



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-Answer 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.

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