Тема №37. Schools of Psychotherapy.

1. Переведите и выучите новую лексику:

clinically diagnosable and/or existential crises, counseling, psychotherapeutic interventions, character problems, maladaptive, problematic dysfunctional behaviors, psychic tension.

1. Прочитайте текст “ Forms of psychotherapy ”. (см. приложение 1). Ответьте на вопросы.

1. What are the main systems of psychotherapy? 2. Which therapy seeks to identify maladaptive cognition, appraisal, beliefs and reactions?

3. What is a "Brief therapy" and what are its peculiarities? 4. What is the aim of Psychodynamic therapy? 5. Which therapy do you personally like most? Why?

Прочитайте интервью с известным психиатром Джозефом Мерлино (см. приложение). Опишите свои впечатления от прочитанного интервью. Со всеми ли мнениями психиатра Вы согласны? Если нет, то почему? Если да, то выберите несколько моментов, которые были Вам особенно интересны и выскажите свое мнение.

1. Сравнительная степень наречий и употребление союз than.

He works better than she does. Он работает лучше, чем она.

He came earlier than she did. Он пришел раньше, чем она.

Для усиления сравнительной степени наречий, также как и прилагательных, употребляются: much гораздо, much more намного, a great deal, far – значительно, например:

It is much better to say nothing. Гораздо лучше ничего не говорить.

She is feeling much better. Она чувствует себя намного лучше.

Запомните некоторые часто встречающиеся наречия:

here здесь, сюда, тут far далеко outside снаружи, наружу inside внутрь, внутри somewhere где-нибудь anywhere где-нибудь nowhere нигде, никуда everywhere везде always всегда constantly постоянно usually обычно generally как правило regularly регулярно often часто sometimes иногда occasionally изредка seldom редко ever когда-либо hardly едва ли, едва hardly ever почти никогда never никогда badly плохо; очень, сильно hard упорно, настойчиво well хорошо easily легко, без труда slowly медленно quickly быстро fast быстро quietly спокойно too в значении тоже, также also также, тоже either также, тоже else еще; иначе only только, еще только even даже simply просто

alone только (один) so поэтому, таким образом then затем, тогда besides кроме того however тем не менее therefore поэтому still, yet тем не менее, все же

Переведите предложения на английский язык, используя союз than.

1. Он говорит по-английски лучше, чем она.
2. Мне больше нравится мыть машину, чем водить ее.
3. Тому нравится Сара больше, чем Роза.
4. Полезнее есть мясо, а не колбасу.
5. Выполните тест.

1. THE WORD … COMES FROM THE ANCIENT GREEK WORDS PSYCHĒ, MEANING BREATH, SPIRIT, OR SOUL AND THERAPEIA, TO NURSE OR CURE.:

1) psychotherapy;

2) psychologist;

3) therapy;

4) client;

2. … WAS DEVELOPED IN THE LATE 1800S BY SIGMUND FREUD.:

1) dance therapy;

2) psychoanalysis;

3) techniques;

4) dialog communication;

3. THE TERM GROUP THERAPY WAS FIRST USED AROUND 1920 BY… , WHOSE MAIN CONTRIBUTION WAS THE DEVELOPMENT OF PSYCHODRAMA.:

1) Pratt;

2) Selye;

3) Jacob L. Moreno;

4) Freud;

4. BODY PSYCHOTHERAPY IS ALSO KNOWN AS …, ESPECIALLY IN THE USA.:

1) psychoanalysis;

2) family therapy;

3) philosophy;

4) somatic Psychology;

5. EXPRESSIVE THERAPY IS A FORM OF THERAPY THAT … ARTISTIC EXPRESSION AS ITS CORE MEANS OF TREATING CLIENTS.:

1) utilizes;

2) develop;

3) consist;

4) understand;

**Электронные ресурсы**

Family Therapy (<http://www.newworldencyclopedia.org/entry/Family_therapy>)

The Good Life: Happiness (<https://www.youtube.com/watch?v=7dep9KPWp3g>)

**Приложение 1**

**“Forms of psychotherapy”**

Most **forms of psychotherapy** use spoken conversation. Some also use various other forms of communication such as the written word, artwork, drama, narrative story or music. Psychotherapy occurs within a structured encounter between a trained therapist and client(s). Purposeful, theoretically based psychotherapy began in the 19th century with psychoanalysis; since then, scores of other approaches have been developed and continue to be created.

Therapy is generally used in response to a variety of specific or non-specific manifestations of clinically diagnosable and/or existential crises. Treatment of everyday problems is more often referred to as counseling (a distinction originally adopted by Carl Rogers). However, the term counseling is sometimes used interchangeably with "psychotherapy".

While some psychotherapeutic interventions are designed to treat the patient using the medical model, many psychotherapeutic approaches do not adhere to the symptom-based model of "illness/cure". Some practitioners, such as humanistic therapists, see themselves more in a facilitative/helper role.

There are several main broad systems of psychotherapy:

Psychoanalytic - it was the first practice to be called a psychotherapy. It encourages the verbalization of all the patient's thoughts, including free associations, fantasies, and dreams, from which the analyst formulates the nature of the unconscious conflicts which are causing the patient's symptoms and character problems.

Behavior Therapy/applied behavior analysis focuses on changing maladaptive patterns of behavior to improve emotional responses, cognitions, and interactions with others.

Cognitive behavioral - generally seeks to identify maladaptive cognition, appraisal, beliefs and reactions with the aim of influencing destructive negative emotions and problematic dysfunctional behaviors.

Psychodynamic - is a form of depth psychology, whose primary focus is to reveal the unconscious content of a client's psyche in an effort to alleviate psychic tension.

Existential - is based on the existential belief that human beings are alone in the world. This isolation leads to feelings of meaninglessness, which can be overcome only by creating one's own values and meanings.

Humanistic - emerged in reaction to both behaviorism and psychoanalysis and is therefore known as the Third Force in the development of psychology. It posits an inherent human capacity to maximize potential, 'the self-actualizing tendency'.

Brief - "Brief therapy" is an umbrella term for a variety of approaches to psychotherapy. It differs from other schools of therapy in that it emphasizes (1) a focus on a specific problem and (2) direct intervention. It is solution-based rather than problem-oriented. It is less concerned with how a problem arose than with the current factors sustaining it and preventing change.

Systemic - seeks to address people not at an individual level, as is often the focus of other forms of therapy, but as people in relationship, dealing with the interactions of groups, their patterns and dynamics (includes family therapy & marriage counseling).

Transpersonal - Addresses the client in the context of a spiritual understanding of consciousness.

Body Psychotherapy - Addresses problems of the mind as being closely correlated with bodily phenomena, including a person's sexuality, musculature, breathing habits, physiology etc. This therapy may involve massage and other body exercises as well as talking.

**Dr. Joseph Merlino on insanity.**

Friday, October 5, 2007

Joseph Merlino: "If a person is just hurting himself, is it a problem? In our society we would take the position that it is, because we can't understand why someone would..."

You may not know Joseph Merlino, but he knows about you and what makes you function. He knows what turns you on and he knows whether it is a problem for you. Merlino, who is the psychiatry adviser to the New York Daily News, is one of the more accomplished psychiatrists in his field and he is the Senior Editor of the forthcoming book, Freud at 150: 21st Century Essays on a Man of Genius. The battle over interpreting Freud's legacy still rages, a testament to the father of psychoanalysis and his continuing impact today.

**Interviewe**r: How do we know what is normal and what is insane?

**JM**: That is part of what moved psychiatry and the psychoanalytic field to where it is currently, and that is the value and appreciation for societal values. It's not like definitions of normality and pathology were handed down on some tablet that spelled out what those things are. It is largely defined by society and culture. We, as a profession, have to incorporate that as practitioners in that society and culture. For example, something in our society might not be a problem, but it might be in another culture or society.

**I:** And that would be considered insanity?

**JM**: In some societies homosexuality is still considered pathology, where here it is mostly not.

**I:** So insanity is always relative to a society?

**JM**: To some degree, I think it is. Not where there are underlying physiological problems; for example, severe depressions have biochemical changes, such as in serotonin levels, and schizophrenics have differences in the way their brains processes information along with blood flow and other changes in various brain areas. These are where it is more black and white. Most societies would see those as mental illnesses.

**I**: So eccentricity would be a form of insanity in principle, relative to whatever society found it eccentric, since it is a violation of social norms and mores?

**JM**: It would bring the person to the attention of whoever it is in that society that dictates what is pathology and normality—

**I:** —is 'pathological' better than 'insane' as a term?

**JM:** Yes, it's a value judgment. Insanity has a pejorative connotation as opposed to saying someone is ill.

**I**: So a woman who goes walking down the street naked in the middle of Manhattan, but fully cognizant of it and doing it to elicit a reaction, she has a pathology?

**JM**: Well, she is going to come to the attention of authorities who are going to question whether she has pathology or not. Certainly, she is bucking the cultural norm, and chances are the individual is going to be picked up by the police, taken to the station, and then probably be brought to a psychiatric emergency room for an evaluation to determine whether or not she is disordered.

**I**: How often are people who are considered to have a mental disorder or pathology aware that their behavior is thought of as problematic by other people?

**JM**: It's a challenge for them. Take the most extreme, say someone who is grossly psychotic. More often, they are not aware that their behavior is problematic to society and that is what gets them into difficulties. Other individuals who are more aware usually are on the personality disorder realm of diagnoses. Even there, people with personality disorders are comfortable with what they are doing; the problem is, what I cause you.

**I**: Such as a person who has an anger management problem? The problem isn't that they are brought to anger, it's the external influences. Even though that they know anger is not a preferable state to be in, they don't see themselves as the problem, even though they know that people get them there is a problem. In other words, my anger is not good, but the real problem is that you made me angry.

**JM**: The challenge is getting them to realize how their own behavior is a problem for other people. If somebody has an anger management issue that they are not aware of, but they are constantly having fights with their spouse, they are getting fired from jobs, their kids aren't talking to them...this is creating distress if not in the individual, certainly in their family. The goal there is to get the individual to realize he or she is creating a problem, and get them to identify what that problem is and to take steps to ameliorate it.

\*About Joseph Merlino

Dr. Joseph Merlino is Director of Psychiatry and Behavioral Health at Queens Hospital Center. He is Clinical Professor of Psychiatry at the Mount Sinai School of Medicine and Adjunct Professor of Psychiatry and Behavioral Sciences at New York Medical College, where he is also Supervising and Training Analyst. He is a Distinguished Fellow of the American Psychiatric Association, a Fellow of The American Academy of Psychoanalysis & Dynamic Psychiatry, and a member of the Group for the Advancement of Psychiatry and the American College of Psychiatrists. Dr. Merlino is also an expert consultant with The Forensic Panel in New York City. He is the former director of community and ambulatory psychiatry at Bellevue Hospital Center, the oldest public hospital in the United States. Dr. Merlino lectures and has published in the areas of applied psychoanalysis and medical ethics. He is in private practice in Manhattan.