

Cyber Psych Links for

GENERAL PSYCHOLOGY: WITH SPOTLIGHTS ON DIVERSITY

Chapter 13

A HISTORICAL PERSPECTIVE (pp. 454-455)

Reports of persons with psychological disorders are as old as recorded history. Part of that history also includes accounts of how persons with mental illness were cared for by the societies in which they lived. In most cases, what tended to drive approaches to treatment was the prevailing understanding of what caused the disordered thinking and behaviors in the first place. There is a large amount of literature on the history of the treatment of persons with psychological disorders. Here are a few good Internet sites on the subject:

<http://cscwww.cats.ohiou.edu/~ridges/history.html>

A brief presentation, with sections on hospitalization, moral management, and societal cooperation/interaction.

<http://intotem.buffnet.net/mhw/29ap.html>

A bit more recent; a review of 20th century approaches to treatment.

http://www.brainyencyclopedia.com/encyclopedia/b/be/bethlem_royal_hospital.html

A wonderful site, focusing on “Bedlam” with many additional links.

PSYCHOSURGERY (pp. 456-458)

As you know, psychosurgery does not begin and end with the prefrontal lobotomy, although that impression is a common one. If one defines psychosurgery in general terms as “a surgical technique usually directed at the brain, used to affect psychological functioning,” there are several procedures that qualify. These websites look at both the old and the new.

<http://www.psychosurgery.org>

Subtitle: “Remembering the tragedy of lobotomy,” calling it “a psychiatric mistake of the past.”

<http://nobelprize.org/medicine/articles/moniz>

Egas Moniz did win a Nobel Prize for his work on lobotomies; this is his story.

<http://cms.psychologytoday.com/articles/pto-19920301-000030.html>

A general article on psychosurgery with an excellent case history of a patient.

<http://neurosurgery.mgh.harvard.edu/Functional/psysurg.htm>

A most excellent summary by two MDs of the Departments of Neurosurgery and Psychiatry, Massachusetts General Hospital and Harvard Medical School.

ELECTROCONVELSIVE THERAPY (pp. 458-459)

There are few techniques in all of medicine or psychology that continue to be quite as controversial as electroconvulsive therapy (ECT), or simply “shock therapy.” As in most controversies, there are divergent points of view and different sides to the story. See if these websites help.

<http://www.psycom.net/depression.central.ect.html>

About the largest website on ECT you will find.

<http://www.ect.org>

A site hosted by someone who has received ECT—very comprehensive.

DRUG THERAPY (pp. 459-463)

Now the issue is the use of psychoactive drugs to either treat psychological disorders or, at least, to suppress the symptoms of such disorders. The following sites cover this issue for the antipsychotic, antidepressant, and antianxiety medications.

<http://www.abc.net.au/health/depression/anti.htm>

From Australia, an informative site on antidepressants with many links.

<http://www.breggin.com/minortranqs.html>

(a most excellent summary article on the tranquilizers—or antianxiety drugs)

WHO PROVIDES PSYCHOTHERAPY? (pp. 463-466)

There are a great many approaches to psychotherapy, so many that it can honestly be said that no two psychotherapists approach their sessions in exactly the same way. No two people are alike, and that also holds for psychotherapists. About the only thing we can say about psychotherapy is that they do not involve surgery, shocking, or administering drugs of any sort. Psychotherapies involve listening, interacting, and guiding. These are general websites on psychotherapy and choosing a therapist.

<http://www.guidetopsychology.com/choosing.htm>

An excellent, large website on “Choosing a Psychologist.”

<http://www.psychotherapyguild.com/choosing.html>

A straightforward discussion on “How to Choose a Therapist.”

http://www.psych.org/public_info/psythera.cfm

From the American Psychiatric Association.

PSYCHOANALYTIC TECHNIQUES (pp. 467-470)

As you know, psychoanalysis originated with the work of Sigmund Freud. Let's explore the Internet to first find out more about Freud himself, and then to take a look at psychoanalytic approaches to therapy.

<http://www.freud.org.uk>

The life and times of Sigmund Freud from London's Freud Museum.

<http://users.rcn.com/brill/freudarc.html>

Scroll down to the links that make this a HUGE Freud site.

<http://www.freudfile.org>

If you've not found it yet; find it here—another HUGE Freud site.

<http://www.wawhite.org/Journal>

This journal (*Contemporary Psychoanalysis*) is technical, but worth a look.

<http://www.icpla.edu>

The homepage of The Institute of Contemporary Psycholoanalysis.

<http://www.psychanalysis.org.uk/psatoday.htm>

Psychoanalysis Today from the British Psychoanalytic Society.

<http://www.apsa-co.org/ctf/pubinfo/facts.htm>

From the American Psychoanalytic Association.

HUMANISTIC TECHNIQUES (pp. 470-471)

To talk about humanistic approaches to psychotherapy is largely a matter of studying the works of Carl Rogers on person-centered therapy and Fritz Perls on Gestalt therapy.

<http://www.allanturner.co.uk>

The links and resources available here are impressive, indeed.

<http://www.adpca.org/articles.html>

They're all good, but Barbara Brodley's article is very useful.

<http://www.gestalt.org>

Not particularly easy to navigate, but this "Gestalt Therapy Page" has excellent links.

<http://www.aagt.org>

Website for The Association for the Advancement of Gestalt Therapy.

BEHAVIORAL TECHNIQUES (pp. 471-473)

There are many approaches to psychotherapy that can be classified as behavioral. They share the common goal of using the experiences of the psychology laboratory (mostly the learning laboratory) to bring about changes in behavior. The assumption is that if behaviors are changed, affects and cognitions will change as well. As there are many behavior therapies, there are many websites devoted to them. This is a small sample.

<http://www.aabt.org>

The homepage for the Association for the Advancement of Behavior Therapy.

<http://www.guidetopsychology.com/sysden.htm>

A rich website devoted to systematic desensitization.

http://www.glbtq.com/social-sciences/aversion_therapy.html

A summary of aversion therapy—from a gay/lesbian perspective.

COGNITIVE TECHNIQUES (pp. 473-475)

As you know, cognitions include such mental events as perceptions, beliefs, and thoughts. Cognitive therapists take the position that working to change how a person thinks (usually about herself or himself) can lead to positive changes in behavior and emotional state. Your text addresses rational-emotive therapy, cognitive restructuring therapy, and cognitive-behavior therapy—so do the following websites.

<http://www.rebt.org>

The Albert Ellis “Rational Emotive Behavior Therapy” website.

<http://www.threeminutetherapy.com/rebt.html>

An individual’s site on rational-emotive behavior therapy.

<http://mentalhelp.net/psyhelp/chap14/chap14g.htm>

A nice, readable essay on R.E.T.

<http://www.beckinstitute.org>

The Beck Institute for Cognitive Therapy and Research; takes some searching, but good things to be found.

<http://www.academyofct.org>

The Academy of Cognitive Therapy website—great links.

<http://www.nacbt.org>

Website for the National Association of Cognitive Behavioral Therapists.

GROUP APPROACHES (pp. 475-476)

For some folks, talking about personal problems in front of anyone is difficult. Such discussions with a professional therapist may be acceptable, but sitting in a group of people talking about personal “issues” is a real challenge for some. Nonetheless, there are some real benefits from an approach to psychotherapy that is referred to, in general, as “group therapy.”

<http://www.group-psychotherapy.com>

A well-organized website with many helpful links.

<http://psychematters.com/group.htm>

Not a large site, but it has very useful links.

<http://www.groupsinc.org/group/consumersguide2000.html>

A guide to group therapy from the American Group Therapy Association.

<http://www.rci.rutgers.edu/~rccc/groupbro.html>

A brochure on group therapy from the Rutgers College Counseling Center.

EVALUATING PSYCHOTHERAPY (pp. 476-479)

There are many unknowns to define and consider when trying to evaluate psychotherapy in general. It is often easier to evaluate a particular type of therapy as practiced by a particular therapist with a particular type of patient. The only general consensus is that psychotherapy in general is better than no psychotherapy. See if these websites help.

<http://counsellingresource.com/types/effectiveness.html>

A strange site, but with a nice summary article on evaluating psychotherapy.

<http://www.beta.nl/eep.htm>

An excellent—if slightly dated—summary article.

<http://www.cwru.edu/affil/div29/lambert.htm>

A very nice summary piece from the APA's Division of Psychotherapy.

http://www.apa.org/divisions/div12/rev_est

A "Guide to Beneficial Psychotherapy—Empirically Supported Therapies—
hosted by the APA's Division 12, The Society of Clinical Psychology.