

Mental Health Treatment: Part 2

By Amy Quarton

Discussion Questions

- What medical approaches were used to treat mental illness? How were these approaches used to treat mental illness?
- How did clinical psychology develop before WWII? How did clinical psychology develop after WWII?
- What other treatment options were available? What is behavior therapy? What is humanistic psychology? How did Maslow and Rogers contribute?

**What medical approaches
were used to treat mental
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What medical approaches were used to treat mental illness?

- In the 1920s and 1930s, doctors welcomed new medical treatments including fever, insulin, Metrazol shock, and electroshock therapies as well as the infamous lobotomy.
 - Most treatments were focused on severe mental illness.
 - While some individuals enjoyed symptom improvement, there was little evidence of effectiveness.

How was fever therapy used to treat mental illness?

- **Fever therapy** was created by Austrian psychiatrist **Julius Wagner-Jauregg** (1857-1940) in **1917**.
 - Patients with paresis were injected with live malaria cells and then treated with quinine sulfate.
 - The process improved mental stability in 4 of 8 cases.
- Its popularity declined in the **1930s** when penicillin was found to cure syphilis (and paresis).

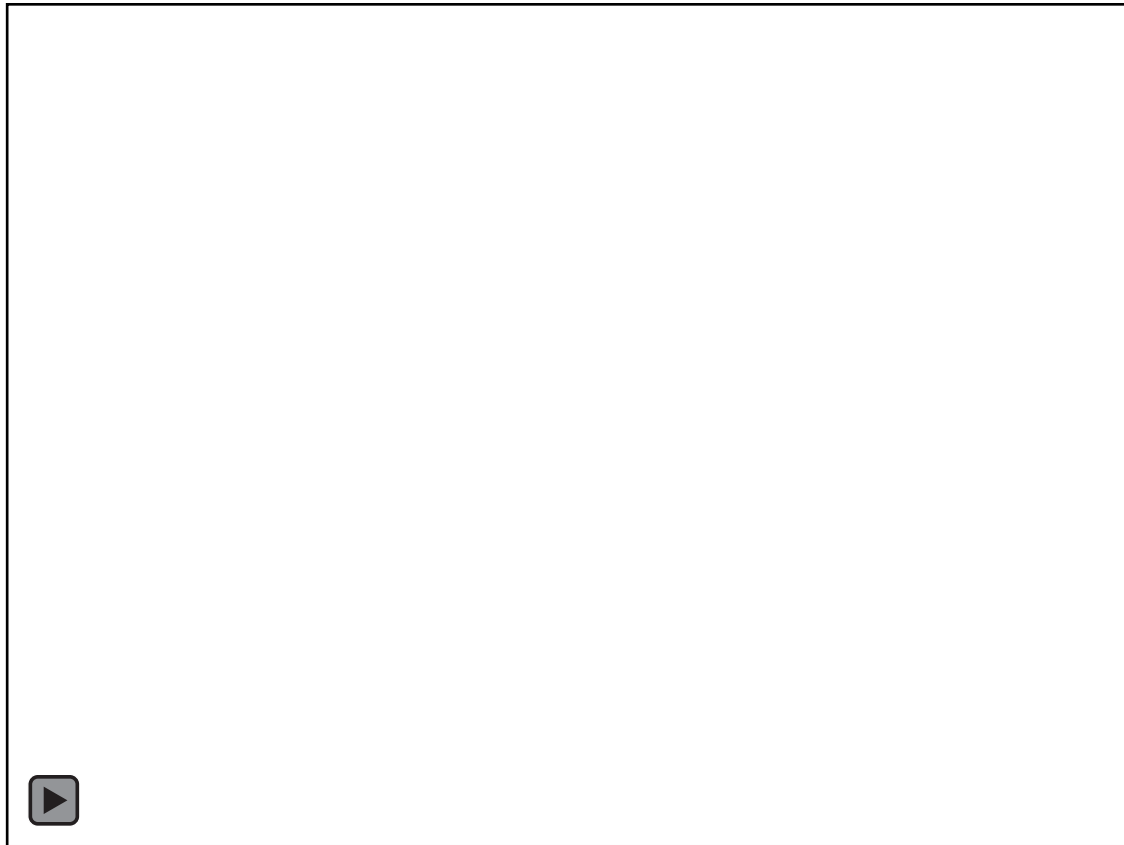
An example of
fever therapy



How was insulin shock therapy used to treat mental illness?

- **Insulin coma therapy** was created by Viennese physician **Manfred Sakel** (1900-1957) in the **1930s**.
 - Patients were injected with insulin to induce a coma and then glucose to wake them up (20 times).
 - Some patients enjoyed a temporary relief of symptoms.
- It spread quickly to the USA.
 - In the **late 1930s**, more than 50% of institutions used it.

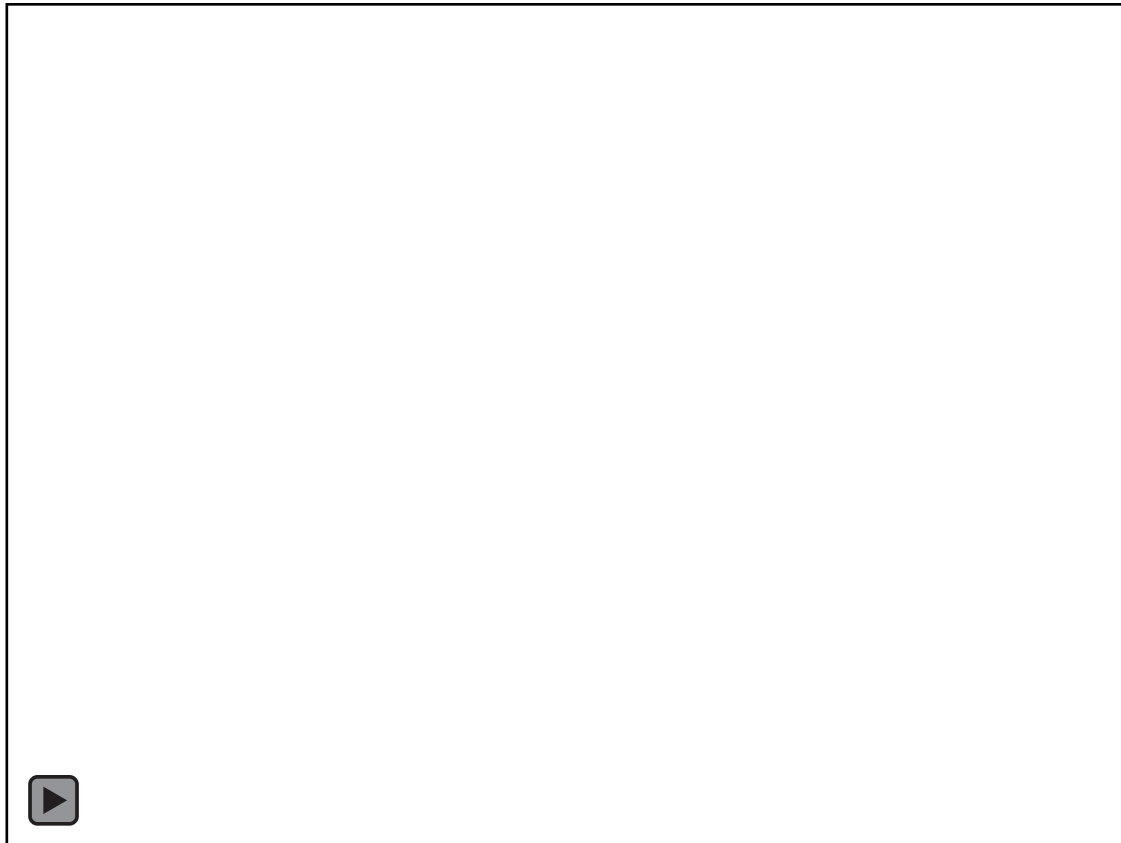
How was insulin shock therapy used to treat mental illness?



How was Metrazol shock therapy used to treat mental illness?

- **Metrazol shock therapy** was created by Hungarian psychiatrist **Ladislav Meduna** (1896-1964) in the **1930s**.
 - He injected patients diagnosed with schizophrenia with Metrazol to induce convulsive seizures.
- It also spread quickly to the USA.
 - In the **late 1930s**, about 2/3 of institutions used it.

How was Metrazol shock therapy used to treat mental illness?



How was electroshock therapy used to treat mental illness?

- **Electroshock therapy** was used to treat humans by Italian neurologist **Ugo Cerletti** in **1938**.
 - He applied a burst of electricity to the patient's temples to induce convulsive seizures.
 - Like Meduna, he thought convulsions were responsible for symptom improvement.
- It was popular in the **1940s** and **1950s**, *unpopular* in the **1960s** and **1970s**, and popular in the **1980s**.

How was electroshock therapy used to treat mental illness?



How was lobotomy used to treat mental illness?

- In 1935, American neurophysiologists **Carlyle Jacobsen** (1902-1974) and **John Fulton** (1899-1960) conducted the 1st animal lobotomies.
 - They severed the connection between the frontal lobe and the lower brain centers of two chimpanzees.
 - The chimpanzees were less aggressive, and their mental functions were not impaired.



How was lobotomy used to treat mental illness?

- By 1936, Portuguese neurologist Egas Moniz (1874-1955) and neurosurgeon Almeida Lima had performed lobotomies on 20 human patients.
 - A leucotome was inserted into a hole drilled on each side of the skull and moved from side to side.
 - Symptoms improved in 14/20 patients, but they also experienced personality changes and increased apathy.
 - In 1949, Moniz was awarded a Nobel Prize for his work.

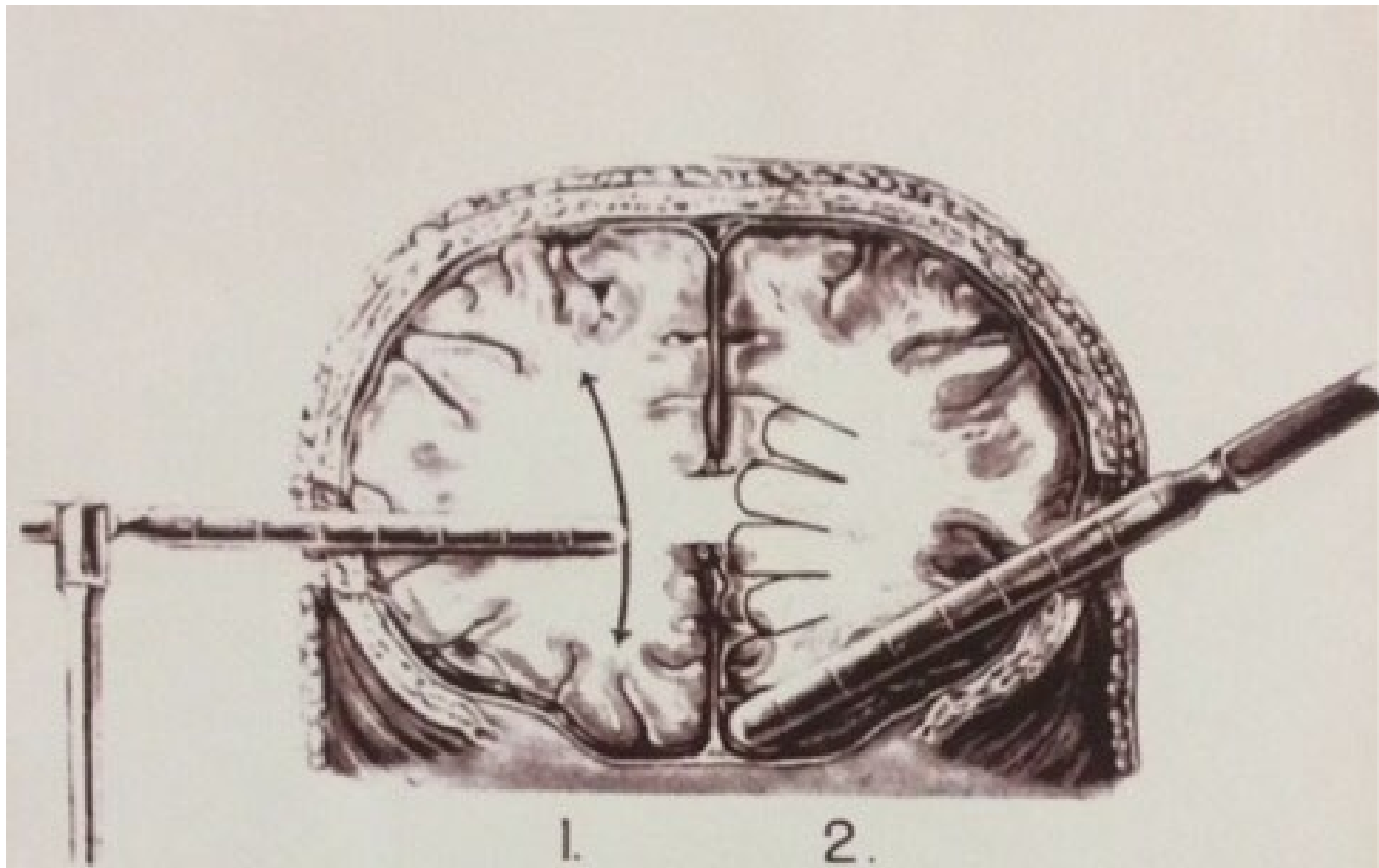


Illustration of the Moniz-Lima lobotomy procedure

How was lobotomy used to treat mental illness?

- In 1946, American physicians **Walter Freeman** (1895-1972) and **James Watt** (1904-1994) performed the 1st transorbital lobotomy.
 - An ice pick-like device was hammered through the eye sockets and moved from side to side.
 - It was faster, cheaper, and “safer” than **Moniz’s** version.
 - In his lifetime, **Freeman** completed about 3,500 transorbital lobotomies.



Dr. Freeman performing a
transorbital lobotomy

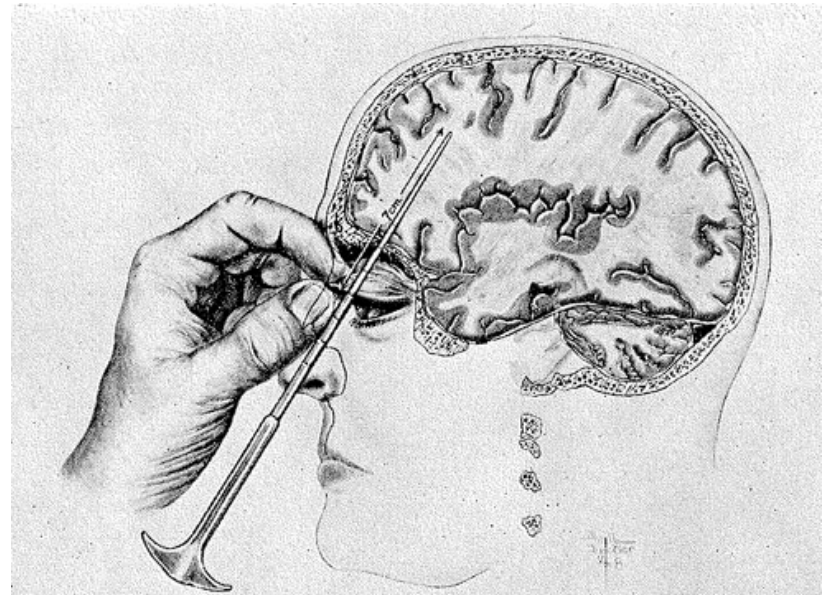
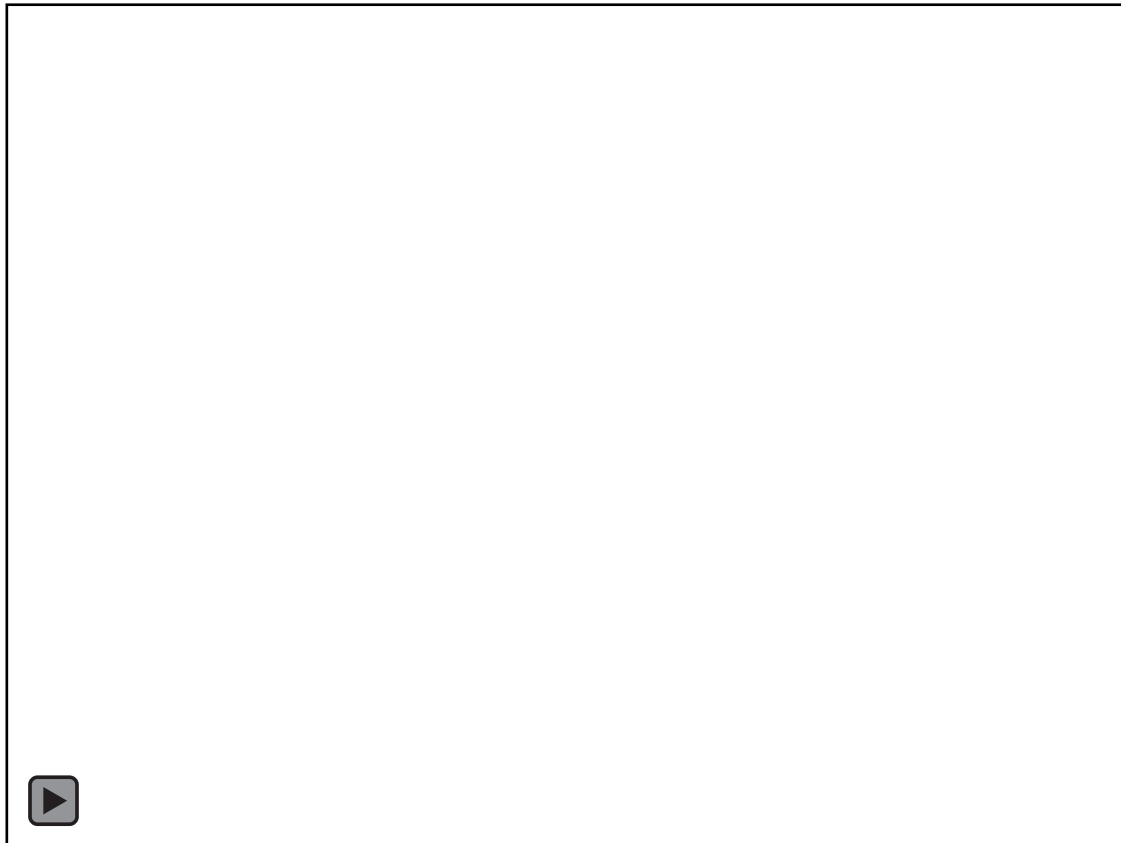


Illustration of the transorbital
lobotomy procedure

How was lobotomy used to treat mental illness?

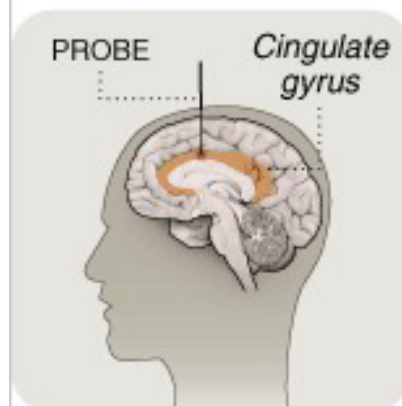


Are lobotomies still used today?

- Yes and no!
 - Yes, intentional brain damage is still done today to treat chronic depression and OCD.
 - E.g., cingulotomy, capsulotomy, stereotactic surgery, gamma knife surgery
 - No, technically, the original lobotomy method is no longer used.

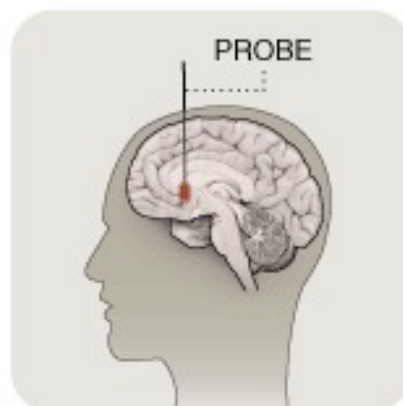
Psychiatric Neurosurgery

A handful of medical centers have been conducting several experimental brain surgeries as a last resort for severe obsessive-compulsive disorders that are beyond the range of standard treatment.



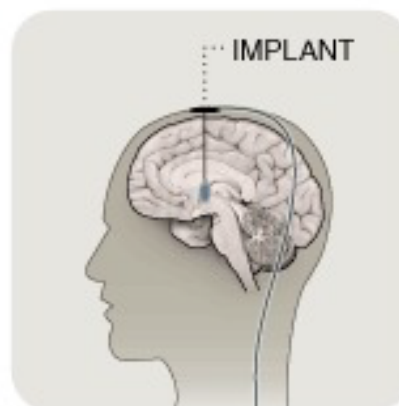
Cingulotomy

Probes are inserted into the brain to destroy a spot on the anterior cingulate gyrus, to disrupt a circuit that connects the emotional and conscious planning centers of the brain.



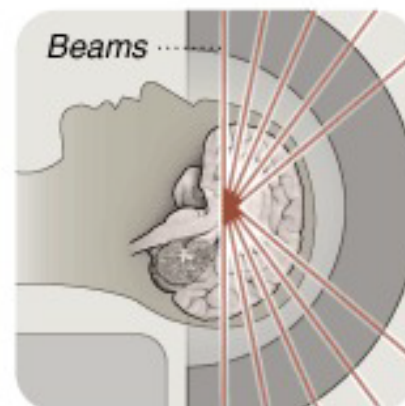
Capsulotomy

Probes are inserted deep into the brain and heated to destroy part of the anterior capsule, to disrupt a circuit thought to be overactive in people with severe O.C.D.



Deep brain stimulation

As an alternative to capsulotomy, an electrode is permanently implanted on one or both sides of the brain. A pacemaker-like device then delivers an adjustable current.

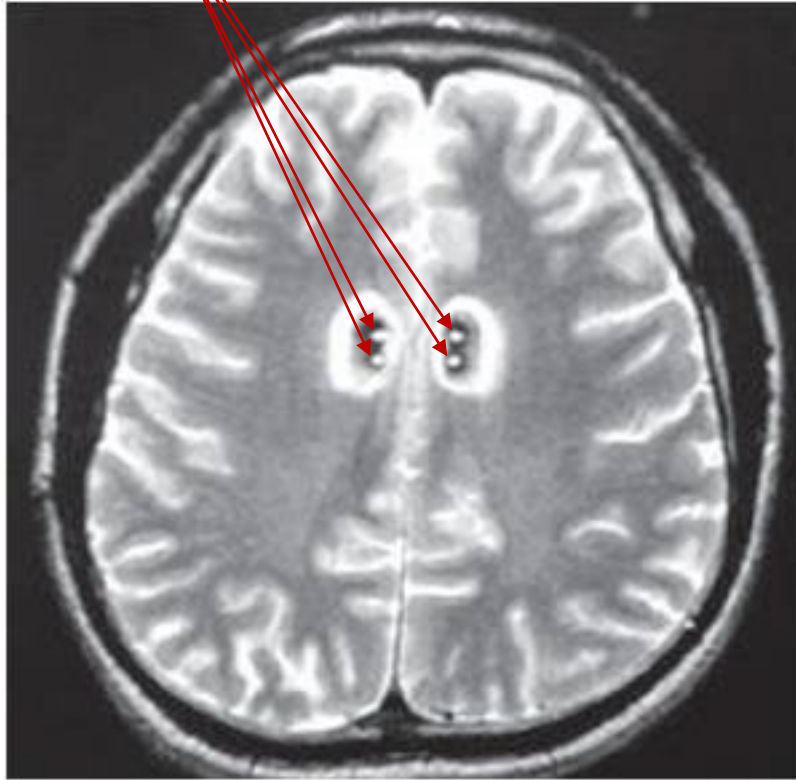


Gamma knife surgery

An M.R.I.-like device focuses hundreds of small beams of radiation at a point within the brain, destroying small areas of tissue.

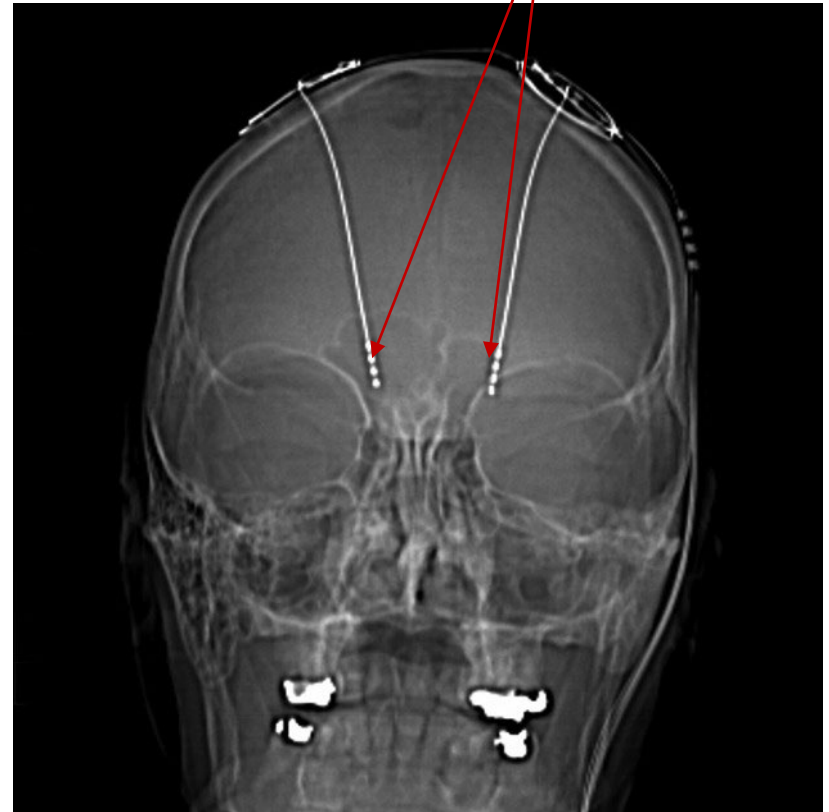
THE NEW YORK TIMES

Lesions



MRI of bilateral cingulotomy

Implanted electrodes



Deep brain stimulation

How did clinical psychology develop before WWII? How did clinical psychology develop after WWII?

How did clinical psychology develop before WWII?

- Before WWII, clinical psychologists were not independent professionals.
 - They worked in mental hospitals, were supervised by psychiatrists, and could only administer mental tests.
 - There were few clinical training programs in existence.
 - They protested the APA's focus on research.
- Clinical psychology emerged thanks to Lightner Witmer's contributions and the APA's actions.

How did clinical psychology develop before WWII?

- **Lightner Witmer** (1867-1956) founded clinical psychology and school psychology in **1896**.
 - He opened a small clinic to help local children with physiological, cognitive, and behavioral problems.
 - The clinic adopted the team approach and considered the impact of environmental factors.
 - In the **early 1900s**, the clinic expanded and opened nearly 10,000 cases.

How did clinical psychology develop after WWII?

- After WWII, soldiers needed psychological help, but psychiatrists could not meet the demand.
 - In the 1950s and 1960s, clinical psychologists increased their numbers.
- Like psychiatrists, they began to specialize in the diagnosis and treatment of mental illness.

How did clinical psychology develop after WWII?

- This created a need for a standardized training program and an accreditation system.
 - In 1949, a group of clinical psychologists conferred at the University of Colorado in Boulder.
 - The result was the **scientist-practitioner model**.
 - Clinical psychologists would be trained as researchers (scientists) and as diagnostic experts and therapists (practitioners).

How did clinical psychology develop after WWII?

- By the 1960s, some believed the practitioner side of training was being neglected.
 - In 1973, another group conferred in Vail, Colorado.
 - The result was the PsyD (Doctor of Psychology).
 - Clinical psychologists would be primarily trained to deliver psychological services.

What other treatment options were available? What is behavior therapy? What is humanistic psychology? How did Maslow and Rogers contribute?

What is behavior therapy?

- In 1952, British psychologist Hans Eysenck reported that no therapy had better outcomes than psychoanalytic therapy or eclectic therapy.
- Despite methodological problems, psychologists used his study as evidence that new strategies were needed.

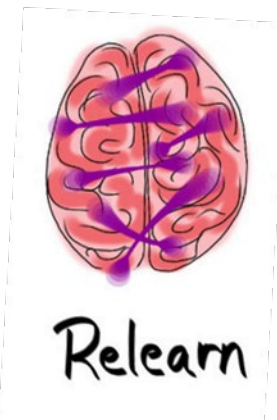
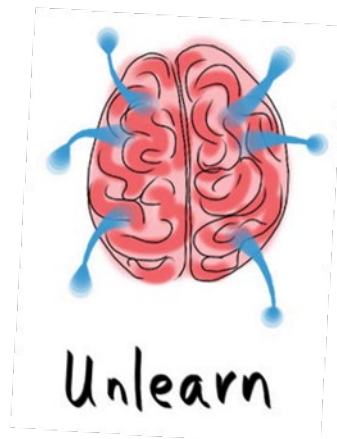
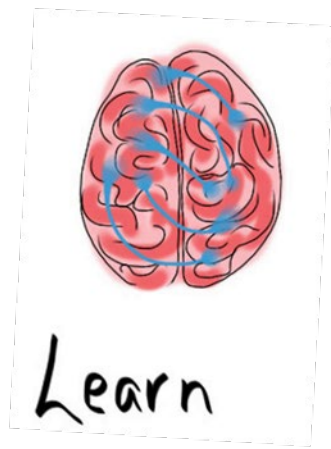


What other treatment options were available?

- **Behavior therapy** is based on the principles of behaviorism (i.e., classical and operant conditioning).
 - AKA 2nd force
 - Est. 1950s
 - E.g., John B. Watson, B. F. Skinner
- **Person-centered therapy** is based on the principles of humanistic psychology.
 - AKA 3rd force
 - Est. 1950s
 - E.g., Abraham Maslow, Carl Rogers

What is behavior therapy?

- It is action-based and highly focused.
- The goal is to reinforce desirable behaviors and eliminate/unlearn undesirable behaviors.
- E.g., cognitive-behavioral therapy, applied behavior analysis, social learning theory



What is behavior therapy?

- Years earlier, psychologists had tested the idea that dysfunctional behaviors could be unlearned.
 - In the 1920s, Mary Jones extinguished a boy's fear of rabbits by moving a rabbit closer during his meals.
 - In 1938, Orval and Willie Mowrer invented a crib pad that rang a bell when wet.
 - In the 1950s, Joseph Wolpe asked patients to relax and imagine situations of increasingly greater anxiety.

What is humanistic psychology?

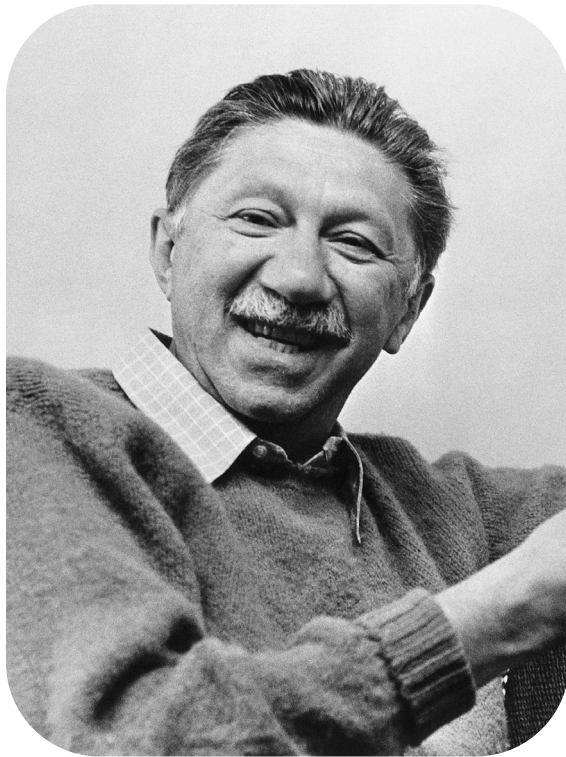
- Humanistic psychologists believed humans have:
 - Free will,
 - A sense of responsibility and purpose,
 - A forward-looking lifelong search for meaning in life,
 - An innate tendency toward growth and personal development.



What is humanistic psychology?

- It was created as a revolt against the other forces.
- It started with **Abraham Maslow's** needs-hierarchy theory and **Carl Rogers'** client-centered therapy.
- It was widely popular in the **1960s** and **1970s**.
 - A journal appeared in **1961**.
 - An association for professionals was formed in **1962**.
 - The APA added a division in **1972**.

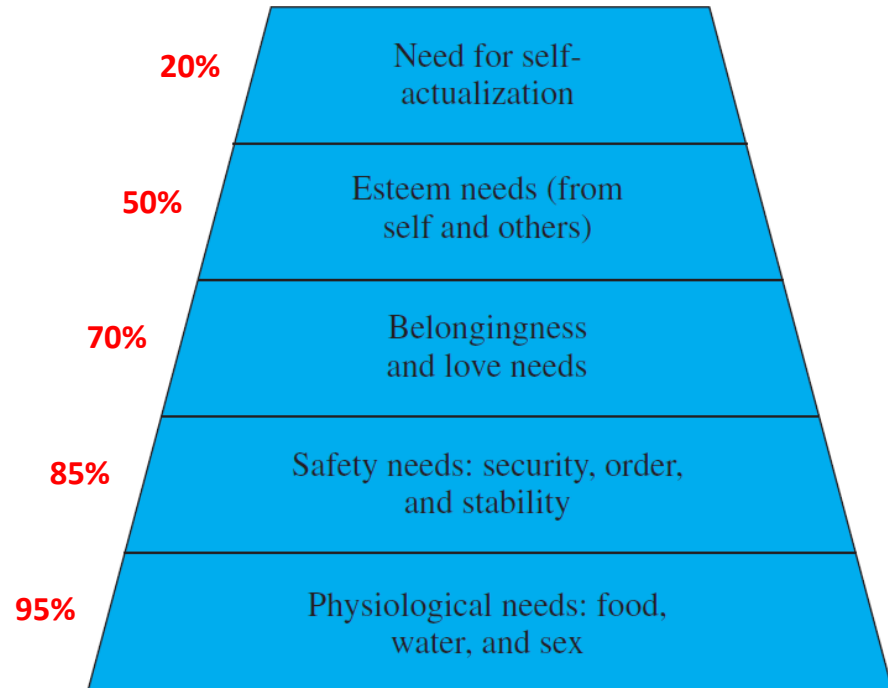
How did Maslow contribute?



- **Abraham Harold Maslow** (1908–1970) earned a PhD in psychology from the University of Wisconsin in **1931**.
- He became critical of psychoanalysis and behaviorism after the start of WWII and the birth of his 1st child.

How did Maslow contribute?

- He proposed a hierarchy of five innate needs that activate and direct behavior.
- Needs are arranged from strongest at the bottom to weakest at the top.



How did Maslow contribute?

- Needs are satisfied by learned behaviors.
 - Lower needs must be at least partially satisfied before higher needs become influential.
 - At any point, only 1 need will dominate personality.
- The degree of satisfaction impacts personality development and functioning.
 - High satisfaction has a positive impact.
 - Low satisfaction/failure to satisfy has a negative impact.

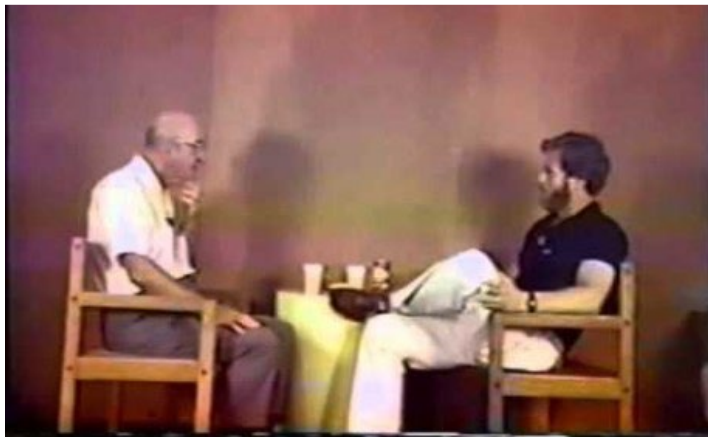
How did Rogers contribute?

- **Carl Rogers** (1902–1987) earned a PhD in psychology from Columbia University in **1931**.
- He said the goal of life is to become **fully functioning** by continually growing, striving, and using all of one's potential.
 - He highlighted the role of **positive regard** (acceptance, love, and approval).



How did Rogers contribute?

- Rogers recorded his therapy sessions and allowed other researchers to study them.
 - They evaluated clients' words and rated their observable behaviors and expressed emotions.



Carl Rogers'
session with
"Richie"

How did Rogers contribute?

- Based on his experiences with clients, Carl Rogers created **person-centered therapy**.
 - The ability to improve behavior is centered within and directed by the client.
 - The client leads the discussion and take control of the healing process.
 - The therapist assists or facilitates the change process and helps the client focus on their subjective conscious experience.

How did Rogers contribute?

- To create a positive environment, therapists must:
 - Be genuine and honest with their clients.
 - Provide **unconditional positive regard** and accept their clients as people of value.
 - Be empathetic and understanding of their clients' perspective.

