to mold the adult. Thus, it aims to unravel one's past in hope of undermining the present. After discarding hypnosis as an unreliable electrode, Freud turned to free association.

Imagine yourself as a patient using free association. First, you relax, perhaps by lying on a couch. As the psychoanalyst sits out of your line of vision, you say aloud whatever comes to mind. At one moment, you're relating a childhood memory. At another, you're describing a dream or recent experience. It sounds easy, but soon you notice how often you edit your thoughts as you speak. You pause for a second before uttering an embarrassing thought. You ask what seems trivial, irrelevant, or shameful. Sometimes your mind goes blank or you find yourself unable to remember important details. You may joke or change the subject to something less threatening.

To the analyst, these mental blocks indicate resistance. They hint that anxiety lurks and you are defending against sensitive material. The analyst will note your resistance and then provide insight into their meaning. If offered at the right moment, this interpretation—oh, my not wanting to talk about your mother—may illuminate the underlying wishes, feelings, and conflicts you are avoiding. The analyst may also offer an explanation of how this resistance fits with other pieces of your psychological puzzle, including those based on analysis of your dream content.

Over many such sessions, your relationship patterns surface in your interaction with your therapist. You may find yourself experiencing strong positive or negative feelings for your analyst. The analyst may suggest you are transferring feelings, such as dependency or mingled love and anger, to the person outside relationships with family members or other important people. By exposing such feelings, you may gain insight into your current relationships.

Relatively few U.S. therapists now offer traditional psychoanalysis. Much of its underlying theory is not supported by scientific research (Module 56). Analysts' interpretations cannot be proven or disproven. And psychoanalysis takes considerable time and money, often years of several sessions per week. Some of these problems have been addressed in the modern psychodynamic perspective that has evolved from psychoanalysis.

**Psychodynamic Therapy**

Psychodynamic therapy uses psychodynamic technique. These therapists don’t talk much about things, and superego. Instead they try to help people understand their current symptoms. They focus on themes across important relationships, including childhood experiences and the relationship. Rather than laying on a couch, the analyst listens to the patient’s voice, the analysis of the analyst’s voice, and the patient’s voice. Patients meet with the therapist face to face. These meetings take place once or twice a week (rather than several times per week), and often only for a few weeks or months (rather than several years).

In these meetings, patients explore and gain perspective into defended-against thoughts and feelings. Therapist David Shapiro (1999, p. 8) illustrates the case of a young man who had lived two women that he loved, one when knowing well that he didn’t. They expected it, so he said it. But later with his wife, with whom he wished he would say that he loves her, he finds he "cannot" do that—"I don't know why, but I can't."
A client-centered therapy, developed by Carl Rogers, is a humanistic technique that focuses on the person's conscious self-perceptions. Rogers believed that being genuine, acceptance, empathy, and understanding can help clients to develop self-awareness and self-acceptance.

Believing that most people possess the resources for growth, Rogers (1961, 1980) emphasized empathy and unconditional positive regard in therapy. Encouraging therapists to exhibit acceptance, genuineness, and empathy, Rogers helped clients to feel unconditionally accepted, and when they drop their façades and genuinely express their true feelings, they can reflect their clients' feelings, the clients may develop their self-understanding and self-acceptance (Hill & Nakayama, 2000). As Rogers (1980, p. 10) explained:

Understanding has consequences. When I truly hear a person and the meanings that are important to him at that moment, hearing not simply his words, but him, and when I let him know that I have heard his own private personal meanings, many things happen. There is first of all a grateful look. He feels released. He wants to tell me more about his world. He surges forth in a new sense of freedom. He becomes an open process of change.

I have often noticed that the more deeply I hear the meanings of the person, the more there is that happens. Almost always, when a person realizes he has been deeply heard, he eyes moisten. I think there is some real sense he is weeping for joy. It is as though he were saying, "Thank God, somebody heard me. Someone knows what it's like to be me."

"Hearing" refers to a Rogerian technique of active listening—echoing, restating, and seeking clarification of what the person expresses verbally or nonverbally and acknowledging the expressive feelings. Active listening is now an accepted part of therapeutic counseling practices in many high schools, colleges, and clinics. The counselor listens attentively and interrupts not to restate and confirm feelings, to accept what is being expressed, or to seek clarification. The following brief excerpt between Rogers and a male client illustrates how he sought to provide a psychological mirror that would help clients see themselves more clearly.

**Rogers**: Feeling that now, hm? That you're just no good to yourself, no good to anybody. Never will be any good to anybody. Just that you're completely worthless, huh?—Those really are lousy feelings. Just feel that you're no good at all, hm?

**Client**: Yeah. (Muttering in low, discouraged voice) That's what this guy I went to town with just the other day told me.

**Rogers**: This guy that you went to town with really told you that you were no good? Is that what you're saying? Did I get that right?

**Client**: M-hm.

**Rogers**: I guess the meaning of that if I get it right is that here's somebody that—meant something to you and what does he think of you? Why, he's told you that he thinks you're no good at all. And that just really knocks the props out from under you. (Client weeps quietly.) It just brings the tears. (Silence of 20 seconds)

**Client**: (Rather defiantly) I don't care though.

**Rogers**: You tell yourself you don't care at all, but somehow I guess some part of you cares because some part of you weeps over it.

(Meador & Rogers, 1984, p. 167)

If you want to listen more actively in your own relationships, three Rogerian hints may help:

1. **Paraphrase.** Rather than saying "I know how you feel," check your understanding by summarizing the person's words in your own words.

2. **Invite clarification.** "What might be an example of that?" may encourage the person to say more.

3. **Reflect feelings.** "It sounds frustrating" might mirror what you're sensing from the person's body language and intensity.

Before You Move On

- **ASK YOURSELF**
  Think of your closest friends. Do they tend to express more empathy than those you don’t feel as close to? How have your own active listening skills changed as you’ve gotten older?

- **TEST YOURSELF**
  In psychodynamic treatment, what does it mean when we refer to transference, resistance, and interpretation?

Answers to the Test Yourself questions can be found in Appendix E at the end of the book.
Module 70 Review

70-1 How do psychotherapy, biomedical therapy, and an eclectic approach to therapy differ?

- Psychotherapy is treatment involving psychological techniques; it consists of interactions between a trained therapist and someone seeking to overcome psychological difficulties or achieve personal growth.
- The major psychotherapies derive from psychology’s psychodynamic, humanistic, behavioral, and cognitive perspectives.
- Biomedical therapy treats psychological disorders with medications or procedures that act directly on a patient’s physiology.
- An eclectic approach combines techniques from various forms of psychotherapy.

70-2 What are the goals and techniques of psychoanalysis, and how have they been adapted in psychodynamic therapy?

- Through psychoanalysis, Sigmund Freud tried to give people self-insight and relief from their disorders by bringing anxiety-laden feelings and thoughts into conscious awareness.
- Techniques included using free association and interpretation of instances of resistance and transference.
- Contemporary psychodynamic therapy has been influenced by traditional psychoanalysis but is briefer, less expensive, and more focused on helping the client find relief from current symptoms.
- Therapists help clients understand themes that run through past and current relationships.
- Interpersonal therapy is a brief 12- to 16-session form of psychodynamic therapy that has been effective in treating depression.

70-3 What are the basic themes of humanistic therapy, and what are the specific goals and techniques of Rogers’ client-centered approach?

- Both psychoanalytic and humanistic therapies are insight therapies—they attempt to improve functioning by increasing clients’ awareness of motives and defenses.
- Humanistic therapy’s goals have included helping clients grow in self-awareness and self-acceptance, promoting personal growth rather than curing illness; helping clients take responsibility for their own growth; focusing on conscious thoughts rather than unconscious motivations; and seeing the present and future as more important than the past.
- Carl Rogers’ client-centered therapy proposed that therapists’ most important contributions are to function as a psychological mirror through active listening and to provide a growth-fostering environment of unconditional positive regard, characterized by genuineness, acceptance, and empathy.

Practice FAQs

1. Explain what psychoanalysis is, and then discuss the relationship of transference and resistance to the therapy.

Answer

1 point: Psychoanalysis is a Freudian therapy that seeks to get patients to release repressed feelings to gain self-insight.
1 point: Transference is the patient’s transfer of emotion to the analyst.
1 point: Resistance is the blocking of consciousness (by the patient) of anxiety-laden material.

2. Explain what client-centered therapy is, then describe the two major techniques of the therapy.

(3 points)

3. Which of the following is one of the ways humanistic therapies differ from psychoanalytic therapies?
   a. Humanist therapies believe the past is more important than the present and future.
   c. Humanist therapies believe the path to growth is found by uncovering hidden determinants.
   d. Humanist therapies believe that unconscious thoughts are more important than conscious thoughts.
   e. Humanist therapies focus on promoting growth, not curing illness.

4. Which of the following is a feature of client-centered therapy?
   a. Free association
   b. Active listening
   c. Resistance
   d. Freudian interpretation
   e. Medical/biological treatment

Multiple-Choice Questions

1. Many clinical psychologists incorporate a variety of approaches into their therapy. They are said to take an ______ approach.
   a. transferrence
   b. biomedical
   c. psychoanalytic
   d. eclectic
   e. psychodynamic

2. What do psychodynamic therapists call the blocking of anxiety-laden material from the conscious?
   a. Resistance
   b. Interpretation
   c. Transference
   d. Face-to-face therapy
   e. Interpersonal psychotherapy