

PSYCHOANALYSIS SELF-INVENTORY

Directions: By comparing your beliefs about personality to those of psychoanalysis, you should have a clearer idea of how much you will need to suspend your beliefs or change your attitudes to understand the psychoanalytic approaches to personality. You may find it helpful to complete this section before and after you read the chapter. In this way you can see if your views have changed. There are no correct answers, only an opportunity to express your views.

Put an "X" on the line so that it indicates how much you agree or disagree with the statement: A = Agree, D = Disagree.

- D _____ A
- _____ 1. The purpose of therapy is to make the unconscious conscious.
 - _____ 2. To understand human behavior, therapists need to understand the unconscious.
 - _____ 3. Most psychological conflicts have been repressed and contain elements that we are not aware of.
 - _____ 4. Those aspects of our experience that we are not aware of have a great influence on our behavior.
 - _____ 5. It is the first six years of life that have the greatest influence on determining adult personality.
 - _____ 6. Client problems reflect a failure to resolve issues related to childhood psychosexual development.
 - _____ 7. Trust is developed in early childhood through interactions with one's mother.
 - _____ 8. Clients' struggles to control sexual and aggressive impulses are an important aspect of therapy.
 - _____ 9. Children's early parental relationships form the basis of their later adult development.
 - _____ 10. Separating from parents and becoming an independent adult is one of the most important developmental tasks that individuals face.
 - _____ 11. Mothering must be adequate for healthy psychological development to take place.
 - _____ 12. Being too self-absorbed can be an appropriate therapeutic issue.
 - _____ 13. Developing insight and understanding repressed material is an important part of therapy.
 - _____ 14. The type of therapeutic relationship can have an influence on the outcome of therapy.
 - _____ 15. Therapy that meets three or four times a week for five or more years is the best way to resolve problems.
 - _____ 16. Interpretation of dreams is a critical aspect of therapy.
 - _____ 17. Interpretation of the client's resistance to therapeutic change is an important aspect of therapy.
 - _____ 18. Understanding the underlying unconscious motivations that are at the root of a client's problem is essential in bringing about therapeutic change.
 - _____ 19. Therapists should be aware of their own reactions to their patients.
 - _____ 20. Insight into problems will bring about changes in feelings and behaviors.

THEORY OF PSYCHOTHERAPY

Text. This is the most important section of each chapter. The goals of the theory show the theorists' approach to bringing about change. Assessment methods indicate how theorists plan to assess personality and decide which therapeutic approaches to take. The techniques or methods used by the theorists are described here. Several case illustrations help to explain the techniques and methods.

Student Manual. Goals and approaches to assessment are briefly summarized. For almost all of the techniques, a definition is given. Using the same case that illustrates personality concepts, you pick the therapeutic response or statement that you would use to help the client and is most consistent with the theory. In this way, you can try to put the theory into practice or try it out.

PSYCHOLOGICAL DISORDERS

Text. For each theory, I give between three and five case examples to illustrate the theory. Each example represents a different diagnostic category or problem type. The purpose of these examples is to show how therapists use techniques and methods to bring about positive changes in their clients' lives. You can also compare theories across problem type. For example, you can compare how Adlerian therapists and cognitive therapists help individuals who are depressed.

Student Manual. This Student Manual does not focus on specific psychological disorders but rather on becoming familiar with theories of psychotherapy and counseling. However, throughout the text, reference is made to disorders such as depression, anxiety, phobias, borderline disorders and many others. Chapter 1 explains these terms, giving examples. A textbook on abnormal psychology would give much more detailed explanation. During your course, you may have a need to find a brief definition of one or more of these terms. For that reason, I am listing their definitions in alphabetical order to use as a reference. Like almost all terms defined in this Student Manual, they may also be found in the glossary of the text.

anorexia A disorder in which individuals are unable to eat food, may have a severe decrease in appetite, and have an intense fear of becoming obese even when emaciated. Anorexia is diagnosed when individuals lose at least 25 percent of their normal weight.

anxiety An unpleasant feeling of fear and/or apprehension accompanied by physiological changes such as fast pulse, quick breathing, sweating, flushing, muscle aches, or stomach tension.

borderline personality disorder Characteristics include unstable interpersonal relationships and rapid mood changes in a short period of time. Behavior is often erratic, unpredictable, and impulsive in areas such as spending, eating, sex, or gambling. Emotional relationships tend to be intense, with individuals becoming easily angry or disappointed in the relationship.

bulimia Binge eating and inappropriate methods of preventing weight gain, such as vomiting and use of laxatives, characterize bulimia.

compulsion An irresistible impulse to repeat behaviors continually.

conversion reaction A disorder in which a psychological disturbance takes a physical form, such as when arms or legs are paralyzed and there is no physiological explanation.

delusions Beliefs that are contrary to reality and are firmly held despite evidence that they are inaccurate.

depression An emotional state characterized by deep sadness, feelings of worthlessness, guilt, and withdrawal from others. Other symptoms include difficulty in sleeping, loss of appetite or sexual desire, and loss of interest in normal activities. When not accompanied by manic episodes, it is usually referred to as major depression or unipolar depression.

- drug abuse* Using a drug to the extent that individuals have difficulty meeting social and occupational obligations.
- generalized anxiety disorder* One of a group of anxiety disorders, it is characterized by a persistent pervasive state of tension. Physical symptoms may include a pounding heart, fast pulse and breathing, sweating, muscle aches, and stomach upset. Individuals may be easily distractable and fearful that something bad is going to happen.
- hallucinations* Perceiving (seeing, hearing, feeling, tasting, or smelling) things that are not there.
- hysteria* A disorder occurring when psychological disturbances take a physical form and there is no physiological explanation, such as an unexplained paralysis of the arms or legs. This term has been replaced by conversion reaction in common usage.
- mania (manic episodes)* Individuals may demonstrate unfounded elation as indicated by making grandiose plans, being extremely talkative, easily distracted, and engaging in purposeless activity.
- narcissistic personality disorder* A pattern of self-importance; a need for admiration from others and a lack of empathy for others are common characteristics of individuals with this disorder. Boasting or being pretentious and feeling that one is superior to others and deserves recognition are also prominent characteristics.
- neurosis* A large group of disorders characterized by unrealistic anxiety, fears, or obsessions. They are contrasted with more severe psychotic disorders.
- obsessions* Pervasive and uncontrollable recurring thoughts that interfere with day-to-day functioning.
- obsessive-compulsive disorder* Persistent and uncontrollable thoughts or feelings in which individuals feel compelled to repeat behaviors again and again.
- personality disorders* These are characterized by being inflexible, lasting many years or a lifetime, and include traits that make social or occupational functioning difficult.
- phobia* Fear of a situation or object out of proportion to the danger of the situation or the threatening qualities of the object. Examples include fear of heights, rats, or spiders.
- posttraumatic stress disorder (PTSD)* Extreme reactions to a highly stressful or traumatic event such as being raped, robbed, or assaulted define PTSD. Resulting behaviors may include being easily startled, having recurrent dreams or nightmares, or feeling estranged from or afraid of others.
- psychosis* A broad term used for severe mental disorders in which thinking and emotion are so impaired that individuals have lost contact with reality.
- schizophrenia* Severe disturbances of thought, emotions, or behaviors may be evident by observing disorganized speech and obtaining reports of delusions or hallucinations.
- sociopathy* Also called antisocial personality or psychopathic, this term refers to behavior which shows no regard for others, inability to form meaningful relationships, and a lack of responsibility for one's own actions.
- somatiform disorders* Physical symptoms are known and present, but there is no physiological cause, and a psychological cause is suspected. Reporting headaches or stomachaches when no physiological cause can be found constitutes an example of somatiform disorders.

BRIEF THERAPY

Text. Sometimes called short-term therapy, brief therapy refers to limiting therapy to a certain number of sessions. Time-limited therapy is a term that refers to a theoretical approach that is designed to be completed in a certain number of sessions. Often several aspects of therapy are to be completed in sessions one through three, and other aspects in