**Psychotherapy**

Psychotherapy, also called counseling, is any form of treatment for psychological, emotional, or behaviour disorders in which a trained person establishes a relationship with one or several patients for the purpose of modifying or removing existing symptoms and promoting personality growth. Psychotropic medications may be used as adjuncts to treatment, but the healing influence in psychotherapy is produced primarily by the words and actions of the therapist and the patient’s responses to them, which in combination are meant to create a safe, intimate, and emotionally meaningful relationship for the open discussion and resolution of the patient’s concerns. Individual and group psychotherapeutic methods are used to treat many forms of psychological distress, in which the symptoms can be emotional, cognitive, behavioral, and physical. These forms include behaviour disorders of children and adults; emotional reactions to the ordinary stresses, hardships, or crises of life; psychotic disorders (characterized by derangements of thinking and behaviour usually so severe as to require hospitalization); neurotic disorders such as anxiety and depression (chronic disorders of personal functioning often accompanied by bodily symptoms of emotional strain); addictions; psychosomatic disorders (in which physical symptoms are caused or aggravated by emotional components); and personality disorders (involving deeply ingrained maladaptive functioning

Modern psychotherapeutic methods for directly treating patients include emotional support, problem exploration, interpretation, feedback, and psychosocial-skills training. Behaviour therapies are aimed at correcting specific pathological emotional states or behaviour patterns through appropriate countermeasures. They are based largely on physiologist Ivan P. Pavlov’s conditioned-reflex theory, psychologist B.F. Skinner’s operant conditioning theory, and, most especially, psychologist Albert Bandura’s social learning theory.

Humanistic, psychoanalytic, cognitive, and interpersonal therapies contribute to general personality growth and problem-resolution skills by helping people gain insight into their feelings and behaviour.

**MENTAL DISORDER**

Mental disorder is any illness with significant psychological or behavioral manifestations that is associated with either a painful or distressing symptom or an impairment in one or more important areas of functioning.

Mental disorders, in particular their consequences and their treatment, are of more concern and receive more attention now than in the past. Mental disorders have become a more prominent subject of attention for several reasons. They have always been common, but, with the eradication or successful treatment of many of the serious physical illnesses that formerly afflicted humans, mental illness has become a more noticeable cause of suffering and accounts for a higher proportion of those disabled by disease. Moreover, the public has come to expect the medical and mental health professions to help it obtain an improved quality of life in its mental as well as physical functioning. And indeed, there has been a proliferation of both pharmacological and psychotherapeutic treatments. The transfer of many psychiatric patients, some still showing conspicuous symptoms, from mental hospitals into the community has also increased the public’s awareness of the importance and prevalence of mental illness.

There is no simple definition of mental disorder that is universally satisfactory. This is partly because mental states or behaviour that are viewed as abnormal in one culture may be regarded as normal or acceptable in another, and in any case it is difficult to draw a line clearly demarcating healthy from abnormal mental functioning.

A narrow definition of mental illness would insist upon the presence of organic disease of the brain, either structural or biochemical. An overly broad definition would define mental illness as simply being the lack or absence of mental health – that is to say, a condition of mental well-being, balance, and resilience in which the individual can successfully work and function and in which the individual can both withstand and learn to cope with the conflicts and stresses encountered in life. A more generally useful definition ascribes mental disorder to psychological, social, biochemical, or genetic dysfunctions or disturbances in the individual.

**Cognitive behaviour therapy**

Cognitive behaviour therapy (CBT), also called cognitive behavioral therapy, form of psychotherapy that blends strategies from traditional behavioral treatments with various cognitively oriented strategies. It is different from other forms of psychotherapy (e.g., traditional psychodynamic psychotherapies) in that the focus of treatment is on changing the maladaptive thought patterns, feelings, and behaviours that are believed to be maintaining a problem, rather than on helping a client to gain insight into early developmental factors that may have set the stage for the problem. There are structured treatment protocols based on cognitive behaviour therapy (CBT) principles for a wide variety of psychological conditions including mood disorders, anxiety disorders, post-traumatic stress disorder, insomnia, obsessive-compulsive disorder, and substance use disorders.

In the 1960s and ’70s several psychologists began to combine behaviour therapy with cognitive treatments meant to change clients’ negative patterns of thinking and information processing. Although a number of individuals played important roles in the early advancement of cognitive treatments, Aaron Beck and Albert Ellis are most often credited with the development of these treatments. Both were originally trained as psychoanalysts, and both described their dissatisfaction with traditional psychoanalysis as the reason they sought to develop new approaches to treating depression, anxiety, and related problems. Ellis referred to his form of treatment as rational emotive therapy and, later, rational emotive behavior therapy, and Beck used the term cognitive therapy.

*Forms of Treatment*

Duration, frequency, and format of CBT sessions vary greatly, depending on the type of problem being treated, the therapist’s availability, and the client’s preferences. Typically, treatment consists of 10 to 20 sessions, usually occurring weekly. However, individuals with complex presentations (e.g., significant comorbidity, personality disorders) may take longer than 20 sessions to treat, and individuals with very-focused problems (e.g., specific phobias) can often be treated in a much smaller number of sessions. Treatment may occur individually or in groups. Although CBT is often administered on an outpatient basis, there are also inpatient and day-treatment programs based on a CBT approach. CBT sessions usually begin with the therapist and client collaborating to set an agenda for the meeting.

**Psychoanalysis**

Psychoanalysis is a method of treating mental disorders, shaped by psychoanalytic theory, which emphasizes unconscious mental processes and is sometimes described as “depth psychology.” The psychoanalytic movement originated in the clinical observations and formulations of Austrian psychiatrist Sigmund Freud, who coined the term psychoanalysis. During the 1890s, Freud worked with Austrian physician and physiologist Josef Breuer in studies of neurotic patients under hypnosis. Freud and Breuer observed that, when the sources of patients’ ideas and impulses were brought into consciousness during the hypnotic state, the patients showed improvement.

In the Freudian framework, conflicts among the three structures of the personality are repressed and lead to the arousal of anxiety. The person is protected from experiencing anxiety directly by the development of defense mechanisms, which are learned through family and cultural influences. These mechanisms become pathological when they inhibit pursuit of the satisfactions of living in a society. The existence of these patterns of adaptation or mechanisms of defense are quantitatively but not qualitatively different in the psychotic and neurotic states.

Freud held that the patient’s emotional attachment to the analyst represented a transference of the patient’s relationship to parents or important parental figures. Freud held that those strong feelings, unconsciously projected to the analyst, influenced the patient’s capacity to make free associations. By objectively treating these responses and the resistances they evoked and by bringing the patient to analyze the origin of those feelings, Freud concluded that the analysis of the transference and the patient’s resistance to its analysis were the keystones of psychoanalytic therapy.

Early schisms over such issues as the basic role that Freud ascribed to biological instinctual processes caused onetime associates Carl Jung, Otto Rank, and Alfred Adler to establish their own psychological theories. Most later controversies, however, were over details of Freudian theory or technique and did not lead to a complete departure from the parent system. Other influential theorists have included Erik Erikson, Karen Horney, Erich Fromm, and Harry Stack Sullivan. At one time psychiatrists held a monopoly on psychoanalytic practice, but soon nonmedical therapists also were admitted.

**STRESS**

Stress, in psychology, is any environmental or physical pressure that elicits a response from an organism. In most cases, stress promotes survival because it forces organisms to adapt to rapidly changing environmental conditions. For example, in response to unusually hot or dry weather, plants prevent the loss of water by closing microscopic pores called stomata on their leaves. This type of adaptive stress is sometimes described as eustress. However, when an organism’s response to stress is inadequate or when the stress is too powerful, disease or death of an organism may result. Such maladaptive stress is sometimes referred to as distress. Humans respond to stress through basic physiological mechanisms, similar to all other organisms; however, in humans, stress is an especially complex phenomenon, influenced and complicated by modern lifestyles and technologies.

Stress may be acute, chronic, or traumatic. In humans, acute stress is characterized by immediate danger that occurs within a short span of time and that activates the fight-or-flight response of the sympathetic nervous system; narrowly avoiding an automobile accident and being chased by a dog are examples of acute stress. Chronic stress is characterized by the persistent presence of sources of frustration or anxiety that a person encounters every day. An unpleasant job situation, chronic illness, and abuse incurred during childhood or adult life are examples of factors that can cause chronic stress. This type of stress involves long-term stimulation of the fight-or-flight response. Traumatic stress is characterized by the occurrence of a life-threatening event that evokes fear and helplessness. Tornadoes, fires, and wars are examples of events capable of causing traumatic stress; these events sometimes lead to the development of post-traumatic stress disorder.

In the case of chronic stress, there is little doubt that an individual’s success or failure in controlling potentially stressful situations can have a profound effect on his or her ability to function. The ability to “cope” with stress has figured prominently in psychosomatic research. Researchers have reported a statistical link between coronary heart disease and individuals exhibiting stressful behavioral patterns designated “Type A.” These patterns are reflected in a style of life characterized by impatience and a sense of time urgency, hard-driving competitiveness, and preoccupation with vocational and related deadlines.

**PERSONALITY ASSESSMENT**

Personality assessment is the measurement of personal characteristics. Assessment is an end result of gathering information intended to advance psychological theory and research and to increase the probability that wise decisions will be made in applied settings (e.g., in selecting the most promising people from a group of job applicants). The approach taken by the specialist in personality assessment is based on the assumption that much of the observable variability in behaviour from one person to another results from differences in the extent to which individuals possess particular underlying personal characteristics (traits). The assessment specialist seeks to define these traits, to measure them objectively, and to relate them to socially significant aspects of behaviour.

A distinctive feature of the scientific approach to personality measurement is the effort, wherever possible, to describe human characteristics in quantitative terms. How much of a trait manifests itself in an individual? How many traits are present? Quantitative personality measurement is especially useful in comparing groups of people as well as individuals. Do groups of people from different cultural and economic backgrounds differ when considered in the light of their particular personality attributes or traits? How large are the group differences?

Overt behaviour is a reflection of interactions among a wide range of underlying factors, including the bodily state of the individual and the effects of that person’s past personal experiences. Hence, a narrowly focused approach is inadequate to do justice to the complex human behaviour that occurs under the constantly changing set of challenges, pleasures, demands, and stresses of everyday life. The sophisticated measurement of human personality inescapably depends on the use of a variety of concepts to provide trait definitions and entails the application of various methods of observation and evaluation. Personality theorists and researchers seek to define and to understand the diversity of human traits, the many ways people have of thinking and perceiving and learning and emoting. Such nonmaterial human dimensions, types, and attributes are constructs – in this case, inferences drawn from observed behaviour. Widely studied personality constructs include anxiety, hostility, emotionality, motivation, and introversion-extroversion. Anxiety, for example, is a concept, or construct, inferred in people from what they say, their facial expressions, and their body movements.

**Ego Development**

The newborn human infant reacts to but cannot control, anticipate, or alter sources of stimulation, be they external or internal. At this stage perception is primitive and diffuse, motor activity is gross and uncoordinated, and self-locomotion is impossible. Learning is limited to the simplest type of stimulus-response conditioning.

The infantile ego develops in relation to the external world and reflects (as psychoanalysis has emphasized) the helpless and dependent infant’s efforts to alter or alleviate painfully intense stimuli. Mechanisms evolve for controlling tension while seeking means by which gratifications can be obtained, and these mechanisms develop into increasingly complex forms of mastery.

At the outset, perception and motor activity are closely tied, with stimulation immediately provoking motor action. The delay of action, while tolerating the consequent tension, is the basis for all more-advanced ego functions. This delay is prototypic of the ego’s role in later personality functioning. The learned separation of stimulation and response allows the interposition of more complex intellectual activities such as thinking, imagining, and planning. By not reacting directly, the ego develops the capacity to test reality vicariously, to imagine the consequences of one or another course of action, and to decide upon future directions to achieve probable ends. The accumulation and retention of memories of past events is necessary for internal processes of thought and judgment. The acquisition of language, started during the second and third years, provides a powerful tool for the development of logical thought processes as well as allowing communication and control of the environment.

As the individual continues to develop, the ego is further differentiated and the superego develops. The superego represents the inhibitions of instinct and the control of impulses through the incorporation of parental and societal standards. Thus, moral standards as perceived by the ego become part of the personality. Conflict, a necessary ingredient for the growth and maturity of the personality, is introduced. The ego comes to mediate between the superego and the id by building up what have been called defense mechanisms.

Since the concept and structure of the ego were defined by Freud and explored by Carl Jung, other theorists have developed somewhat different conceptualizations of the ego.

**unconscious**

Unconscious, also called subconscious, is the complex of mental activities within an individual that proceed without his awareness. Sigmund Freud, the founder of psychoanalysis, stated that such unconscious processes may affect a person’s behaviour even though he cannot report on them. Freud and his followers felt that dreams and slips of the tongue were really concealed examples of unconscious content too threatening to be confronted directly.

Some theorists (e.g., the early experimental psychologist Wilhelm Wundt) denied the role of unconscious processes, defining psychology as the study of conscious states. Yet, the existence of unconscious mental activities seems well established and continues to be an important concept in modern psychiatry.

Freud distinguished among different levels of consciousness. Activities within the immediate field of awareness he termed conscious; e.g., reading this article is a conscious activity. The retention of data easily brought to awareness is a preconscious activity; for example, one may not be thinking (conscious) of his address but readily recalls it when asked. Data that cannot be recalled with effort at a specific time but that later may be remembered are retained on an unconscious level. For example, under ordinary conditions a person may be unconscious of ever having been locked in a closet as a child; yet under hypnosis he may recall the experience vividly.

Because one’s experiences cannot be observed directly by another (as one cannot feel another’s headache), efforts to study these levels of awareness objectively are based on inference; i.e., at most, the investigator can say only that another individual behaves as if he were unconscious or as if he were conscious.

Efforts to interpret the origin and significance of unconscious activities lean heavily on psychoanalytic theory, developed by Freud and his followers. For example, the origin of many neurotic symptoms is held to depend on conflicts that have been removed from consciousness through a process called repression.

**MIND**

Mind, in the Western tradition, is the complex of faculties involved in perceiving, remembering, considering, evaluating, and deciding. Mind is in some sense reflected in such occurrences as sensations, perceptions, emotions, memory, desires, various types of reasoning, motives, choices, traits of personality, and the unconscious.

A brief treatment of mind follows. The subject of mind is treated in a number of articles. For a philosophical treatment of Western conceptions, see mind, philosophy of. For scientific treatment of the so-called mental faculties, see intelligence; animal learning; learning theory; memory; perception; thought. For treatment of Eastern conceptions, in the context of the respective philosophical traditions, see Buddhism; Hinduism; etc.

To the extent that mind is manifested in observable phenomena, it has frequently been regarded as a peculiarly human possession. Some theories, however, posit the existence of mind in other animals besides human beings. One theory regards mind as a universal property of matter. According to another view, there may be superhuman minds or intelligences, or a single absolute mind, a transcendent intelligence.

*Common Assumptions among Theories Of Mind*

Several assumptions are indispensible to any discussion of the concept of mind. First is the assumption of thought or thinking. If there were no evidence of thought in the world, mind would have little or no meaning. The recognition of this fact throughout history accounts for the development of diverse theories of mind. It may be supposed that such words as “thought” or “thinking” cannot, because of their own ambiguity, help to define the sphere of mind. But whatever the relation of thinking to sensing, thinking seems to involve more – for almost all observers – than a mere reception of impressions from without.

The second assumption that seems to be a root common to all conceptions of mind is that of knowledge or knowing. This may be questioned on the ground that, if there were sensation without any form of thought, judgment, or reasoning, there would be at least a rudimentary form of knowledge – some degree of consciousness or awareness by one thing or another.

**PSYCHOLOGICAL DEVELOPMENT**

Psychological development is the development of human beings’ cognitive, emotional, intellectual, and social capabilities and functioning over the course of the life span, from infancy through old age. It is the subject matter of the discipline known as developmental psychology. Child psychology was the traditional focus of research, but since the mid-20th century much has been learned about infancy and adulthood as well. A brief treatment of psychological development follows. For full treatment, see human behaviour.

*Adolescence*

Physically, adolescence begins with the onset of puberty at 12 or 13 and culminates at age 19 or 20 in adulthood. Intellectually, adolescence is the period when the individual becomes able to systematically formulate hypotheses or propositions, test them, and make rational evaluations. The formal thinking of adolescents and adults tends to be self-consciously deductive, rational, and systematic. Emotionally, adolescence is the time when the individual learns to control and direct his sex urges and begins to establish his own sexual role and relationships. The second decade of life is also a time when the individual lessens his emotional (if not physical) dependence on his parents and develops a mature set of values and responsible self-direction. Physical separation and the establishment of material independence from parents mark the adolescent’s transition to adulthood.

*Adulthood*

Adulthood is a period of optimum mental functioning when the individual’s intellectual, emotional, and social capabilities are at their peak to meet the demands of career, marriage, and children. Some psychologists delineate various periods and transitions in early to middle adulthood that involve crises or reassessments of one’s life and result in decisions regarding new commitments or goals. During the middle 30s people develop a sense of time limitation, and previous behaviour patterns or beliefs may be given up in favour of new ones.

Middle age is a period of adjustment between the potentialities of the past and the limitations of the future. An emotional rebellion has been observed in some persons, sometimes referred to as a mid-life crisis, engendered by the recognition that less time remains to be lived than has been lived already.