

THE POWER ...OF THERAPY

Overwhelming evidence shows that psychotherapy lifts mood, eases stress and promotes success by altering the brain

RIGHT FROM THE START, James Carpenter, today an adjunct professor in psychiatry at the University of North Carolina at Chapel Hill, was fascinated by patients in extreme states -those suffering psychosis, hallucinations, and delusions; the dissociated, said to contain multiple personalities within a single body; the relentlessly suicidal and depressed. These were wastebasket patients, considered untreatable except with shock therapy or heavy doses of devastating psychiatric drugs -medicines that could integrate personalities by flattening intellect, or banish voices while the person's facial muscles and limbs flew out of control.

The thought of treating such patients with ordinary talk therapy seemed ludicrous to most psychiatrists, who said they retained so much organic damage only drugs would do. Carpenter questioned that point of view. If delusions were looked at seriously, maybe they could be interpreted and adjusted for -something like dreams.

One of his patients thought she was a tennis ball. In a perverse way, the thought made sense. The woman was being batted back and forth by everyone, and helping her see that brought her closer to reality in a way drugs never could. It was one step from there to effective use of cognitive behavioral therapy (CBT) -teaching her to be cognitive of her



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quis as dolorum, si
ommolorum, sed
ut lant quia et qui
nus que nam, quist
laborporunt.

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three interacting brain regions -the impulsive, childlike Id; the vigilant, moralizing Superego; and the everyday Ego, through which we viewed reality to control the other two. We now know such regions do not exist, not even as metaphors or symbols of other brain parts.

Yet neuroscience now shows that Freud was also a force for good. It was Freud who gave us the concept of regular sessions and the patient-therapist relationship; Freud who made us aware of an unconscious, with urges and desires we could barely glean. While many of Freud's theories were wrong, evidence now supports his basic methodology -the so-called "talking cure," structured around regular work between patient and therapist and their collaborative effort to uncover the patient's misapprehensions and conflicts in the world. And over the intervening decades, a series of innovative and powerful new therapies based on behavior and cognition have addressed much of what Freud could not, including such intractable problems as the roiling emotion of borderline personality disorder and

obsessive-compulsive disorder (OCD).

CHANGING THE BRAIN

One of the first people to frame the new therapeutic paradigm in terms of the brain was Nobel Prize winning neuroscientist Erik Kandel. "All mental processes, even the most complex psychological processes, derive from operations of the brain," he observed back in 1998. Psychotherapy and counseling produces long-term changes in behavior, presumably by causing changes in gene expression that would ultimately "alter the anatomical pattern of interconnections between nerve cells of the brain." It makes sense. The adult brain is malleable, and just as when it learns calculus, or French, taking in new techniques and perspectives alters the circuitry within.

In dozens of studies since, the evidence has come pouring in. Virtually all forms of psychotherapy from CBT to DBT to psychodynamic alter the function of the brain across a wide range of disorders, including depression

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FIVE GREAT PSYCHOTHERAPIES THAT CAN CHANGE YOUR LIFE

Psychodynamic Therapy.

1 Freud may be passé, but persuasive studies show support for the derivative, psychodynamic therapy, so-called because patient and therapist face each other, focused on examining fantasies, exploring the past, and finding meaning behind the topics discussed. "The evidence indicates that the benefits of psychodynamic treatment are lasting and not just transitory and appear to extend well beyond symptom remission," says psychologist Jonathan Shedler of the University of Colorado. "For many people, psychodynamic therapy may foster inner resources and capacities that allow richer, freer, and more fulfilling lives."

Cognitive Behavioral Therapy (CBT).

2 This is the therapy for anyone seeking concrete changes in life –and the more specific the problem, the better the therapy will work. CBT is especially effective for phobias, obsessions, anxieties and stress. The therapy with the highest weight of evidence behind it is, today, CBT is also the most commonly used. This blend of old school behavior therapy began with Ivan Pavlov's dog, who salivated at a bell after it had been paired with meat powder, establishing the association between the two. There are two parts to the CBT process: First is the cognitive part, developed by psychologist Albert Ellis, who helped patients identify beliefs, often quite skewed, that drove their behavior as a pathway to change. Second is the behavioral part, based on the human impulse to move towards pleasure and away from pain. One example might be receiving the reward of dessert after taking out the trash –or being deprived of dinner if we leave the trash alone. CBT involves disputing beliefs that determine behavior, and replacing them with new beliefs if need be. One version of the therapy includes flooding, where patients deliberately expose themselves to difficult situations – such as a germ-o-phobe touching every door handle–until the phobia is extinguished. Eventually the cognitive dread, and the avoidant behavior, is washed away.

Web Therapy.

3 Therapy over the Internet works for the ultra-busy, who otherwise would be unable to see a psychologist in person; for the medically limited; and for those who are constantly traveling for work. Web therapy can be an ice-breaker for people fearful of beginning therapy, and for those who just wouldn't engage if they had to go to an office every week. It is especially effective for dealing with focused issues like social phobia, anxiety, and depression. The therapist and patient engage in the same basic exploration done in in office therapy, though here the therapist takes the stronger lead, prompting the patient for response. Look for less therapeutic silence–those pauses familiar in face to face sessions– and more concentrated interaction between therapist and client.

Dialectical Behavior Therapy (DBT).

4 It was once considered impossible to treat borderline personality disorder, whose sufferers feared abandonment within relationships, reacting to normal situations with intense emotion, thoughts of suicide and poor impulse control. But then psychologist Marsha Linehan, diagnosed with the condition herself, developed Dialectical Behavior Therapy –a method for teaching these individuals life and survival skills and appropriate ways to behave. DBT is based on validating the patient's experience of the world. Individual and group sessions help the patient pinpoint their exact thoughts while mastering behavior and specific skills for navigating life despite the intense emotions they feel. In addition to individual and group sessions, the DBT patient is often instructed to telephone the therapist, as needed, between sessions to keep the progress made in therapy intact. What may be most amazing about DBT is solid proof that it works; it's effectiveness has been demonstrated in numerous rigorous studies published in top journals in the peer review.

Eye Movement Desensitization Reprocessing (EMDR).

5 This is the go-to therapy for treating post-traumatic stress disorder, or PTSD. Not long ago, psychologist Francine Shapiro created EMDR accidentally as a result of watching pigeons in Central Park. She was under professional stress and noticed that as she moved her eyes from side to side in order to follow the birds, her stress faded away. Tapping this discovery, the patient goes over her life's major traumas with the therapist, then chooses one traumatic memory to visualize while the therapist moves her hand back and forth in front of the patient's eyes. Though it seems too good to be true, numerous studies show that this cognitive technique saps stress from the memory, defusing a sense of trauma in the present day. More than 30 controlled studies have, thus far, validated this technique. Studies show, for instance, that 84-90 percent of patients get over a single-event trauma like an automobile accident after just three 90-minute sessions. In another study of combat vets, 77 percent were free of PTSD after just 12 sessions.

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panic disorder, social anxiety disorder, posttraumatic stress disorder, the phobias and OCD.

Persuasive proof comes from a US-Canadian team that measured brain metabolism of depressed patients by scanning with Positron Emission Tomography (PET). As expected, the patients showed excess activity in the prefrontal cortex, the seat of higher thought, and lower metabolism in the temporal lobes, which process sensory information from the outside world. Later, those treated with either talk therapy or antidepressants showed more normal metabolism throughout these areas-while those receiving no treatment did not.

In other evidence, a Finnish group looked at receptors for the feel-good neurotransmitter, serotonin, which are significantly less dense in the brains of those suffering major depression. Scanning the brains of their subjects with PET, the researchers found that those treated with psychotherapy showed a significant increase in the binding power of their serotonin receptors; patients treated with

Prozac alone showed no such change.

In a major study this year, researchers from London showed that CBT alters connections between different regions of the brain in schizophrenia, a diagnosis that includes psychotic symptoms like delusions, hallucinations and paranoia -just the sort of patients that Carpenter treats. Study participants all took their antipsychotic medication, but over the course of six months, some also received CBT. The scientists found that in the CBT group only, neural connections increased between the amygdala, a seat of emotion and fear, and the prefrontal cortex, which governs decision-making, analysis and other higher-order thinking. What was especially notable was that the stronger the connections between the brain regions, the better the level of recovery over the course of eight years.

"This research challenges the notion that the existence of physical brain differences in mental health disorders somehow makes psychological factors or treatments less important," says Liam Mason, a clinical psychologist at

King's College London, who spearheaded the work. He added that bias often encourages psychiatrists to recommend medication exclusively. "This is especially important in psychosis, where only one in ten people who could benefit from psychological therapies are offered them."

● THE CHOICE IS YOURS

Perhaps most extraordinary is the finding that many therapeutic techniques can help. For some patients, it doesn't much matter what the therapy is -as long as it conforms to classic structure, including regular appointments, a relationship with a therapist, and a time set-aside to focus on change. Of the hundreds of approaches now available, says Smith College professor of social work, James Drisko, there is abundant evidence that "all work about equally well."

These revelations tie into a final, fabulous piece of news for all of us, whether we suffer psychosis or more ordinary symptoms of depression, anxiety, phobia and OCD: When talk therapy is combined with drug therapy, the additive

power is clear. "Medications aid patients by allowing them to become more integral parts of the therapeutic process, rather than feeling engulfed by their symptoms," says Gail Brodt, a licensed social worker in private practice in New York. "The client then becomes available for the working alliance essential to treatment."

The issue facing patients in pain, though, is not really lack of drug therapy, but lack of psychotherapy to help changes stick. Psychologist Morgan T. Sammons, Executive Officer of the National Register of Health Service Psychologists, notes that "the percentage of patients receiving psychotherapy instead of medication has declined, largely because patients are being treated in primary care settings where only medication is generally available." For many such patients, adding cognitive and talk therapy to drug treatment lowers cost and increases chance of long-term life success.

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