

CHAPTER - 5

THERAPEUTIC APPROACHES & COUNSELLING

NCERT TEXTBOOK QUESTIONS SOLVED

1. Describe the nature and scope of psychotherapy. Highlight the importance of therapeutic relationship in psychotherapy. (CBSE 2013, 2014)

Ans. Psychotherapy is a voluntary relationship between two people, one who seeks help and the other who is ready to provide the help, i.e., the therapist. It is given under therapeutic conditions.

Various psychotherapeutic approaches have the following characteristics:

1. All psychotherapies are systematic application of some theory or principle of different therapies.
2. Only trained professionals can practise psychotherapy.
3. Therapeutic situation is a two-way process in which therapist as well as client actively interact.
4. Psychotherapy functions under formation of therapeutic relationship which is confidential, interpersonal and dynamic in nature.

Psychotherapy has very broad scope to deal with disorders which are as follows:

- Reinforcing client's resolve for betterment.
- Lessening emotional pressure.
- Unfolding the potential for positive growth.
- Modifying habits.
- Changing thinking patterns.
- Increasing self-awareness.
- Improved interpersonal relations and communication.
- Facilitating decision-making.
- Becoming aware of one's preferences in life.
- Development of adaptive behaviour.

Therapeutic Relationship:

The special professional relationship between the client and the therapist is known as

therapeutic relationship or alliance.

There are two major components of this relationship:

1. The Contractual Nature of the Relationship in which two willing individuals, the client and the therapist, enter into a partnership which aims at helping the client overcome his problems.

2. Limited Duration of the Therapy: This alliance lasts until the client becomes able to deal with his problems and take control of his life.

Through therapeutic relationship the therapist wins the trust of the client. The quality of this relationship/alliance determines early healing in psychotherapy.

2. What are the different types of psychotherapy? On what basis are they classified?

Ans. Following are the main psychotherapies:

•Psychodynamic Therapy

•Behaviour Therapy

•Humanistic Therapy or Existential Therapy Parameters of classification are as follows :

1. What is the cause of the problem?

(a)Psychodynamic therapy-Intrapsychic conflicts (id, ego and super ego) causes problems.

(b) Behaviour therapy-Faulty learning of behaviours and unrealistic cognition , (thinking process) cause problems.

(c) Existential therapy-Ansviev about the meaning of one's life and existence is not available.

2. How did the cause come into existence?

(a)Psychodynamic therapy-Intrapsychic conflicts are caused due to unfulfilled desires of childhood or unresolved fears which cause fixation and repression during psycho-sexual stages of life.

(b)Behaviour therapy-Faulty conditioning patterns, faulty learning through improper rewards, faulty thinking and beliefs.

(c) Existential therapy-Current feelings of loneliness, aimless life or meaningless existence.

3. What is the chief method of treatment?

(a)Psychodynamic therapy-Free association and reporting of dream to make the person confront and resolve the conflict.

(b) Behaviour therapy-To identify faulty conditioning patterns and faulty learning and to challenge the faulty thinking patterns.

(c)Existential therapy-Providing positive, non-judgmental and accepting therapeutic environment. Therapist acts as a facilitator helping client solve his own problems and arrive at solution through personal growth.

4. What is the nature of the therapeutic relationship?

(a)Psychodynamic therapy-Therapist understands the client and is more capable in interpreting his thoughts and feelings.

(b)Behaviour therapy-Therapist is able to identify faulty behaviour and thought patterns and is capable of finding out correct behaviour and realistic thought patterns.

(c)Existential therapy-Therapist provides warm and emphatic relationship helping the client feel secured to explore the causes of his problems himself and herself.

5. What is the chief benefit to the client?

(a)Psychodynamic therapy-Emotional insight to resolve problems.

(b)Behaviour therapy-Adaptive and healthy behaviour and thought pattern to reduce stress.

(c)Existential therapy-Personal growth by increasing understanding of one's aspirations, emotions and motives.

6. What is the duration of treatment?

(a)Psychodynamic therapy-Classical psychoanalysis lasts for several years. New version? 10-15 sessions.

(b)Behaviour therapy-Short and completed within few months.

(c)Existential therapy-Short and completed within few months.

3. A therapist asks the client to reveal all his/her thoughts including early childhood experiences. Describe the technique and type of therapy being used.

Ans. Psychoanalysis is a method of treatment of neurotic patients which emphasized the thoughts and experiences of childhood. It was developed by Dr. Sigmund Freud.

The whole modality of treatment occurs in three phases:

1. Initial Phase: The client becomes making client familiar with the routines.

- Establishment of a therapeutic relationship with the analyst,
- Relief with the process of recollecting the superficial materials from the unconscious about the past and present troublesome events.

2. Middle Phase: Transference and interpretation are the means of treating the patient.

• **Transference:** The client starts identifying positively or negatively to the therapist with other significant people often with father and mother, in his childhood.

- Parent-child relationships are often replayed in this way.
- The therapist may be seen as the punitive father or as negligent mother or vice-versa.
- The therapist maintains a non-judgmental yet permissive attitude towards the client and overcomes the resistance showed by the client.
- This whole process is known as **transference** and when the therapist becomes a substitute for the client in the present is known as **transference neurosis**.

Stage of Transference Neurosis:

In the process of transference the client acts out his/her frustrations, anger, fear and depression that he/she carried toward that person in the past, but could not express at that time.

- The therapist becomes a substitute for that person in the present.

This substitution which is known as **transference neurosis** is helpful in making the therapist aware of the nature of intrapsychic conflicts suffered by the client.

The transference neurosis may develop in two forms:

(i) Positive Transference: Here the client may fall in love with the therapist and seeks the therapist's approval.

(ii) Negative Transference: When the client develops feeling of hostility, anger and resentment towards the therapist.

• **Stage of Resistance:** During the process of transference an individual may develop resistance. Since process of transference exposes the unconscious wishes and conflicts, client's distress level increases and so the client resists transference.

(i) Conscious Resistance: It is present when the client intentionally hides some information.

(ii) Unconscious Resistance: It is present when the client becomes silent during the therapy session or starts coming late for the sessions, flight into sickness or show unwillingness-to talk about certain things, sudden blocks forgetting and so on.

• According to Freud, resistance is patient's unconscious struggle to prevent painful material from being brought to the surface and faced directly.

• Interpretation: Interpretation is the fundamental mechanism to bring change in the client.

Interpretation is done through two analytical techniques:

(i) Confrontation: The therapist points out to the client an aspect of his psyche that must be faced by the client. It is a subtle process and considered to be the pinnacle of psychoanalysis.

(ii) Clarification: It is the process by which the therapist brings a vague or confusing event into clarity.

Both the process are done by sharpening and pruning of the material which is brought from unconscious to conscious level.

- The therapist highlights certain important aspects and deletes the unimportant ones.

Working Through: The repeated process of using confrontation, clarification and interpretation is known as **working through**.

• This process helps the patient to understand himself and the source of the problem.

• It integrates the uncovered material into his ego.

•**Insight:** The end product of working through is insight.

It is a gradual process wherein the unconscious memories are again and again integrated into conscious awareness.

As this process continues, the client starts to understand himself better at an intellectual and emotional level and gains insight into his/her conflicts and problems. The insight is of two types:

(i) Intellectual Insight: It is intellectual understanding of the event.

(ii) Emotional Insight: The emotional understanding, acceptance of one's irritations due to unpleasant events of the past and the willingness to change emotionally is known as emotional insight.

3. Third Phase:

• **Termination:** Insight is the end part of therapy. Now the client is supposed to gain new understanding of himself. Conflicts of the past, excessive usage of defence mechanism and physical symptoms are no longer present and he/she becomes a healthy person.

4. Discuss the various techniques used in behaviour therapy. (CBSE 2012)

Ans. The techniques used in behaviour therapy are not based on any unified theory. These are developed on the basis of various principles particularly on classical conditioning, operant conditioning and modelling. The main objective of the techniques are to modify maladaptive behaviour. Negative reinforcement and aversive conditioning are the two major techniques of behaviour modification.

1. Reinforcement Techniques:

(a) Negative Reinforcement: It refers to following an undesired response with an outcome that is painful or not liked. For example, a mother may cover her son's thumb with a bitter NEEM paste so that he should not develop habit of thumb sucking. Due to the bitterness, the child tries to avoid or withdraw the bitterness of thumb and will leave the habit of thumb-sucking.

Aversive Conditioning:

- It is establishing relationship between undesirable behaviour and aversive consequences.
- Aversive therapy is a therapeutic technique which uses an unpleasant stimulus to change a deviant behaviour.
- It works by pairing together the stimulus that normally invites the deviant behaviour (such as an alcoholic drink or sexual image) with an unpleasant (aversive) stimulus such as an electric shock or a nausea-inducing drug, with repeated presentations.
- The two stimuli become associated and the person develops an aversion toward the stimulus that formerly gave rise to the deviant behaviour.

(b) Positive Reinforcement: If an adaptive behaviour occurs, positive reinforcement may be used by the therapist. For example, the child's mother may prepare child's favourite dish on the day when most of the time child was being observed not keeping his thumb in the mouth.

Token Economy: A behaviour therapy is based on positive reinforcement.

- A package or deal is being established between the therapist and the client.
- Persons with behavioural problems can be given a token as a reward every time a wanted behaviour occurs.
- The tokens are collected and exchanged with for a predetermined reward such as outing for the patient or a treat for the child.
- The technique is widely used in hospitals, schools and reformatory.

(c) Differential Reinforcement: In differential reinforcement, both positive and negative reinforcements are used together. By using this method, unwanted behaviour can be reduced and wanted behaviour can be increased simultaneously.

(d) Method of ignoring Unwanted Behaviour: In this method, the therapist positively reinforces the wanted behaviour and ignores the unwanted behaviour. For example, the parents are instructed to praise the child or give chocolate to him or to take him to cinema if the child does not suck the thumb, ; but ignore the unwanted behaviour that is sucking the thumb. This

method is

less painful and equally effective for modifying the unwanted behaviour.

2. Systematic Desensitisation: It is a technique introduced by **Wolpe**, for treating phobias or irrational fears. This technique is based on the principle of **reciprocal inhibition**. This principle states that the presence of two mutually opposing forces at the same time, inhibits the weaker force, e.g., distress, at the same time, relaxation, can not occur.

The technique follows four steps:

(i) Initial interview.

(ii) Training in relaxation exercises.

(iii) Preparation of hierarchy of anxiety-provoking situation. This is a subjective process and changes from problem to problem.

(iv) **Desensitization:** When the client becomes relaxed, he/she is exposed to least anxiety-provoking situation. Over sessions, the client is able to unique more severe fear-provoking situations while maintaining with relaxation. The client gets systematically desensitized to the fear.

3. Modelling: It is the procedure wherein the client learns to behave in a certain way by observing the behaviour of a role model or the therapist.

- It is role playing.

- Vicarious learning (learning by observing others) is used and through a process of rewarding small changes in the behaviour, the client gradually learns to acquire the behaviour of the model.

5. Explain with the help of an example how cognitive distortions take place. (CBSE 2011)

Ans. Aaron Beck devised cognitive therapy.

- It is also known as **cognitive restructuring therapy**.

- **Basic Assumption:** Negative thinking, irrational beliefs and faulty generalization caused disorder.

- This therapy believes that repeated cognitive distortions play significant role in causing disorder. Cognitive distortion means way of thinking which are general in nature but which distorts the reality in a negative manner, e.g., persistent negative and irrational thoughts such as: "Nobody loves me", "I am ugly", "I am stupid" etc.

Step I – Analysis of Core Schemata: Childhood experiences provided by the family and society develop core schemata or systems, which include beliefs and action patterns of the individual.

- A client, who was neglected by the parents as a child, develops the core schema of "I am not wanted." This may be validated by the teachers in the school.

- Such negative automatic thoughts cause cognitive distortions.

- Cognitive distortions are ways of thinking which are general in nature but which distort the reality in a negative manner. Their patterns are called **Dysfunctional cognitive structure**.

- Repeated occurrence of these distorted thoughts leads to the development of feelings of anxiety and depression.

Treatment Method:

- The therapist uses questioning, which is gentle, non-threatening and non-judgmental, non-probing but thought provoking questions.

- The questions make the client to think deeper into her/his assumptions about his life and problems.

- These questions make the client to think in a direction opposite to his negative thoughts and gains insight of his dysfunctional schemas and able to restructure his thoughts in positive direction.

- **Beck's** cognitive approach does not attempt to disprove the ideas held by depressed persons, rather the therapist and client work together to identify the individual's assumptions, beliefs and expectations and to formulate ways of testing them.

Aim of the Therapy:

•Cognitive restructuring by helping people to recognize and reject the false assumptions that are central to their difficulties.

6. Which therapy encourages the client to seek personal growth and actualise their potential?

Write about the therapies which are based on this principle. (2009, 2010)

Ans. • The humanistic-existential therapies encourage personal growth and actualize the potential.

Fundamental Assumption:

- The client has the freedom and responsibility to control his/her own behaviour.
- Psychological distress arises from feeling of loneliness, alienation and an inability to find meaning and genuine fulfilment in life.
- All individuals have desire for personal growth and self-actualization and an innate need to grow emotionally.

Causes of Distress:

- 1.Obstacles created by the society and family to achieve personal growth.
- 2.Obstacles in attainment of self-actualization, because it requires free emotional expression.

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Treatment Modalities:

- The therapist is merely facilitator and guide. It is the client who is responsible for the success of the therapy.
- The client initiates the process of self-growth through which healing takes place.

Therapies based on Humanistic-existential Approach:

Logo therapy is a form of existential therapy.

Victor Frankl, a psychiatrist and neurologist propounded logo therapy.

Basic Assumption: 'Logo' is the Greek word for 'soul' and "logo' therapy 'means treatment of the soul'.

- Person's desire of finding the spiritual truth of ones existence is the source of motivation.
- binding meaning of self even in life-threatening circumstances is process of meaning making.
- There is a spiritual unconscious, which is the store house of love, aesthetic awareness and values of life.

Aim of Therapy: To help the client to find meaning and responsibility in their life irrespective of their life circumstances.

Treatment Modality:

- The therapist emphasizes the unique nature of the patients life and encourages them to find meaning in their life.
- The therapist is open and shares his/her feelings, values and his/her own existence with the client.
- The emphasis is on here and now.
- In the therapy, transference is actively discouraged.
- The goal is to facilitate the client to find meaning of his/her being.

Gestalt Therapy:

- It is humanistic therapy developed by Fritz Pearl and his wife Laima Pearl.
- It helps the client to develop self-awareness and self-acceptance.
- The client is taught to bring his disowned thoughts, conflicts and anxieties to his awareness.
- The therapist does this by encouraging the client to act out or speak out his/her fantasies about feelings and conflicts.
- This therapy can also be used in group setting.

Client-Centered Therapy:

This kind of therapy is developed by Carl Rogers.

- It is based on non-directive approach.
- To understand individual, we must look at the way they experience events rather than at the events themselves.

- The therapy provides a warm relationship in which the client can reconnect with his/her disintegrated feeling.
- The therapist shows empathy, i.e., understanding the client's experience as if it were his/her own, is warm and has unconditionally positive regard, i.e., total acceptance.
- The therapist reflects the feelings of the clients in a non-judgmental manner. The reflection is achieved by rephrasing the statements of the client, i.e., seeking simple clarifications to enhance the meaning of the clients statements.
- According to this therapy personal relationships improve with an increase in adjustment. In essence, this therapy helps the client to become his/her real self with the therapist working as a facilitator.

7. What are the factors that contribute to healing in psychotherapy? Enumerate some of the alternative therapies. (CBSE 2012)

Ans. There are several factors which contribute to the healing process. Some of these factors are as follows:

- The techniques adopted by the therapist and the implementation of the same with the client.
- The quality of therapeutic alliance—the regular availability of the therapist, and the warmth and empathy provided by the therapist has its importance.
- The quality of emotional unburdening (catharsis) has significant impact on healing.
- Non-specific factors are associated with psychotherapy. These are patient variable and therapist variable.
- Patient variable refers to attributed to the client, e.g., clients motivation for change and expectation of improvement due to the treatment etc. Therapist variable refers to his/her good mental health, absence of his/her unresolved emotional conflicts and expertise.

Alternative therapies are so called, because they are alternative treatment possibilities to the conventional drug treatment or psychotherapy. There are many alternative therapies such as yoga, meditation, herbal remedies and so on.

1. Yoga is an ancient Indian technique detailed in the Ashtanga Yoga of Patanjali's Yoga Sutra. Yoga, as it is commonly called today either refers to only the asanas or body positive component or to breathing practices or pranayama or to a combination of the two.

2. Meditation refers to the practice of focusing attention on breath or an object or thought or a mantra.

3. Vipasana Meditation, also known as mindfulness-based meditation, has no fixed object or thought to hold the attention. The person possibly observes the various bodily sensation and thoughts that are passing through his awareness.

4. The rapid breathing techniques to induce hyperventilation as in Sudarshana Kriya Yoga (SKY) is found to be a beneficial, low-risk, low-cost, adjunct to the treatment of stress, anxiety, post-traumatic stress disorder (PTSD) depression, stress-related medical illness, substance abuse, and rehabilitations of criminal offenders.

5. Kundalini Yoga taught in USA has found to be effective in treating mental disorders, obsessive-compulsive disorder. It combines pranayama or breathing with chanting of mantras.

8. What are the techniques used in the rehabilitation of the mentally ill?

Ans. Rehabilitation of the mentally ill is necessary to improve their quality of life once their active symptoms are reduced.

- In the case of milder disorders, such as generalized anxiety disorder, reduction of symptoms improves their quality of life and such patients need not to help rehabilitation.
- However in severe mental disorders, such as schizophrenic disorders, reduction of symptoms does not mean that patient is cured. Such patients develop negative symptoms like apathy or lack of motivation and their cognitive social and occupational skills get impaired. So they need rehabilitation.
- Rehabilitation provides:

1. Social Skill Training: It helps the patients to develop interpersonal skills through role play, imitation and instruction.

2. Cognitive Retraining: It helps the patients to improve the basic cognitive functions of attention, memory and executive functions. ..

3. Occupational Therapy: The patients are taught skills such as candle-making, paper bag making and weaving to develop work discipline.

4. Vocational Training: When the patient becomes self-sufficient, vocational training is given wherein the patient is helped to gain skills necessary to undertake productive employment.

9. How would a social learning theorist account for a phobic fear of lizards/cockroaches?

How would a psychoanalyst account for the same phobia? (CBSE 2013)

Ans. Social learning theories work on the principle that our experience—be it positive or negative—such as phobia of lizards/cockroaches are the result of learning process which start early in life. Small children can play with snakes, they are not aware of the danger involved. For them it is just another play object, as they grow up the fear of these things are instilled by their parents and society which is reinforced and accounts for reactions like phobia.

A psychoanalytical account for the same could involve attribution to some unconscious or/and repressed experiences. For example, suppose in your childhood you watched a group of roudy boys brutally torturing a cockroach/snake, which eventually died, although you going about the incidence after some days, but it might remain in back of your mind forever, which might explain your phobia to cockroaches which might remind you of the incidence and disturbs you emotionally.

10. Should Electro-convulsive Therapy (ECT) be used in the treatment of mental disorders?

Ans. Electro-convulsive Therapy (ECT):

- It is used to alleviate sudden and severe depression.
- In this method one electrode is placed on each side of the person's temples and a mild current is turned on for a very short period.
- In the beginning, it was done by injecting metrazol and other drugs in mental patients. These shocks are continued until the patient has a seizure, a muscle contraction of the entire body, lasting at least twenty to twenty-five seconds. ECT seems to work at least for some disorders.
- Unfortunately, there are hazardous risk connected with it. There is amnesia for the whole treatment and after several treatments. There is memory impairment, which may last for several weeks. However, no permanent loss of memory occurs. ECT use has declined since 1950.
- ECT is still used in various hospitals in India because it is economical and effective. In my opinion as a last resort this therapy should continue to be used in India.

Drug Therapy:

- It has been used mainly with four types of disorders—schizophrenia, mania, depression and anxiety.
- These drugs are referred as 'psychotropic drugs' because their main effect is on psychological behaviour.
- They are also called as 'antipsychotic drugs'.
- They are used for the treatment of schizophrenia. 'Antimanic drugs' are used to treat patients who are highly agitated, excited and at times unmanageable. 'Antidepressant drugs' are used for patients having depression and suicidal risk. 'Antianxiety drugs' are known to be minor tranquillisers.

11. What kind of problems is cognitive behaviour therapy best suited for?

Ans. CBT is a short and effective treatment for a wide range of psychological disorders such as anxiety, depression, panic attacks and borderline personality, etc.

- It combines cognitive therapy and behavioural technique.

- According to CBT, the cause of client's distress is biological, psychological and social relations in combination.
- CBT focuses on the biological aspects through relaxation procedures and the psychological ones through behaviour therapy. Social aspects are dealt with environmental manipulations.
- This multi-axial approach makes CBT a comprehensive technique, which is easy to use, applicable to a variety of disorders and has full potential to deal effectively with psychological disorders.