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Psychotherapy is a voluntary relationship between the one seeking treatment (client) and the one who treats (therapist). The purpose of the relationship is to help the client solve the psychological problems being faced by her/him. It aims at changing maladaptive behaviours, decreasing the sense of personal distress and helping the client to adapt better to her/his environment.

Therapeutic Relationship or **Alliance** is the term used to describe the special relationship between the client and the therapist. This has two components.

- The first component is the contractual nature of the relationship in which two willing individuals enter into a partnership that aims at helping the client overcome his/her problems.
- The second component is the limited duration of the therapy. This alliance lasts until the client is able to deal with his/her problems.

Unconditional positive regard involves the therapist encouraging a high level of trust with the client that enables him/her to confide in the therapist by adopting an accepting, empathetic and genuine attitude towards the client, and conveys through this attitude that he/she is not judging the client and will continue to show the same positive feelings towards the client despite any negativity in attitude or information shared.

Steps involved in formulation of a client's problem

Clinical formulation refers to formulating the problem of the client in the therapeutic model being used for the treatment. It is an ongoing process. Formulations may require reformulations as clinical insights are gained in the process of therapy.

- Understanding of the problem – The therapist is able to understand the full implications of the distress being experienced by the client.
- Identification of the areas to be targeted for treatment in psychotherapy
- Choice of techniques for treatment – it depends upon the therapeutic system in which the therapist has been trained. Even within this broad domain, the choice of techniques, timing and expectations of outcome of the therapy depend upon the clinical formulation.

Psychodynamic therapy pioneered by Sigmund Freud is the oldest form of psychotherapy, which was modified into analytical psychotherapy by Carl Jung. Psychoanalysis has invented free association and dream interpretation as two important methods for understanding intrapsychic conflicts.

- **Free Association** – The client is encouraged to freely associate one thought with another, and this free uncensored verbal narrative of the client is a window into the client's unconscious to which the therapist gains access.
- **Dream Interpretation** – Commonly used alongside free association, this technique involves asking the client to write down his/her dreams upon waking up. This method looks upon dreams as symbols of unfulfilled desires present in the unconscious. Dreams use symbols because they are indirect expressions and hence would not alert the ego. If these unfulfilled desires are expressed directly, the ego would suppress them and this would lead to anxiety.

Transference and interpretation are two means of treating a patient in psychodynamic therapy.

- **Transference** – The therapist maintains a non-judgmental yet permissive attitude and allows the client to continue with the process of emotional identification, and this is called the process of transference.

In this process, the therapist becomes a substitute for a person that the client harboured negative emotions and associations for in the past, and this stage is called transference neurosis. This stage makes the therapist aware of the nature of intrapsychic conflicts suffered by the client. Positive transference occurs when the client idolizes or falls in love with the therapist, and negative transference occurs when the client has feelings of hostility, anger and resentment towards the therapist.

The process of transference is met with resistance. Since the process of transference exposes unconscious wishes and conflicts and therefore increases distress levels, the client resists transference. Conscious resistance is present when the client deliberately hides some information. Unconscious resistance is assumed to be present when the client becomes silent during the therapy session, recalls trivial details without recalling the emotional ones, misses appointments, and comes late for therapy sessions.

- **Interpretation** – It is the fundamental mechanism by which change is affected. Confrontation and Clarification involve the therapist pointing out that an aspect of the client's psyche must be faced by the client. Clarification is the process by which the therapist brings a vague or confusing event into sharp focus, which is done by separating and highlighting important details about the event from unimportant ones.

The repeated process of using confrontation, clarification and interpretation is known as working through. This helps the patient understand himself and the source of the problem, and integrate the uncovered material into his ego.

The outcome of working through is insight. Insight is a gradual process wherein the unconscious memories are repeatedly integrated into conscious awareness. These unconscious memories are re-experienced in transference and worked through. As this process continues, the client gains an intellectual and emotional understanding, called intellectual insight and emotional insight. Insight is the end point of therapy as the client has gained a new understanding of himself.

Psychoanalysis lasts for several years, with a one hour session for 4-5 days per week. It has three stages.

Stage one - Client becomes familiar with the routines, establishes a therapeutic relationship with the analyst, and is relieved through the process of recollecting superficial materials from the consciousness about past and present events.

Stage two - Characterised by transference, resistance and confrontation and clarification, finally leading to insight.

Stage three - Termination phase where the relationship with the analyst is dissolved and the client prepares to leave the therapy.

Behaviour therapies believe that psychological distress arises because of faulty behaviour patterns or thought patterns. It is focused on the behavior and thoughts of the client in the present, the past is relevant only to the extent of understanding the origins of the faulty behavior and thought patterns.

It consists of a large set of specific techniques and interventions, where the symptoms of the client and the clinical diagnosis are the guiding factors in the selection of the specific techniques or interventions to be applied. The foundation of behavior therapy is on formulating dysfunctional or faulty behaviours, the factors which reinforce these behaviours, and devising methods by which they can be changed.

- Malfunctioning behaviours are behaviours that cause distress to the client.
- Antecedent factors are the factors that cause the person to indulge in that behavior.
- Maintaining factors are those factors that lead to persistence of the faulty behavior.
- **Negative reinforcement** refers to following an undesired response with an outcome that is painful or not liked.
- **Aversive conditioning** refers to repeated association of undesired response with an aversive consequence.
- If an adaptive behaviour occurs rarely, **positive reinforcement** is given to increase the likelihood of its occurrence.
- **Token economy** is where persons with behavioural problems can be given a token as a reward every time a wanted behaviour occurs. These tokens are collected and exchanged for a reward.
- **Differential reinforcement** is a method that reduces unwanted behaviour and increases wanted behaviour simultaneously. Positive reinforcement for the wanted behaviour and negative reinforcement for the unwanted behaviour attempted together may be one such method. The other method is to positively reinforce the wanted behaviour and ignore the unwanted behaviour.
- **Systematic desensitization** is a technique introduced by Wolpe for treating phobias or irrational fears. The client is interviewed to elicit fear, provoking situations together with the client, the therapist creates a hierarchy of anxiety provoking stimuli with the least anxiety provoking stimuli at the bottom of the hierarchy. The therapist relaxes the client, and the client is asked to think about the least anxiety provoking situation. The client is asked to stop thinking of the fearful situation if even the slightest tension is felt. Over sessions, the client is able to imagine more severe fear provoking situations while maintaining relaxation, and thus the client gets systematically desensitized to the fear.

The principle of **reciprocal inhibition** operates here, and states that the presence of two mutually opposing forces at the same time inhibits the weaker force. Therefore, the relaxation response is first built up, and the client is able to tolerate progressively greater levels of anxiety because of her/his relaxed state.

- **Modelling** is the procedure where the client learns to behave in a certain way by observing the behaviour of a role model or the therapist who initially acts as the role model. 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.

Cognitive Therapy believes that the cause of psychological distress is irrational thoughts and beliefs.

Albert Ellis formulated **Rational Emotive Therapy (RET)** of which the central thesis is that irrational beliefs mediate between the antecedent events and their consequences.

The first step is the ABC Analysis (antecedent-belief-consequence) where the antecedent events that cause psychological distress are noted. The client is also interviewed to find irrational beliefs that distort present reality. This distorted perception of the antecedent event due to the irrational beliefs leads to the negative emotions and behaviours. In the process of RET the irrational beliefs are refuted by the therapist through a process of non-directive questioning, where the questions make the client think deeper into his assumptions about life and problems. Gradually, the client is able to change the irrational beliefs by making a change in his philosophy of life. The rational belief system replaces the irrational belief system and there is a reduction in psychological distress.

Aaron Beck's theory of psychological distress characterized by anxiety or depression states that childhood experiences provided by the family and society develop **core schemas** or systems which include beliefs and action patterns of the individual. Negative automatic thoughts are characterized by cognitive distortions. Cognitive distortions are ways of thinking which are general in nature but which distort reality in a negative manner, and these patterns of thought are called dysfunctional cognitive structures that lead to errors of cognition about social reality. Repeated occurrence of these thoughts leads to the development of feelings of anxiety and depression. The therapist gently questions and disputes the client's beliefs and thoughts. The questions make the client think in a positive way opposite to the negative automatic thoughts where he gains insight into the nature of his dysfunctional schemas and is able to alter his cognitive structures. The aim of the therapy is to achieve cognitive restructuring which reduces anxiety and depression.

Cognitive therapy is short and lasts between 10-20 sessions.

Cognitive Behaviour Therapy adopts a bio-psychological approach to the delineation of psychopathology and combines cognitive therapy with behavioural techniques. If the client's distress has its origins in the biological, psychological and social realms, they can be addressed via relaxation procedures. The psychological problems can be solved through behaviour therapy and cognitive therapy techniques and the social problems can be solved with environmental manipulations. Thus, CBT is a comprehensive technique which is easy to use, applicable to a variety of disorders and has proven efficiency.

Humanistic-Existential Therapy postulates that psychological distress arises from feelings of loneliness, alienation and an inability to find meaning and genuine fulfillment in life. Human beings are motivated by the desire for personal growth and self actualization and an innate need to grow emotionally. When these needs are curbed by society and family, human beings experience psychological distress.

Self-actualisation is defined as an innate or inborn force that moves the person to become more complex, balanced and integrated. Integrated means a sense of whole, being a complete person, being in essence the same person in spite of the variety of experiences that one is subjected to.

Healing occurs when the client is able to perceive the obstacles to self-actualisation and remove them. This requires free emotional expression, and when this is curbed by the family it leads to destructive behaviour and negative emotions by thwarting the process of emotional integration. Therefore, therapy creates a permissive, non-judgmental and accepting atmosphere in which a client's emotions can be freely expressed and the complexity, balance and integration can be achieved. The fundamental assumption is that the client has the freedom and responsibility to control his own behaviour, and the therapist is merely a facilitator or a guide.

Logotherapy was proposed by Victor Frankl, which means treatment for the soul. Frankl called this process of finding meaning even in life-threatening circumstances the process of meaning making, the basis of which is a person's quest for finding the spiritual truth of one's existence. Neurotic anxieties arise when the problems of life are attached to the physical, psychological or spiritual aspects of one's existence. Frankl emphasized the role of spiritual anxieties in leading to meaninglessness and hence it may be called existential anxiety (neurotic anxiety of spiritual origin). The goal of logotherapy is to help the patients find meaning and responsibility in their life irrespective of circumstances. The therapist emphasizes the unique nature of the patient's life and encourages them to find meaning in their life. The therapist is open and shares his feelings, values and his own existence with the client, and transference is actively discouraged.

Gestalt Therapy was proposed by Freiderick (Fritz) Perls and his wife Laura Perls. Gestalt is the German word for whole. The goal of this therapy is to increase an individual's self-awareness and self-acceptance. The client is taught to recognize the bodily processes and the emotions that are being blocked out from awareness. The therapist does this by encouraging the client to act out fantasies about feelings and conflicts.

Biomedical Therapy involves the prescription of medicines for the treatment of psychological disorders by psychiatrists (medical doctors who have specialized in the understanding, diagnosis and treatment of mental disorders).

Electro-convulsive Therapy is a form of biomedical therapy where mild electric shocks are given via electrodes to the brain of the patient to induce convulsions. The shock is given by the psychiatrist only when it is necessary for the improvement of the patient.

Factors contributing to healing in psychotherapy are:

- Techniques adopted by the therapist and the implementation of the same with the patient.
- The therapeutic alliance has healing properties because of regular availability of the therapist and warmth and empathy provided by the therapist.
- Catharsis – The process of emotional unburdening where the patient is interviewed in the initial sessions to understand the nature of the problem. This process has healing properties.
- Non-specific factors occur across different systems of psychotherapy and across different clients and different therapists. Non-specific factors attributable to the client are motivation for change, expectation of improvement due to treatment, etc. These are called patient variables. Non-specific factors attributable to the therapist are positive nature, absence of unresolved emotional conflicts, presence of good mental health, etc and are called therapist variables.

Alternative Therapies are alternative treatment possibilities to the conventional drug treatment or psychotherapy.

- **Yoga** refers to only the asanas or body posture component or to breathing practices or pranayama, or to a combination of the two.
Rapid breathing techniques to induce hyperventilation in sudarshana kriya yoga (SKY) is found to treat PTSD, depression, stress related medical illnesses, substance abuse, etc.
Kundalini Yoga taught in the USA is effective in the treatment of obsessive compulsive disorder.
- **Meditation** refers to the practice of focusing attention on breath or on an object or thought or a mantra. Here attention is focused.

In vipasana meditation, there is no fixed object or thought to hold attention. The person passively observes various bodily sensations and thoughts that are passing through in his awareness.

The treatment of psychological disorders has two components: the reduction of symptoms and improving the level of functioning or quality of life.

Rehabilitation is required to help certain patients become self-sufficient. The aim of rehabilitation is to empower the patient to become a productive member of society to the extent possible. In rehabilitation, the patients are given occupational therapy, social skills training and vocational therapy.

- Occupational Therapy – Patients are taught skills such as candle making, weaving, etc. to help them form a work discipline.
- Social Skills Training – It helps patients to develop interpersonal skills through role play, imitation and instruction. The objective is to teach the patient to function in a social group.
- Cognitive Retraining – It is given to improve basic cognitive functions like attention, memory and executive functions.
- Vocational Training – It is given after the patient improves sufficiently, where the patient is helped to gain skills necessary to undertake productive employment.