

## I. Introduction: Psychotherapy and Biomedical Therapy

Two broad forms of therapy are used by mental health professionals to help people with psychological disorders.

1. **Psychotherapy** is the treatment of emotional, behavioral, and interpersonal problems through the use of psychological techniques designed to encourage understanding of problems and modify troubling feelings, behaviors, or relationships.
2. **Biomedical therapies** involve the use of *psychotropic* medications, electroconvulsive therapy, or other medical treatments to treat the symptoms associated with psychological disorders.
3. Until very recently, only licensed physicians, such as psychiatrists, were legally allowed to prescribe the different forms of biomedical therapy; however, the situation is changing, with some states extending prescription privileges to properly trained psychologists, although not all psychologists support this change.
4. (Table 15.1) **Who's Who Among Health Professionals**  
Techniques to help people are used by various professionals, including clinical psychologists, psychiatrists, psychoanalysts, licensed professional counselors, psychiatric social workers, marriage and family therapists, and psychiatric nurses.

## II. Psychoanalytic Therapy

### A. Sigmund Freud and Psychoanalysis

1. **Psychoanalysis** is a type of psychotherapy originated by **Sigmund Freud** in which free association, dream interpretation, and analysis of resistance and transference are used to explore repressed or unconscious impulses, anxieties, and internal conflicts.
2. Sigmund Freud originally developed psychoanalysis in the early 1900s; its assumptions and techniques continue to influence many psychotherapies today.
3. Psychoanalysis uses techniques designed to help unearth *repressed* memories of unresolved conflicts and frustrated urges so that the patient attains *insight* as to the real source of her problems.
  - a. **Free association** is a technique in which the patient spontaneously reports all thoughts, feelings, and mental images as they come to mind, as a way of revealing unconscious thoughts and emotions.

- b. **Resistance** is the patient's unconscious attempts to block the revelation of repressed memories and conflicts.
  - c. **Dream interpretation** is a technique in which the content of dreams is analyzed for disguised or symbolic wishes, meanings, and motivations.
  - d. **Interpretation** is a technique in which the psychoanalyst offers a carefully timed explanation of the unconscious meaning of the patient's behavior, thoughts, feelings, or dreams.
  - e. The psychoanalyst encourages **transference**, the process by which emotions and desires originally associated with a significant person in the patient's life, such as a parent, are unconsciously transferred to the psychoanalyst.
4. All these psychoanalytic techniques are designed to help the patient achieve insight into how past conflicts influence her current behavior and relationships, and then replace maladaptive behavior patterns with adaptive ones.
5. On average, the traditional psychoanalyst sees the patient three times a week or more, often for years.

#### B. Short-Term Dynamic Therapies

1. Many different forms of **short-term dynamic therapies** based on traditional psychoanalytic ideas are now available. These short-term dynamic therapies have several features in common.
- a. Therapeutic contact lasts for no more than a few months.
  - b. The patients' problems are quickly assessed at the beginning of therapy.
  - c. Therapist and patient agree on specific, concrete, and attainable goals.
  - d. In actual sessions, most therapists are more directive than traditional psychoanalysts.
  - e. The therapist uses interpretations to help the patient recognize hidden feelings and transferences that may be occurring in important relationships in her life.
2. **Interpersonal therapy (IPT)**, a particularly influential short-term psychodynamic therapy, focuses on *current* relationships and social interactions and is highly structured. It is based on the assumption that psychological symptoms are

caused and maintained by interpersonal problems. Although originally conceived to be brief, it now may also be long term.

- a. The therapist helps the person identify and understand his particular interpersonal problem and develop strategies to resolve it.
- b. In the IPT therapy model, there are four categories of personal problems: *unresolved grief*, *role disputes*, *role transitions*, and *interpersonal deficits*.
- c. IPT is used to treat depression, eating disorders, and substance abuse. In addition, it is used to help people deal with interpersonal problems, such as marital conflict, parenting issues, and conflicts at work.
- d. Although traditional long-term psychoanalysis is uncommon today, Freud's basic assumptions and techniques remain influential.

### **III. Humanistic Therapy**

The *humanistic perspective* in psychology emphasizes human potential, self awareness, and freedom of choice.

#### A. Carl Rogers and Client-Centered Therapy

1. **Client-centered therapy** (*person-centered therapy*) was developed by humanistic psychologist **Carl Rogers**.
2. Rogers deliberately used the word *client* rather than the medical term *patient* to avoid the implication that the person was "sick."
3. Rogers believed that the therapist should be *nondirective* and reflective; that is, the therapist must not direct the client, make decisions for the client, offer solutions, or pass judgment on the client's thoughts or feelings. The client directs the focus of each session.
4. Rogers believed that three qualities of the therapist are necessary:
  - a. *Genuineness*: The therapist honestly and openly shares her thoughts and feelings with the client.
  - b. *Unconditional positive regard*: The therapist must value, accept, and care for the client, whatever her problems or behavior. Rogers believed that people develop psychological problems largely because they have consistently experienced only *conditional acceptance*.

- c. *Empathic understanding*: The therapist reflects the content and personal meaning of feelings being experienced by the client. The therapist listens *actively* for the personal meaning beneath the surface of what the client is saying.
- 5. As a result of these therapeutic conditions, the client moves in the direction of *self-actualization*.
- 6. The client-centered approach has led to number of new techniques. *Motivational interviewing (MI)* is designed to help clients overcome their mixed feelings or reluctance about committing to change.
- 7. The client-centered approach has been applied to marital counseling, parenting, education, business, and even to community and international relations.

#### **IV. Behavior Therapy**

**Behavior therapy** (or *behavior modification*) is a type of psychotherapy that focuses on directly changing maladaptive behavior patterns by using basic learning principles and techniques. Behavior therapists assume that maladaptive behaviors are *learned*, just as adaptive behaviors are.

##### A. Techniques Based on Classical Conditioning

###### 1. Mary Cover Jones: The First Behavior Therapist

a. **Mary Cover Jones** pioneered the use of behavioral techniques in therapy. She explored ways of reversing conditioned fears.

b. In treating 3-year-old Peter's fear of rabbits, Jones used a procedure now known as **counterconditioning**, a technique based on classical conditioning that involves modifying behavior by conditioning a new response that is incompatible with a previously learned response.

c. Jones also used social imitation, or *observational learning*, techniques.

###### 2. Systematic Desensitization

a. Developed by South African psychiatrist Joseph Wolpe, **systematic desensitization** is a type of behavior therapy in which phobic responses are reduced by pairing relaxation with a series of mental images or real-life situations that the person finds progressively more fear-provoking; based on the principle of counterconditioning.

b. Three basic steps are involved in systematic desensitization.

(1) First, the patient learns *progressive relaxation*, which involves successively relaxing one muscle group after another until a deep state of relaxation is achieved.

(2) Second, the therapist helps the patient construct an *anxiety hierarchy*, which is a list of specific anxiety-provoking images, arranged in a hierarchy from least anxiety provoking to most anxiety-provoking; the patient also develops an image of a relaxing *control scene*.

(3) Third, while deeply relaxed, the patient imagines the least threatening scene on the hierarchy; after he can maintain complete relaxation, he moves on to the next scene, and so on.

c. In practice, systematic desensitization is often combined with other techniques, such as observational learning.

### 3. In Focus: Using Virtual Reality Therapy to Conquer Phobias

a. *Virtual reality (VR) therapy* consists of computer-generated scenes that you view wearing goggles and a special motion sensitive headset.

b. This therapy is easier and less expensive than standard therapy.

c. VR therapy has become an accepted treatment for simple phobias and is now being extended.

### 4. The Bell and Pad Treatment

**The bell and pad treatment** is a technique used to treat nighttime bedwetting by conditioning arousal from sleep in response to bodily signals of a full bladder. It is effective in about 75 percent of school age children who have difficulties with bedwetting.

### 5. Aversive Conditioning

**Aversive conditioning** is a relatively ineffective technique that involves repeatedly pairing an aversive stimulus with the occurrence of undesirable behaviors or thoughts. It is used in treating substance abuse, sexual deviance, self-injurious behavior, and compulsive gambling.

## B. Techniques Based on Operant Conditioning

1. Behavior therapists have developed several treatments derived from B. F. Skinner's *operant conditioning* model of learning.
  - a. *Shaping* involves reinforcing successive approximations of a desired behavior.
  - b. *Positive and negative reinforcement* are used to increase the incidence of desired behaviors.
  - c. *Extinction*, or the absence of reinforcement, is used to reduce the occurrence of undesired behaviors.
2. The first step in a treatment program is to identify specific problem behaviors and determine their *baseline rate*. The therapist then targets each problem behavior and objectively measures the progress toward specific behavioral goals.
3. In a **token economy**, the therapeutic environment is structured to reward desired behaviors with tokens or points that may eventually be exchanged for tangible rewards.
4. *Contingency management interventions* involve carefully specified behaviors, a target group of clients or patients, and the use of vouchers or other conditioned reinforcers that can be exchanged for prizes, cash, or other rewards. They have proven to be especially effective in the outpatient treatment of substance abuse and dependence.

## V. Cognitive Therapies

**Cognitive therapies** are a group of psychotherapies based on the assumption that psychological problems are due to *faulty thinking*; treatment techniques focus on recognizing and altering these unhealthy thinking patterns.

### A. Albert Ellis and Rational-Emotive Therapy

1. Psychologist **Albert Ellis** developed **rational-emotive therapy (RET)**, which focuses on changing the client's patterns of irrational thinking.
2. The key premise of RET is that people's difficulties are caused by their faulty expectations and irrational beliefs.
3. In RET, psychological problems are explained by the "ABC" model: When an *Activating event (A)* occurs, it is the person's *Beliefs (B)* about the event that cause emotional *Consequences (C)*.
4. Identifying the core irrational beliefs that underlie personal distress is the first step in RET; the second step is for the therapist to vigorously *dispute and challenge the irrational*

*beliefs*. Rational-emotive therapists tend to be very direct and even confrontational.

5. From the client's perspective, rational-emotive therapy requires considerable effort.

a. The person must admit her irrational beliefs and accept the fact that those beliefs are irrational and unhealthy.

b. The client must radically change her way of interpreting and responding to stressful events.

6. RET is generally effective in the treatment of depression, social phobia, and certain anxiety disorders, and in helping people overcome self-defeating behaviors.

#### B. Aaron Beck and Cognitive Therapy

1. Psychiatrist **Aaron T. Beck** developed **cognitive therapy (CT)**, which focuses on changing the client's unrealistic beliefs.

2. Beck discovered that depressed patients have developed a *negative cognitive bias*, consistently distorting their experiences in a negative way.

3. Although CT has much in common with RET, Beck, unlike Ellis, believes that depression and other psychological problems are caused by distorted thinking and unrealistic beliefs.

4. The CT therapist encourages the client to empirically test the accuracy of his or her assumptions and beliefs.

a. The client learns to recognize and monitor the automatic thoughts that occur without conscious effort or control.

b. The client learns how to *empirically test* the reality of the automatic thoughts that are so upsetting.

5. The CT therapist strives to create a therapeutic climate of *collaboration* that encourages the client to contribute to the evaluation of the logic and accuracy of automatic thoughts.

6. CT is effective in treating depression, borderline personality disorder, anxiety disorders, eating disorders, PTSD, and relationship problems. It *may* also help *prevent* depression from recurring.

#### C. Cognitive-Behavioral Therapy

1. **Cognitive-behavioral therapy (CBT)** refers to therapy that integrates cognitive and behavioral techniques and that is based on the assumption that thoughts, moods, and behaviors are interrelated.

2. Cognitive-behavioral therapists challenge maladaptive beliefs and substitute more adaptive cognitions, and they use behavior modification, shaping, reinforcement, and modeling to teach problem solving and change unhealthy behavior patterns.
3. CBT is a very effective treatment for depression, eating disorders, substance abuse, and anxiety disorders. It can also help decrease the incidence of delusions and hallucinations in patients with schizophrenia and psychotic symptoms.

## VI. Group and Family Therapy

### A. Group Therapy

1. **Group therapy** is a form of psychotherapy that involves one or more therapists working simultaneously with a small group of clients.
  - a. Groups may be as small as 3 or 4 people or as large as 10 or more people.
  - b. Virtually any approach can be used in group therapy.
2. Group therapy has a number of advantages over individual psychotherapy.
  - a. It is very cost-effective.
  - b. The therapist can observe the client's actual interactions with others.
  - c. Support and encouragement provided by the other group members may help a person feel less alone and understand that his problems are not unique.
  - d. Group members may provide each other with practical advice for solving common problems and can act as models for successfully overcoming difficulties.
  - e. People have an opportunity to try out new behaviors in a safe, supportive environment.
3. Group therapy is typically conducted by a mental health professional. In contrast, *self-help groups* and *support groups* are typically conducted by nonprofessionals.
4. In Focus: Self-Help Groups: Helping Yourself by Helping Others
  - a. Self-help groups and support groups are typically organized and led by nonprofessionals.
  - b. The groups are either free or charge nominal fees to cover the cost of materials.
  - c. Typically, members have a common problem and meet for the purpose of exchanging psychological support.



- d. The format of such groups varies enormously, but many follow a 12-step approach.
- e. Self-help groups *can be* as effective as therapy.
- f. More research is needed on *why* self-help groups are effective and on the kinds of people and problems that are most likely to benefit from them.

#### B. Family and Couple Therapy

1. **Family therapy** is based on the assumption that the family is a *system* and it treats the family as a unit.
2. According to this view, every family has certain unspoken “rules” of interaction and communication. As interaction issues are explored, unhealthy patterns of family interaction can be identified and replaced with new “rules” that promote the psychological health of the family.
3. Many family therapists also provide *marital* or *couple therapy*. Most couple therapies have the goal of improving communication and problem-solving skills and increasing intimacy between the pair.

### VII. Evaluating the Effectiveness of Psychotherapy

A. Decades of research demonstrate that psychotherapy is effective in helping people with psychological disorders.

1. Some people eventually improve simply with the passage of time, a phenomenon called *spontaneous remission*.
2. Researchers use a statistical technique called *meta-analysis* to combine and interpret the results of large numbers of studies.
3. Comparing people who receive psychotherapy treatment to no treatment controls, researchers consistently find that *psychotherapy is significantly more effective than no treatment*.
  - a. On average, the person who completes treatment is better off than about 80 percent of those in the untreated control group.
  - b. Benefits are usually apparent in a relatively short period of time.
  - c. Gains that people make tend to endure.
  - d. Brain-imaging technologies show that psychotherapy alone produces distinct physiological changes in the brain that are associated with a reduction in symptoms.

B. Is One Form of Psychotherapy Superior?

1. A surprising but consistent finding emerges: *In general, there is little or no difference in the effectiveness of different psychotherapies.*

2. The fact that there is little difference in outcome among *empirically supported therapies* does *not* mean that *all* forms of psychotherapy are equally effective.

3. Science Versus Pseudoscience: EMDR: Can You Wave Your Fears Away?

a. **Eye movement desensitization reprocessing**

(**EMDR**), developed by Francine Shapiro, is a therapy technique in which the client holds a vivid mental image of a troubling event or situation while rapidly moving his or her eyes back and forth in response to the therapist's waving finger or while the therapist administers some other form of bilateral stimulation, such as sounding tones in alternate ears.

b. Originally touted as a one-session treatment for PTSD, EMDR today often involves multiple sessions and is used to treat numerous disorders.

c. Some researchers have found that patients benefit from EMDR and that EMDR is more effective than no treatment at all.

d. But EMDR is less effective than **exposure therapy** (a behavioral treatment in which the person is repeatedly exposed to the disturbing object or situation under controlled conditions), while it is no more effective than other standard treatments for anxiety disorders, including PTSD.

e. Several research studies have found no difference in outcome between treatments that incorporated eye movements and "sham" EMDR.

f. EMDR displays several of the fundamental characteristics of a pseudoscience.

g. EMDR highlights an ongoing problem in contemporary psychotherapy—"revolutionary" new therapies are developed, advertised, and marketed *before* controlled scientific studies of their effectiveness have been conducted.

C. What Factors Contribute to Effective Psychotherapy?

1. Researchers have identified a number of common factors related to a positive therapy outcome:

- a. Quality of the *therapeutic relationship*—the most important factor.
- b. *Therapist characteristics*—a caring attitude, the ability to listen empathically, and sensitivity to *cultural differences*, among others.
- c. *Client characteristics*—motivated, committed to therapy, and actively involved in the process.
- d. *External circumstances*—a stable living situation and supportive family members.

2. Increasingly, mental health professionals are moving toward **eclecticism**—the pragmatic and integrated use of techniques from different psychotherapies. *Eclectic psychotherapists* carefully tailor the therapy approach to the problems and characteristics of the person seeking help.

3. Culture and Human Behavior: Cultural Values and Psychotherapy The goals and techniques of established psychotherapy approaches reflect European and North American cultural values and may clash with the values of clients from other cultures.

- a. A focus on the individual—In many collectivistic cultures, the needs of the individual are much more strongly identified with the needs of the group.
  - (1) Native American *network therapy* is conducted in the person's home and can involve as many as 70 members of the individual's community or tribe.
  - (2) Latino cultures stress the value of *familismo*—the importance of the extended family network.
  - (3) The goal of Japanese *Naikan therapy* is to replace the focus on the self with a sense of gratitude and obligation toward others.
- b. The importance of insight—Asian cultures stress that mental health is enhanced by the *avoidance* of negative thinking.
- c. Intimate disclosure between therapist and client—In some cultures, intimate details of one's personal life would never be discussed with a stranger.

- d. The demand for emotional openness—Asian and Native American cultures avoid public display of emotions.
- e. Recognizing the need for psychotherapists to become more culturally sensitive, the American Psychological Association has recommended formal training in multicultural awareness for all psychologists.

### **VIII. Biomedical Therapies**

It was not until the twentieth century that effective **biomedical therapies** were developed to treat the symptoms of mental disorders. Today, the most common biomedical therapy is the use of **psychotropic medications**, or prescription drugs that alter mental functions and alleviate psychological symptoms.

#### **A. Antipsychotic Medications**

**Antipsychotic medications** (or *neuroleptics*) are prescription drugs that are used to reduce psychotic symptoms. They are frequently used in the treatment of schizophrenia.

##### **1. The first antipsychotic drugs**

- a. For more than 2,000 years, medical practitioners in India used the snakeroot plant to diminish psychotic symptoms. American researchers first became aware of this drug, *reserpine*, in the 1950s.
- b. Also in the 1950s, French scientists found that *chlorpromazine* (Thorazine) diminished psychotic symptoms but had fewer side effects than reserpine.
- c. These first antipsychotic medications effectively reduced the *positive symptoms* of schizophrenia by reducing *dopamine* levels.

##### **2. Drawbacks of Antipsychotic Medications**

- a. The early antipsychotics didn't actually cure schizophrenia; psychotic symptoms often returned if a person stopped taking the medication.
- b. They were not effective in eliminating the *negative symptoms* of schizophrenia, such as apathy and social withdrawal.
- c. They often produced unwanted side effects.
- d. They *globally* altered brain levels of dopamine, sometimes producing motor-related side effects. Long-term use can cause a potentially irreversible motor disorder called *tardive dyskinesia*.

e. Because of their negative side effects, people often stopped taking them. This resulted in a “revolving door” pattern of hospitalization, discharge, and re-hospitalization.

### 3. The Atypical Antipsychotics

a. **Atypical antipsychotic medications** block dopamine receptors in brain regions associated with psychotic symptoms rather than more globally throughout the brain, resulting in fewer side effects. They also affect brain levels of *serotonin*.

(1) They are less likely to cause movement-related side effects.

(2) They are more effective in treating the negative symptoms of schizophrenia.

(3) They lessen the incidence of the “revolving door” pattern.

b. A new, third-generation antipsychotic medication was approved by the FDA in late 2002. *Aripiprazole (Abilify)* stabilizes the availability of dopamine. It is as effective as other atypical antipsychotics but has fewer side effects. It also seems to be effective in the treatment of manic episodes associated with bipolar disorder.

### B. Antianxiety Medications

**Antianxiety medications** are prescription drugs that are used to alleviate the symptoms of pathological anxiety.

1. The best-known antianxiety drugs are the *benzodiazepines*, which include the trade-name drugs Valium and *Xanax*.

a. In general, the benzodiazepines produce their effects by increasing the level of *GABA*, a neurotransmitter that inhibits the transmission of nerve impulses in the brain and slows brain activity.

b. However, the benzodiazepines have several potentially dangerous side effects.

(1) They can reduce coordination, alertness, and reaction time.

(2) Their effects can be intensified if combined with alcohol and many other drugs.

(3) They are physically addictive if taken in large quantities over a long period of time.

2. A newer antianxiety drug with the trade name *Buspar* has fewer side effects.
  - a. It is believed to affect brain dopamine and serotonin levels.
  - b. *Buspar* relieves anxiety while maintaining normal alertness; it does not cause the drowsiness, sedation, and cognitive impairment associated with the benzodiazepines.
  - c. It has a very low risk of dependency and physical addiction.
  - d. *Buspar* has one major drawback: It must be taken for two to three *weeks* before anxiety is reduced.

### C. Lithium

**Lithium** is a naturally occurring substance that is used effectively in the treatment of *bipolar disorder*.

1. Lithium stops acute manic episodes over a period of a week or two and can help prevent relapses into either mania or depression.
2. There is a very narrow difference between the therapeutic dosage level and the toxic dosage level, requiring careful monitoring of the patient's lithium blood level.
3. Lithium stabilizes the availability of the neurotransmitter *glutamate* within a narrow, normal range, preventing both abnormal highs and abnormal lows.
4. Bipolar disorder can also be treated with an anticonvulsant medicine called *Depakote*. It is useful for treating patients who do not respond to lithium and patients who rapidly cycle through bouts of bipolar disorder several times a year.

### D. Antidepressant Medications

**Antidepressant medications** are prescription drugs that are used to reduce the symptoms associated with depression.

1. The first generation of antidepressants consists of two classes of drugs called *tricyclics* and *MAO inhibitors*, which affect multiple neurotransmitter pathways in the brain and work by increasing the availability of *norepinephrine* and *serotonin*.
  - a. In about 75 percent of patients with depression, they effectively eliminate depressive symptoms.
  - b. Tricyclics can cause weight gain, dizziness, dry mouth and eyes, and sedation; an overdose can be fatal.

- c. MAO inhibitors can lead to dangerously high blood pressure, leading to stroke or even death if people who are taking them consume foods with a chemical found in many foods, including cheese, smoked meats, and red wine.
2. The second-generation antidepressants include *trazodone* and *bupropion*. They are no more effective than earlier antidepressants and have many of the same side effects.
3. A third group, called the **selective serotonin reuptake inhibitors (SSRIs)**, increase the availability of serotonin in the brain and cause fewer side effects than earlier antidepressants.
  - a. The first SSRI released was *fluoxetine* (trade name *Prozac*); its chemical cousins, *Zoloft* and *Paxil*, quickly followed.
  - b. While no more effective than the older antidepressants, SSRIs produce fewer, and milder, side effects.
  - c. Among Prozac's potential side effects are headaches, nervousness, difficulty sleeping, loss of appetite, and sexual dysfunction.
4. New antidepressants have been developed, including *Serzone*, *Remeron*, and *Celexa*. Called *dual-action antidepressants*, they also affect serotonin levels but by a different mechanism and have different side effects.
5. *Effexor* and *Cymbalta*, dual-reuptake inhibitors, affect levels of both serotonin and norepinephrine. Effexor seems to be more effective than SSRIs in alleviating the symptoms of depression.

#### E. Focus on Neuroscience: Comparing Psychotherapy and Antidepressant Medications

1. On PET scans, compared with nondepressed adults, depressed individuals show increased activity in the *prefrontal cortex*, the *caudate nucleus*, and the *thalamus*.
2. Studies showed that depressive symptoms improved with *either* an antidepressant (*Paxil* or *Effexor*) *or* interpersonal therapy, and PET scans showed similar changes in brain functioning.

#### F. Electroconvulsive Therapy

**Electroconvulsive therapy (ECT)**, also called *shock therapy* and *electric shock therapy*, is a biomedical therapy used primarily in the treatment of depression that involves electrically inducing a brief brain seizure.

1. About 100,000 patients a year receive ECT.
2. It is common for the patient to experience a temporary or permanent memory loss for the events leading up to the treatment.
3. To treat major depression, a series of 6 to 10 ECT treatments are usually spaced over a few weeks.
4. In the short term, ECT is a very effective treatment for severe depression—about 80 percent of depressed patients improve. It typically relieves symptoms within days.
5. ECT may be considered when patients are not helped by antidepressant medications or psychotherapy, or when they cannot tolerate the side effects of medications.
6. Potential dangers include serious cognitive impairments. However, ECT's biggest drawback is that its antidepressive effects can be short-lived; about half of patients relapse within six months.
7. ECT is the most controversial medical treatment for psychological disorders. Despite over 50 years of research, it's still not known why electrically inducing a seizure relieves the symptoms of depression.

### **IX. Application: What to Expect in Psychotherapy**

- A. The therapist–client relationship is characterized by intimacy and the disclosure of very private, personal experiences.
- B. There are distinct boundaries to the therapist–client relationship.
  1. Strengthen your commitment to change.
  2. Realize that therapy is a collaborative effort between you and the therapist.
  3. Don't confuse catharsis with change.
  4. Don't confuse insight with change.
  5. Don't expect your therapist to make decisions for you.
  6. Expect therapy to challenge how you think and act.
  7. Realize that your therapist is not a substitute friend.
  8. Be aware that therapeutic intimacy does not include sexual intimacy; *it is never ethical or appropriate for a therapist to have any form of sexual contact with a client.*
  9. Don't expect change to happen overnight.