

## WEEK 1

There can be no therapy without therapeutic actions. Therapeutic actions emanate from theory:

- Provides counsellors a road map in terms of how to move forward.
- Determines the values and principles that governs our counselling approach.
- Provides an understanding of human nature (i.e. is it rigid/set in stone from a young age?), psychological distress, and the change process.
- Helps us listen more efficiently, provides structure to how we work, and gives us a road map for intervention work (helps us be targeted and deliberate).

### **Psychoanalysis**

- Aim: make unconscious motives conscious so that the client can exercise choice.
- Trauma, pain and suffering are repressed into our unconscious (aetiology of all psychopathology)
- Neurosis: milder mental health presentation/issues (depression, etc.) rather than hallucinations or delusions.
- Sex: major drive that has a development in the neurosis (if we failed to develop past certain psychosexual stages, that is when neurosis would emerge).
- Change occurs when both insight (awareness of the id/ego/superego) and abreaction (catharsis) happens within the psychoanalytic relationship via the use of psychoanalytic techniques.
- Eye and facial contact with client would cause transference (therapist transferring emotions/feelings of another person to client) so psychoanalytic therapists usually sit facing away from the client.
  
- Sigmund Schlomo Freud:
  1. An Austrian Jewish heritage (repressed, frequently displaced, minority group) and was ridiculed for his theories in the past (which may be why he was set on making psychoanalysis evidence-based).
  2. Was a neurologist and had studied medicine (his reckless promotion of cocaine), before moving away to psychiatry.
  3. Lived in a patriarchal society.
  4. Worked with socioeconomically high-class individuals.
- Anna O. (Bertha Pappenheim):
  1. Patient of Freud's older friend Josef Breuer.
  2. Rich upper-class widow prone to hysterical paroxysms (thought to have frontal lobe epilepsy in modern times).
  3. Had a life fraught with trauma (an abusive father, was sexually and physically abused, etc.).
- Catharsis (Greek – to let go): when we have some affective expression for our thoughts/emotions, we would be better and move on.
- Freud was Darwinian (biological determinism). He believed that everything humans do can be understood as manifestations of life instincts (libido) and death instincts (thanatos). The older we get, the more we are influenced by death instincts.
- The Mental Iceberg:
  - Conscious (current awareness) – thoughts and perceptions.
  - Preconscious (not aware of material but it's retrievable) – memories and stored knowledge.

- Unconscious (not aware of material and it's not retrievable) – fears, violent motives, unacceptable sexual desires, irrational wishes, immoral urges, selfish needs, shameful experiences.
- Freud believed that nothing happened by chance, and everything was explainable by unconscious material (he was a psychic determinist). The 3 parts of the psyche:
  - **Id:** all untamed drives/impulses that might be likened to the biological component.
    1. The original system of personality – the only structure present at birth.
    2. Largely unconscious.
    3. Primary source of psychic energy.
    4. Lacks organization and is blind, demanding, and insistent. It is illogical, amoral, and driven to satisfy instinctual needs.
    5. Ruled by the pleasure principle – aimed at reducing tension, avoiding pain, and gaining pleasure.
  - **Ego:** attempts to organize (as the 'executive' that governs and controls the personality) and mediate between the id and the reality of dangers posed by the id's impulses.
    1. Has contact with the external world of reality.
    2. Controls consciousness and exercises censorship.
    3. Actions may or may not be conscious (i.e. defenses are typically not conscious).
    4. Ruled by the reality principle – does realistic and logical thinking and formulates plans of action for satisfying needs.
- **Superego:** the internalized social component, largely rooted in what the person imagines to be the expectations of parental figures.
  - Includes a person's moral code.
  - Represents the traditional values and ideals of society (as handed down from parents to children) and strives for perfection.
  - Functions to inhibit id's impulses and persuade the ego to substitute moralistic goals for realistic ones.
  - Related to psychological rewards (pride and self-love) and punishments (guilt and inferiority).

### The Unconscious

- We stuff unresolved tensions/affective content between the id and superego that cannot be managed by the ego back to the unconscious.
- Can only be seen by the expression of its symptom (through the ego).
- Cannot be analysed by ourselves, and this is why psychoanalysis is necessary: Freud believes that you need another person to delve into your unconscious and make sense of it, which was why in psychoanalytic therapy the therapist holds a lot of power.

### Ego-defense mechanisms

- Indirect methods that are employed when ego cannot control anxiety by rational and direct methods.
- Helps individual cope with anxiety and prevent ego from being overwhelmed.
- Normal behaviours that can have adaptive value so long as they don't become a style of life that enables the person to avoid facing reality.
- Have 2 characteristics in common: they either deny/distort reality, and they operate on an unconscious level.
- Defense employed depends on person's level of development and degree of anxiety.

## WEEK 2

### **Carl Jung**

- Introverted child, endured sexual abuse and other incidents. Parents were mostly absent.
- Believes:
  - The unconscious is trying to send us messages and we should listen to and understand what it wants to teach us.
  - Archetypes are universal symbols/imprints handed down to us by previous generations.
  - Ego is who we believe we are and is more fluid (has many masks).

### Analytical psychology

- Places central importance on the psychological changes that are associated with midlife.
- At midlife, we must let go many of the values and behaviours that guided the first half of our life and confront our unconscious by paying attention to the messages of our dreams and engaging in creative activities (i.e. writing, painting).
- Goal at midlife: to be less influenced by rational thought and instead give expression to these unconscious forces and integrate them into our conscious life.

### Dreams

- Contain messages from the deepest layer of the unconscious, the source of creativity.
- Creative effort of the dreamer in struggling with contradiction, complexity, and confusion.
- Purposes:
  - Prospective – help people prepare themselves for the experiences and events they anticipate in the near future.
  - Compensatory – works to bring about a balance between opposites within the person. Compensates for the overdevelopment of 1 facet of the person's personality.
- Direct us to the pathway to individuation.

### Collective unconscious.

- The deepest and least accessible level of the psyche.
- Contains accumulation of inherited experiences of human and pre-human species.
- Archetypes: images of universal experiences contained in the collective unconscious.
  - Persona – mask/public face that we wear to protect ourselves.
  - Animus and Anima – represents both biological and psychological aspects of masculinity and femininity, which coexists in both sexes.
  - Shadow – represents our dark side; thoughts, feelings, and actions we tend to disown by projecting them outward. Has the deepest roots and is the most dangerous and powerful.

## WEEK 3

### **Behaviour Therapy**

#### Historical context

- Ivan Pavlov.
  - 1840s – mid 1900s.
  - Developed classical conditioning: passive participant.
- B. F. Skinner.
  - 1904 - 1990.
  - Added observational learning.
  - Developed operant conditioning: more active participant.
- Albert Bandura.
  - 1970s.
  - The importance of cognition.
  - While Pavlov and Skinner focused on the purely the deterministic way of learning, introduced self-efficacy (some level of control). He brought in the external world and how we could learn through observation, rewards, and punishments.
- Aaron Beck and Albert Ellis.
  - 1970s.
  - The importance of cognition (CBT and REBT).
- Third Wave Approaches
  - 2000s onwards.
  - Approaches that were built on behavioural components.
  - Mindfulness, ACT, and DBT.

#### How does behaviour therapy differ from psychoanalysis?

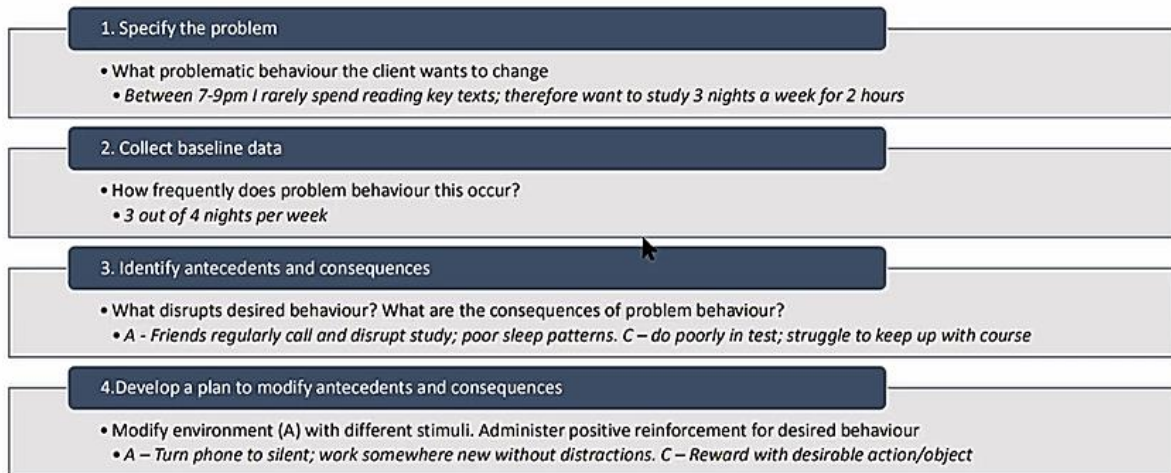
- Only focuses on that which is observable and measurable (i.e. scientific method): this led to an emphasis on the here-and-now and how to bring about change at the present (rather than looking into the past).
- Not interested in inner world.
- Concerned with how the environment impacts behaviour: how can we adjust the environment so that someone's behaviour may change?
- Deterministic (like psychoanalysis): lack of free will over what goes on (Bandura later introduced a component about being able to take some control). We are just a reaction.

#### Conditioning

- Classical conditioning.
  - Pavlov and Watson.
  - Existed before Skinner.
  - Behaviour that occurs in relation to a stimulus.

- Pavlov's (a Russian scientist studying digestion) salivating dog experiment: classical conditioning is when a stimulus gains the ability to evoke a response that was originally evoked by a different stimulus.
  1. A neutral stimulus is paired with the original stimulus.
  2. Result: neutral stimulus has ability to evoke same response.
- Examples:
  1. Sound of a dentist's drill.
  2. Driving accident.
  3. Fear of flying.
  4. Fear of particular animals.
  5. Positive emotional responses (i.e. eating chocolates).
  6. Etc.
- Extinction: when the conditioned stimulus is repeated without original stimulus (UCR), eventually the response decreases and becomes extinct.
- Counselling implications.
  1. Many anxieties, fears and phobias, and PTSD symptoms are a result of classical conditioning.
  2. Using exposure therapies, clients can be exposed to a stimulus which evokes fear or anxiety, but without the UCS. We want to be breaking that connection that has taken place.
  3. Over time this reduces the CR or lead to extinction.
- Operant conditioning.
  - Skinner's rat box.
  - A radical departure from studying internal mental events (i.e. psychoanalytic approaches).
  - Reinforcement of behaviour: either increase or decrease an existing behaviour.
  - Focused on how the environment affects behaviour.
  - Only concerned with scientifically measurable, observable behaviour.
  - Behaviour that is determined by the consequent reward or otherwise following the behaviour.
  - Reinforcers (increase behaviour) and punishments (reduce behaviour):
    1. Positive reinforcement: immediate reward for doing the right behaviour (i.e. study well/do university work = get a HD).
      - Occurs when a response is strengthened due to a rewarding outcome (becomes the stimulus for increased response).
    2. Negative reinforcement: something goes away for doing the right behaviour (i.e. tidy your bedroom = mom stops scolding you for not tidying your bedroom).
      - Occurs when a response is also strengthened due to removal of a negative outcome (becomes stimulus).
    3. Positive punishment: gives something for doing the wrong behaviour (talks back to mom = 10 minutes of time-out).
    4. Negative punishment: takes away something for doing the wrong behaviour (i.e. talks back to mom = takes away games console).
  - However, punishments do not tell you what to do (does not teach you the alternative prosocial/positive behaviour that you should be doing; it just tells you to stop doing something). Reinforcers reinforce the prosocial/positive behaviour.
  - ABC model.
    1. Antecedent: what occurs (i.e. environment) that leads to behaviour.
    2. Behaviour: the behaviour to be changed.
    3. Consequences: result of the behaviour.
    4. Behaviour therapy is focused on modifying a client's behaviour.

5. Using the ABC model, therapists can understand the client's problem, when it occurs, and begin to identify where to make changes.



- Systematic desensitization.
1. Based on classical conditioning principles.
  2. Used for phobias and other anxiety-related disorders.
  3. Process:
    - Interview and self-monitoring to clarify fears.
    - Client education of the process.
    - Relaxation training.
    - Create anxiety hierarchy.
    - Desensitization.
- Other common behavioural therapy treatments: focused on removing conditioned response; or providing increases in prosocial behaviours or decreases in negative behaviours.
1. Relaxation skills training
  2. In Vivo exposure
  3. Flooding
  4. EMDR
  5. Social skills training