

THERAPEUTIC APPROACHES



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After reading this chapter, you would be able to:

- familiarise yourself with the basic nature and process of psychotherapy,
- appreciate that there are different types of therapies for helping people,
- understand the use of psychological forms of intervention, and
- know how people with mental disorders can be rehabilitated.

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In the preceding chapter, you have studied about major psychological disorders and the distress caused by them to the patient and others. In this chapter, you will learn about the various therapeutic methods that are used by psychotherapists to help their patients. There are various types of psychotherapy. Some of them focus on acquiring self-understanding; other therapies are more action-oriented. All approaches hinge on the basic issue of helping the patient overcome her/his debilitating condition. The effectiveness of a therapeutic approach for a patient depends on a number of factors such as severity of the disorder, degree of distress faced by others, and the availability of time, effort and money, among others.

All therapeutic approaches are corrective and helping in nature. All of them involve an interpersonal relationship between the therapist and the client or patient. Some of them are directive in nature, such as psychodynamic, while some are non-directive such as person-centred. In this chapter, we will briefly discuss some of the major forms of psychotherapy.

NATURE AND PROCESS OF PSYCHOTHERAPY

Psychotherapy is a voluntary relationship between the one seeking treatment or the client and the one who treats or the therapist. The purpose of the relationship is to help the client to solve the psychological problems being faced by her or him. The relationship is conducive for building the trust of the client so that problems may be freely discussed. Psychotherapies aim at changing the maladaptive behaviours, decreasing the sense of personal distress, and helping the client to adapt better to her/his environment. Inadequate marital, occupational and social adjustment also requires that major changes be made in an individual's personal environment.

All psychotherapeutic approaches have the following characteristics : (i) there is systematic application of principles underlying the different theories of therapy, (ii) persons who have received practical training under expert supervision can practice psychotherapy, and not

everybody. An untrained person may unintentionally cause more harm than any good, (iii) the therapeutic situation involves a therapist and a client who seeks and receives help for her/his emotional problems (this person is the focus of attention in the therapeutic process), and (iv) the interaction of these two persons — the therapist and the client — results in the consolidation/formation of the therapeutic relationship. This is a confidential, interpersonal, and dynamic relationship. This human relationship is central to any sort of psychological therapy and is the vehicle for change.

All psychotherapies aim at a few or all of the following goals :

- (i) Reinforcing client's resolve for betterment.
- (ii) Lessening emotional pressure.
- (iii) Unfolding the potential for positive growth.
- (iv) Modifying habits.
- (v) Changing thinking patterns.
- (vi) Increasing self-awareness.
- (vii) Improving interpersonal relations and communication.

- (viii) Facilitating decision-making.
- (ix) Becoming aware of one's choices in life.
- (x) Relating to one's social environment in a more creative and self-aware manner.

Therapeutic Relationship

The special relationship between the client and the therapist is known as the *therapeutic relationship* or *alliance*. It is neither a passing acquaintance, nor a permanent and lasting relationship. There are two major components of a therapeutic alliance. The first component is 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 her/his problems. The second component of therapeutic alliance is the limited duration of the therapy. This alliance lasts until the client becomes able to deal with her/his problems and take control of her/his life. This relationship has several unique properties. It is a trusting and confiding relationship. The high level of trust enables the client to unburden herself/himself to the therapist and confide her/his psychological and personal problems to the latter. The therapist encourages this by being accepting, empathic, genuine and warm to the client. The therapist conveys by her/his words and behaviours that s/he is not judging the client and will continue to show the same positive feelings towards the client even if the client is rude or confides all the 'wrong' things that s/he may have done or thought about. This is the **unconditional positive regard** which the therapist has for the client. The therapist has empathy for the client. **Empathy** is different from sympathy and intellectual understanding of another person's situation. In sympathy, one has compassion and pity towards the

suffering of another but is not able to feel like the other person. Intellectual understanding is cold in the sense that the person is unable to feel like the other person and does not feel sympathy either. On the other hand, empathy is present when one is able to understand the plight of another person, and feel like the other person. It means understanding things from the other person's perspective, i.e. putting oneself in the other person's shoes. Empathy enriches the therapeutic relationship and transforms it into a healing relationship.

The therapeutic alliance also requires that the therapist must keep strict confidentiality of the experiences, events, feelings or thoughts disclosed by the client. The therapist must not exploit the trust and the confidence of the client in anyway. Finally, it is a professional relationship, and must remain so.

A classmate or friend of yours or your favourite character in a TV serial may have recently experienced a negative or a traumatic life event (e.g., death of a loved one, break-up of an important friendship or relationship) of which you are aware. Try to put yourself in the other person's shoes, try to experience how that person is feeling, what s/he is thinking and try to take her/his perspective of the entire situation. This will help you to understand better how that person is feeling.

(Note : This exercise may be done in class, so that teachers can help students in overcoming any distress experienced).

Activity 5.1

TYPE OF THERAPIES

Though all psychotherapies aim at removing human distress and fostering effective behaviour, they differ greatly in

concepts, methods, and techniques. Psychotherapies may be classified into three broad groups, viz. the *psychodynamic*, *behaviour*, and *existential* psychotherapies. In terms of the chronological order, psychodynamic therapy emerged first followed by behaviour therapy while the existential therapies which are also called the third force, emerged last. The classification of psychotherapies is based on the following *parameters*:

1. *What is the cause, which has led to the problem?*

Psychodynamic therapy is of the view that intrapsychic conflicts, i.e. the conflicts that are present within the psyche of the person, are the source of psychological problems. According to behaviour therapies, psychological problems arise due to faulty learning of behaviours and cognitions. The existential therapies postulate that the questions about the meaning of one's life and existence are the cause of psychological problems.

2. *How did the cause come into existence?*

In the psychodynamic therapy, unfulfilled desires of childhood and unresolved childhood fears lead to intrapsychic conflicts. The behaviour therapy postulates that faulty conditioning patterns, faulty learning, and faulty thinking and beliefs lead to maladaptive behaviours that, in turn, lead to psychological problems. The existential therapy places importance on the present. It is the current feelings of loneliness, alienation, sense of futility of one's existence, etc., which cause psychological problems.

3. *What is the chief method of treatment?*

Psychodynamic therapy uses the methods of free association and reporting of dreams to elicit the

thoughts and feelings of the client. This material is interpreted to the client to help her/him to confront and resolve the conflicts and thus overcome problems. Behaviour therapy identifies the faulty conditioning patterns and sets up alternate behavioural contingencies to improve behaviour. The cognitive methods employed in this type of therapy challenge the faulty thinking patterns of the client to help her/him overcome psychological distress. The existential therapy provides a therapeutic environment which is positive, accepting, and non-judgmental. The client is able to talk about the problems and the therapist acts as a facilitator. The client arrives at the solutions through a process of personal growth.

4. *What is the nature of the therapeutic relationship between the client and the therapist?*

Psychodynamic therapy assumes that the therapist understands the client's intrapsychic conflicts better than the client and hence it is the therapist who interprets the thoughts and feelings of the client to her/him so that s/he gains an understanding of the same. The behaviour therapy assumes that the therapist is able to discern the faulty behaviour and thought patterns of the client. It further assumes that the therapist is capable of finding out the correct behaviour and thought patterns, which would be adaptive for the client. Both the psychodynamic and the behaviour therapies assume that the therapist is capable of arriving at solutions to the client's problems. In contrast to these therapies, the existential therapies emphasise that the therapist merely provides a warm, empathic relationship in which the client feels secure to explore the nature

and causes of her/his problems by herself/himself.

5. *What is the chief benefit to the client?* Psychodynamic therapy values emotional insight as the important benefit that the client derives from the treatment. Emotional insight is present when the client understands her/his conflicts intellectually; is able to accept the same emotionally; and is able to change her/his emotions towards the conflicts. The client's symptoms and distresses reduce as a consequence of this emotional insight. The behaviour therapy considers changing faulty behaviour and thought patterns to adaptive ones as the chief benefit of the treatment. Instituting adaptive or healthy behaviour and thought patterns ensures reduction of distress and removal of symptoms. The humanistic therapy values personal growth as the chief benefit. Personal growth is the process of gaining increasing understanding of oneself,

and one's aspirations, emotions and motives.

6. *What is the duration of treatment?* The duration of classical psychoanalysis may continue for several years. However, several recent versions of psychodynamic therapies are completed in 10–15 sessions. Behaviour and cognitive behaviour therapies as well as existential therapies are shorter and are completed in a few months.

Thus, different types of psychotherapies differ on multiple parameters. However, they all share the common method of providing treatment for psychological distress through psychological means. The therapist, the therapeutic relationship, and the process of therapy become the agents of change in the client leading to the alleviation of psychological distress. The process of psychotherapy begins by formulating the client's problem. Steps involved in the formulation of a client's problem are given in Box 5.1.

Steps in the 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. The clinical formulation has the following advantages:

1. *Understanding of the problem*: The therapist is able to understand the full implications of the distress being experienced by the client.
2. *Identification of the areas to be targetted for treatment in psychotherapy*: The theoretical formulation clearly identifies the problem areas to be targetted for therapy. Thus, if a client seeks help for inability to hold a job and reports inability to face superiors, the clinical formulation in behaviour therapy would state it as lack of assertiveness skills and anxiety. The target areas have thus been identified as inability to assert oneself and heightened anxiety.
3. *Choice of techniques for treatment*: The choice of techniques for treatment depends on the therapeutic system in which the therapist has been trained. However, even within this broad domain, the choice of techniques, timing of the techniques, and expectations of outcome of the therapy depend upon the clinical formulation.

The clinical formulation is an ongoing process. Formulations may require reformulations as clinical insights are gained in the process of therapy. Usually the first one or two sessions yield enough clinical material for the initial clinical formulation. It is not advisable to start psychotherapy without a clinical formulation.

Box
5.1



**Activity
5.2**

Gather information about some institutions you know which offer psychiatric/psychotherapeutic help.

The following sections explain representative therapies from each of the three major systems of psychotherapy mentioned earlier.

Psychodynamic Therapy

As you have already read, the psychodynamic therapy pioneered by Sigmund Freud is the oldest form of psychotherapy. His close collaborator Carl Jung modified it to what came to be known as the analytical psychotherapy. Subsequently, Freud's successors, known as Neo-Freudians, established their own versions of classical psychodynamic therapy. Broadly, the psychodynamic therapy has conceptualised the structure of the psyche, dynamics between different components of the psyche, and the source of psychological distress. You have already studied these concepts in the chapters on Self and Personality, and Psychological Disorders. The method of treatment, steps in the treatment, nature of the therapeutic relationship, and the expected outcome from the psychodynamic therapy are explained below.

Methods of Eliciting the Nature of Intrapsychic Conflict

Since the psychoanalytic approach views intrapsychic conflicts to be the cause of psychological disorder, the first step in the treatment is to elicit this intrapsychic conflict. Psychoanalysis has invented **free association** and **dream interpretation** as two important methods for eliciting the intrapsychic conflicts. The free association method is the main method for understanding the client's problems. Once

a therapeutic relationship is established, and the client feels comfortable, the therapist makes her/him lie down on the couch, close her/his eyes and asks her/him to speak whatever comes to mind without censoring it in anyway. The client is encouraged to freely associate one thought with another, and this method is called the method of free association. The censoring superego and the watchful ego are kept in abeyance as the client speaks whatever comes to mind in an atmosphere that is relaxed and trusting. As the therapist does not interrupt, the free flow of ideas, desires and conflicts of the unconscious, which had been suppressed by the ego, emerge into the conscious mind. This free uncensored verbal narrative of the client is a window into the client's unconscious to which the therapist gains access. Along with this technique, the client is asked to write down her/his dreams upon waking up. Psychoanalysts look upon dreams as symbols of the unfulfilled desires present in the unconscious. The images of the dreams are symbols which signify intrapsychic forces. Dreams use symbols because they are indirect expressions and hence would not alert the ego. If the unfulfilled desires are expressed directly, the ever-vigilant ego would suppress them and that would lead to anxiety. These symbols are interpreted according to an accepted convention of translation as the indicators of unfulfilled desires and conflicts.

Modality of Treatment

Transference and **Interpretation** are the means of treating the patient. As the unconscious forces are brought into the conscious realm through free association and dream interpretation described above, the client starts identifying the therapist with the authority figures of the past, usually childhood. The therapist may be

seen as the punitive father, or as the negligent mother. The therapist maintains a non-judgmental yet permissive attitude and allows the client to continue with this process of emotional identification. This is the process of *transference*. The therapist encourages this process because it helps her/him in understanding the unconscious conflicts of the client. The client acts out her/his frustrations, anger, fear, and depression that s/he harboured towards that person in the past, but could not express at that time. The therapist becomes a substitute for that person in the present. This stage is called **transference neurosis**. A full-blown transference neurosis is helpful in making the therapist aware of the nature of intrapsychic conflicts suffered by the client. There is the **positive transference** in which the client idolises, or falls in love with the therapist, and seeks the therapist's approval. **Negative transference** is present 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 the unconscious wishes and conflicts, thereby increasing the distress levels, the client resists transference. Due to resistance, the client opposes the progress of therapy in order to protect herself/himself from the recall of painful unconscious memories. Resistance can be *conscious* or *unconscious*. 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. The therapist overcomes the resistance by repeatedly confronting the patient about it and by uncovering emotions such as

anxiety, fear, or shame, which are causing the resistance.

Interpretation is the fundamental mechanism by which change is effected. **Confrontation** and **clarification** are the two analytical techniques of interpretation. In confrontation, the therapist points out to the client an aspect of her/his psyche that must be faced by the client. Clarification is the process by which the therapist brings a vague or confusing event into sharp focus. This is done by separating and highlighting important details about the event from unimportant ones. Interpretation is a more subtle process. It is considered to be the pinnacle of psychoanalysis. The therapist uses the unconscious material that has been uncovered in the process of free association, dream interpretation, transference and resistance to make the client aware of the psychic contents and conflicts which have led to the occurrence of certain events, symptoms and conflicts. Interpretation can focus on intrapsychic conflicts or on deprivations suffered in childhood. The repeated process of using confrontation, clarification, and interpretation is known as **working through**. Working through helps the patient to understand herself/himself and the source of the problem and to integrate the uncovered material into her/his ego.

The outcome of working through is **insight**. Insight is not a sudden event but a gradual process wherein the unconscious memories are repeatedly integrated into conscious awareness; these unconscious events and memories are re-experienced in transference and are worked through. As this process continues, the client starts to understand herself/himself better at an intellectual and emotional level, and gains insight into her/his conflicts and problems. The intellectual understanding is the intellectual insight. The emotional understanding, acceptance of one's

irrational reaction to the unpleasant events of the past, and the willingness to change emotionally as well as making the change is emotional insight. Insight is the end point of therapy as the client has gained a new understanding of herself/himself. In turn, the conflicts of the past, defence mechanisms and physical symptoms are no longer present and the client becomes a psychologically healthy person. Psychoanalysis is terminated at this stage.

Duration of Treatment

Psychoanalysis lasts for several years, with one hour session for 4–5 days per week. It is an intense treatment. There are **three stages** in the treatment. Stage one is the initial phase. The client becomes familiar with the routines, establishes a therapeutic relationship with the analyst, and gets some relief with the process of recollecting the superficial materials from the consciousness about the past and present troublesome events. Stage two is the middle phase, which is a long process. It is characterised by transference, resistance on the part of the client, and confrontation and clarification, i.e. working through on the therapist's part. All these processes finally lead to insight. The third phase is the termination phase wherein the relationship with the analyst is dissolved and the client prepares to leave the therapy.

Behaviour Therapy

Behaviour therapies postulate that psychological distress arises because of faulty behaviour patterns or thought patterns. It is, therefore, focused on the behaviour and thoughts of the client in the present. The past is relevant only to the extent of understanding the origins of the faulty behaviour and thought patterns. The past is not activated or relived. Only the

faulty patterns are corrected in the present.

The clinical application of learning theory principles constitute behaviour therapy. Behaviour therapy consists of a large set of specific techniques and interventions. It is not a unified theory, which is applied irrespective of the clinical diagnosis or the symptoms present. 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. Treatment of phobias or excessive and crippling fears would require the use of one set of techniques while that of anger outbursts would require another. A depressed client would be treated differently from a client who is anxious. The foundation of behaviour therapy is on formulating dysfunctional or faulty behaviours, the factors which reinforce and maintain these behaviours, and devising methods by which they can be changed.

Method of Treatment

The client with psychological distress or with physical symptoms, which cannot be attributed to physical disease, is interviewed with a view to analyse her/his behaviour patterns. Behavioural analysis is conducted to find malfunctioning behaviours, the antecedents of faulty learning, and the factors that maintain or continue faulty learning. *Malfunctioning behaviours* are those behaviours which cause distress to the client. *Antecedent factors* are those causes which predispose the person to indulge in that behaviour. *Maintaining factors* are those factors which lead to the persistence of the faulty behaviour. An example would be a young person who has acquired the malfunctioning behaviour of smoking and seeks help to get rid of smoking. Behavioural analysis conducted by

interviewing the client and the family members reveals that the person started smoking when he was preparing for the annual examination. He had reported relief from anxiety upon smoking. Thus, anxiety-provoking situation becomes the causative or antecedent factor. The feeling of relief becomes the maintaining factor for him to continue smoking. The client has acquired the operant response of smoking, which is maintained by the reinforcing value of relief from anxiety.

Once the faulty behaviours which cause distress, have been identified, a treatment package is chosen. The aim of the treatment is to extinguish or eliminate the faulty behaviours and substitute them with adaptive behaviour patterns. The therapist does this through establishing **antecedent operations** and **consequent operations**. Antecedent operations control behaviour by changing something that precedes such a behaviour. The change can be done by increasing or decreasing the reinforcing value of a particular consequence. This is called *establishing operation*. For example, if a child gives trouble in eating dinner, an establishing operation would be to decrease the quantity of food served at tea time. This would increase the hunger at dinner and thereby increase the reinforcing value of

food at dinner. Praising the child when s/he eats properly tends to encourage this behaviour. The antecedent operation is the reduction of food at tea time and the consequent operation is praising the child for eating dinner. It establishes the response of eating dinner.

Behavioural Techniques

A range of techniques is available for changing behaviour. The principles of these techniques are to reduce the arousal level of the client, alter behaviour through classical conditioning or operant conditioning with different contingencies of reinforcements, as well as to use vicarious learning procedures, if necessary.

Negative reinforcement and aversive conditioning are the two major techniques of behaviour modification. As you have already studied in Class XI, responses that lead organisms to get rid of painful stimuli or avoid and escape from them provide **negative reinforcement**. For example, one learns to put on woollen clothes, burn firewood or use electric heaters to avoid the unpleasant cold weather. One learns to move away from dangerous stimuli because they provide negative reinforcement. **Aversive conditioning** refers to repeated association of undesired response with an aversive consequence. For example, an

Relaxation Procedures

Anxiety is a manifestation of the psychological distress for which the client seeks treatment. The behavioural therapist views anxiety as increasing the arousal level of the client, thereby acting as an antecedent factor in causing the faulty behaviour. The client may smoke to decrease anxiety, may indulge in other activities such as eating, or be unable to concentrate for long hours on her/his study because of the anxiety. Therefore, reduction of anxiety would decrease the unwanted behaviours of excessive eating or smoking. Relaxation procedures are used to decrease the anxiety levels. For instance, *progressive muscular relaxation* and *meditation* induce a state of relaxation. In progressive muscular relaxation, the client is taught to contract individual muscle groups in order to give the awareness of tenseness or muscular tension. After the client has learnt to tense the muscle group such as the forearm, the client is asked to let go the tension. The client is told that the tension is what the client has at present and that s/he has to get into the opposite state. With repeated practice the client learns to relax all the muscles of the body. You will learn about meditation at a later point in this chapter.

Box
5.2

alcoholic is given a mild electric shock and asked to smell the alcohol. With repeated pairings the smell of alcohol is aversive as the pain of the shock is associated with it and the person will give up alcohol. If an adaptive behaviour occurs rarely, **positive reinforcement** is given to increase the deficit. For example, if a child does not do homework regularly, positive reinforcement may be used by the child's mother by preparing the child's favourite dish whenever s/he does homework at the appointed time. The positive reinforcement of food will increase the behaviour of doing homework at the appointed time. Persons with behavioural problems can be given a token as a reward every time a wanted behaviour occurs. The tokens are collected and exchanged for a reward such as an outing for the patient or a treat for the child. This is known as **token economy**.

Unwanted behaviour can be reduced and wanted behaviour can be increased simultaneously through *differential reinforcement*. 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. The latter method is less painful and equally effective. For example, let us consider the case of a girl who sulks and cries when she is not taken to the cinema when she asks. The parent is instructed to take her to the cinema if she does not cry and sulk but not to take her if she does. Further, the parent is instructed to ignore the girl when she cries and sulks. The wanted behaviour of politely asking to be taken to the cinema increases and the unwanted behaviour of crying and sulking decreases.

You read about phobias or irrational fears in the previous chapter. **Systematic desensitisation** is a technique introduced by Wolpe for treating phobias or irrational

fears. The client is interviewed to elicit fear-provoking situations and together with the client, the therapist prepares a hierarchy of anxiety-provoking stimuli with the least anxiety-provoking stimuli at the bottom of the hierarchy. The therapist relaxes the client and asks the client to think about the least anxiety-provoking situation. Box 5.2 gives details of relaxation procedures. The client is asked to stop thinking of the fearful situation if the slightest tension is felt. Over sessions, the client is able to imagine more severe fear-provoking situations while maintaining the relaxation. The client gets systematically desensitised to the fear.

The **principle of reciprocal inhibition** operates here. This principle states that the presence of two mutually opposing forces at the same time, inhibits the weaker force. Thus, the relaxation response is first built up and mildly anxiety-provoking scene is imagined, and the anxiety is overcome by the relaxation. The client is able to tolerate progressively greater levels of anxiety because of her/his relaxed state. **Modelling** is the procedure wherein 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*, i.e. learning by observing others, is used and through a

Your friend is feeling very nervous and panicky before the examinations. S/he is pacing up and down, is unable to study and feels s/he has forgotten all that s/he has learnt. Try to help her/him to relax by inhaling (taking in a deep breath), holding it for sometime (5–10 seconds), then exhaling (releasing the breath). Ask her/him to repeat this 5–10 times. Also ask her/him to remain focused on her/his breathing. You can do the same exercise when you feel nervous.

Activity 5.3

process of rewarding small changes in the behaviour, the client gradually learns to acquire the behaviour of the model.

There is a great variety of techniques in behaviour therapy. The skill of the therapist lies in conducting an accurate behavioural analysis and building a treatment package with the appropriate techniques.

Cognitive Therapy

Cognitive therapies locate the cause of psychological distress in irrational thoughts and beliefs. Albert Ellis formulated the **Rational Emotive Therapy (RET)**. The central thesis of this therapy is that irrational beliefs mediate between the antecedent events and their consequences. The first step in RET is the *antecedent-belief-consequence (ABC) analysis*. Antecedent events, which caused the psychological distress, are noted. The client is also interviewed to find the irrational beliefs, which are distorting the present reality. Irrational beliefs may not be supported by empirical evidence in the environment. These beliefs are characterised by thoughts with 'musts' and 'shoulds', i.e. things 'must' and 'should' be in a particular manner. Examples of irrational beliefs are, "One should be loved by everybody all the time", "Human misery is caused by external events over which one does not have any control", etc. This distorted perception of the antecedent event due to the irrational belief leads to the consequence, i.e. negative emotions and behaviours. Irrational beliefs are assessed through questionnaires and interviews. In the process of RET, the irrational beliefs are refuted by the therapist through a process of *non-directive questioning*. The nature of questioning is gentle, without probing or being directive. The questions make the client to think deeper into her/his

assumptions about life and problems. Gradually the client is able to change the irrational beliefs by making a change in her/his philosophy about life. The rational belief system replaces the irrational belief system and there is a reduction in psychological distress.

Another cognitive therapy is that of Aaron Beck. His theory of psychological distress characterised 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 in the individual. Thus, a client, who was neglected by the parents as a child, develops the core schema of "I am not wanted". During the course of life, a critical incident occurs in her/his life. S/he is publicly ridiculed by the teacher in school. This critical incident triggers the core schema of "I am not wanted" leading to the development of negative automatic thoughts. Negative thoughts are persistent irrational thoughts such as "nobody loves me", "I am ugly", "I am stupid", "I will not succeed", etc. Such negative automatic thoughts are characterised by cognitive distortions. Cognitive distortions are ways of thinking which are general in nature but which distort the reality in a negative manner. These patterns of thought are called **dysfunctional cognitive structures**. They lead to errors of cognition about the social reality.

Repeated occurrence of these thoughts leads to the development of feelings of anxiety and depression. The therapist uses questioning, which is gentle, non-threatening disputation of the client's beliefs and thoughts. Examples of such question would be, "Why should everyone love you?", "What does it mean to you to succeed?", etc. The questions make the client think in a direction opposite to that of the negative automatic thoughts whereby s/he gains insight into the nature

of her/his dysfunctional schemas, and is able to alter her/his cognitive structures. The aim of the therapy is to achieve this cognitive restructuring which, in turn, reduces anxiety and depression.

Similar to behaviour therapy, cognitive therapy focuses on solving a specific problem of the client. Unlike psychodynamic therapy, behaviour therapy is open, i.e. the therapist shares her/his method with the client. It is short, lasting between 10–20 sessions.

Cognitive Behaviour Therapy

The most popular therapy presently is the **Cognitive Behaviour Therapy** (CBT). Research into the outcome and effectiveness of psychotherapy has conclusively established CBT to be a short and efficacious treatment for a wide range of psychological disorders such as anxiety, depression, panic attacks, and borderline personality, etc. CBT adopts a biopsychosocial approach to the delineation of psychopathology. It combines cognitive therapy with behavioural techniques.

The rationale is that the client's distress has its origins in the biological, psychological, and social realms. Hence, addressing the biological aspects through relaxation procedures, the psychological ones through behaviour therapy and cognitive therapy techniques and the social ones with environmental manipulations makes CBT a comprehensive technique which is easy to use, applicable to a variety of disorders, and has proven efficacy.

Humanistic-existential Therapy

The humanistic-existential therapies postulate that psychological distress arises from feelings of loneliness, alienation, and an inability to find meaning and genuine fulfilment in life. Human beings are motivated by the desire for personal growth

and **self-actualisation**, 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, i.e. achieving the complexity and balance without being fragmented. 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. Just as lack of food or water causes distress, frustration of self-actualisation also causes distress.

Healing occurs when the client is able to perceive the obstacles to self-actualisation in her/his life and is able to remove them. Self-actualisation requires free emotional expression. The family and society curb emotional expression, as it is feared that a free expression of emotions can harm society by unleashing destructive forces. This curb leads to destructive behaviour and negative emotions by thwarting the process of emotional integration. Therefore, the therapy creates a permissive, non-judgmental and accepting atmosphere in which the client's emotions can be freely expressed and the complexity, balance and integration could be achieved. The fundamental assumption is that the client has the freedom and responsibility to control her/his own behaviour. The therapist is merely a facilitator and guide. It is the client who is responsible for the success of therapy. The chief aim of the therapy is to expand the client's awareness. Healing takes place by a process of understanding the unique personal experience of the client by herself/himself. The client initiates the process of self-growth through which healing takes place.

Existential Therapy

Victor Frankl, a psychiatrist and neurologist propounded the **Logotherapy**. Logos is the Greek word for soul and Logotherapy means treatment for the soul. Frankl calls this process of finding meaning even in life-threatening circumstances as the process of *meaning making*. The basis of meaning making is a person's quest for finding the spiritual truth of one's existence. Just as there is an unconscious, which is the repository of instincts (see Chapter 2), there is a spiritual unconscious, which is the storehouse of love, aesthetic awareness, and values of life. Neurotic anxieties arise when the problems of life are attached to the physical, psychological or spiritual aspects of one's existence. Frankl emphasised the role of spiritual anxieties in leading to meaninglessness and hence it may be called an **existential anxiety**, i.e. neurotic anxiety of spiritual origin. The goal of logotherapy is to help the patients to find meaning and responsibility in their life irrespective of their life circumstances. The therapist emphasises the unique nature of the patient's life and encourages them to find meaning in their life.

In Logotherapy, the therapist is open and shares her/his feelings, values and his/her own existence with the client. The emphasis is on here and now. Transference is actively discouraged. The therapist reminds the client about the immediacy of the present. The goal is to facilitate the client to find the meaning of her/his being.

Client-centred Therapy

Client-centred therapy was given by Carl Rogers. Rogers combined scientific rigour with the individualised practice of client-centred psychotherapy. Rogers brought into psychotherapy the concept of self, with freedom and choice as the core of one's being. The therapy provides a warm

relationship in which the client can reconnect with her/his disintegrated feelings. The therapist shows *empathy*, i.e. understanding the client's experience as if it were her/his own, is *warm* and has *unconditional positive regard*, i.e. total acceptance of the client as s/he is. Empathy sets up an emotional resonance between the therapist and the client. Unconditional positive regard indicates that the positive warmth of the therapist is not dependent on what the client reveals or does in the therapy sessions. This unique unconditional warmth ensures that the client feels secure and can trust the therapist. The client feels secure enough to explore her/his feelings. The therapist reflects the feelings of the client 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 client's statements. This process of reflection helps the client to become integrated. Personal relationships improve with an increase in adjustment. In essence, this therapy helps a client to become her/his real self with the therapist working as a facilitator.

Gestalt Therapy

The German word *gestalt* means 'whole'. This therapy was given by Frederick (Fritz) Perls together with his wife Laura Perls. The goal of *gestalt* therapy is to increase an individual's self-awareness and self-acceptance. The client is taught to recognise 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. This therapy can also be used in group settings.

Biomedical Therapy

Medicines may be prescribed to treat psychological disorders. Prescription of medicines for treatment of mental

disorders is done by qualified medical professionals known as psychiatrists. They are medical doctors who have specialised in the understanding, diagnosis and treatment of mental disorders. The nature of medicines used depends on the nature of the disorders. Severe mental disorders such as schizophrenia or bipolar disorder require anti-psychotic drugs. Common mental disorders such as generalised anxiety or reactive depression may also require milder drugs. The medicines prescribed to treat mental disorders can cause side-effects which need to be understood and monitored. Hence, it is essential that medication is given under proper medical supervision. Even the drugs which normal individuals use to stay awake to study for examinations or to get a 'high' at a party have dangerous side-effects. These drugs can cause addiction, and harm the brain and the body. Therefore, it is dangerous to self-medicate with drugs which affect the mind.

You must have seen people with mental problems being given electric shocks in films. **Electro-convulsive Therapy (ECT)** is another form of biomedical therapy. Mild electric shock is 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. ECT is not a routine treatment and is given only when drugs are not effective in controlling the symptoms of the patient.

Factors Contributing to Healing in Psychotherapy

As we have read, psychotherapy is a treatment of psychological distress. There are several factors which contribute to the healing process. Some of these factors are as follows :

1. A major factor in the healing is the techniques adopted by the therapist

and the implementation of the same with the patient/client. If the behavioural system and the CBT school are adopted to heal an anxious client, the relaxation procedures and the cognitive restructuring largely contribute to the healing.

2. The therapeutic alliance, which is formed between the therapist and the patient/client, has healing properties, because of the regular availability of the therapist, and the warmth and empathy provided by the therapist.
3. At the outset of therapy while the patient/client is being interviewed in the initial sessions to understand the nature of the problem, s/he unburdens the emotional problems being faced. This process of emotional unburdening is known as catharsis, and it has healing properties.
4. There are several non-specific factors associated with psychotherapy. Some of these factors are attributed to the patient/client and some to the therapist. These factors are called non-specific because they occur across different systems of psychotherapy and across different clients/patients and different therapists. Non-specific factors attributable to the client/patient are motivation for change, expectation of improvement due to the 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. These are called *therapist variables*.

Ethics in Psychotherapy

Some of the ethical standards that need to be practiced by professional psychotherapists are :

1. Informed consent needs to be taken.

2. Confidentiality of the client should be maintained.
3. Alleviating personal distress and suffering should be the goal of all attempts of the therapist.
4. Integrity of the practitioner-client relationship is important.
5. Respect for human rights and dignity.
6. Professional competence and skills are essential.

Alternative Therapies

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, acupuncture, herbal remedies and so on. In the past 25 years, yoga and meditation have gained popularity as treatment programmes for psychological distress.

Yoga is an ancient Indian technique detailed in the *Ashtanga Yoga* of Patanjali's *Yoga Sutras*. Yoga as it is commonly called today either refers to only the *asanas* or body posture component or to breathing practices or *pranayama*, or to a combination of the two. 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*, also known as mindfulness-based meditation, there is no fixed object or thought to hold the attention. The person passively observes the various bodily sensations and thoughts that are passing through in her or his awareness.

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 illnesses, substance abuse, and rehabilitation of criminal offenders.

SKY has been used as a public health intervention technique to alleviate PTSD in survivors of mass disasters. Yoga techniques enhance well-being, mood, attention, mental focus, and stress tolerance. Proper training by a skilled teacher and a 30-minute practice every day will maximise the benefits. Research conducted at the National Institute of Mental Health and Neurosciences (NIMHANS), India, has shown that SKY reduces depression. Further, alcoholic patients who practice SKY have reduced depression and stress levels. Insomnia is treated with yoga. Yoga reduces the time to go to sleep and improves the quality of sleep.

Kundalini Yoga taught in the USA has been found to be effective in treatment of mental disorders. The Institute for Non-linear Science, University of California, San Diego, USA has found that *Kundalini Yoga* is effective in the treatment of obsessive-compulsive disorder. *Kundalini Yoga* combines *pranayama* or breathing techniques with chanting of *mantras*. Prevention of repeated episodes of depression may be helped by mindfulness-based meditation or *Vipasana*. This meditation would help the patients to process emotional stimuli better and hence prevent biases in the processing of these stimuli.

REHABILITATION OF THE MENTALLY ILL

The treatment of psychological disorders has two components, i.e. reduction of symptoms, and improving the level of functioning or quality of life. In the case of milder disorders such as generalised anxiety, reactive depression or phobia, reduction of symptoms is associated with an improvement in the quality of life. However, in the case of severe mental disorders such as schizophrenia, reduction of symptoms may not be associated with

an improvement in the quality of life. Many patients suffer from negative symptoms such as disinterest and lack of motivation to do work or to interact with people. Rehabilitation is required to help such 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*. In occupational therapy, the patients are taught skills such as candle

making, paper bag making and weaving to help them to form a work discipline. Social skills training helps the 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 is given to improve the basic cognitive functions of attention, memory and executive functions. After the patient improves sufficiently, vocational training is given wherein the patient is helped to gain skills necessary to undertake productive employment.

Key Terms

Alternative therapy, Behaviour therapy, Biomedical therapy, Client-centred therapy, Cognitive behaviour therapy, Empathy, Gestalt therapy, Humanistic therapy, Psycho dynamic therapy, Psychotherapy, Rehabilitation, Resistance, Self-actualisation, Therapeutic alliance, Transference, Unconditional positive regard.

Summary

- *Psychotherapy is a treatment for the healing of psychological distress. It is not a homogenous treatment method. There are about 400 different types of psychotherapy.*
- *Psychoanalysis, behavioural, cognitive and humanistic-existential are the important systems of psychotherapy. There are many schools within each of the above systems.*
- *The important components of psychotherapy are the clinical formulation, i.e. statement of the client's problem and treatment in the framework of a particular therapy.*
- *Therapeutic alliance is the relation between the therapist and the client in which the client has trust in the therapist and the therapist has empathy for the client.*
- *The predominant mode of psychotherapy for adults with psychological distress is individual psychotherapy. The therapist requires to be professionally trained before embarking on the journey of psychotherapy.*
- *Alternative therapies such as some yogic and meditative practices have been found to be effective in treating certain psychological disorders.*
- *Rehabilitation of the mentally ill is necessary to improve their quality of life once their active symptoms are reduced.*

Review Questions

1. Describe the nature and scope of psychotherapy. Highlight the importance of therapeutic relationship in psychotherapy.
2. What are the different types of psychotherapy? On what basis are they classified?
3. A therapist asks the client to reveal all her/his thoughts including early childhood experiences. Describe the technique and type of therapy being used.
4. Discuss the various techniques used in behaviour therapy.
5. Explain with the help of an example how cognitive distortions take place.
6. Which therapy encourages the client to seek personal growth and actualise their potential? Write about the therapies which are based on this principle.

7. What are the factors that contribute to healing in psychotherapy? Enumerate some of the alternative therapies.
8. What are the techniques used in the rehabilitation of the mentally ill?
9. How would a social learning theorist account for a phobic fear of lizards/cockroaches? How would a psychoanalyst account for the same phobia?
10. Should Electro-convulsive Therapy (ECT) be used in the treatment of mental disorders?
11. What kind of problems is cognitive behaviour therapy best suited for?

Project Ideas

1. In school at times you get good points (or gold points or stars) when you do well and bad or black points when you do something wrong. This is an example of a token system. With the help of your classmates make a list of all those school and classroom activities for which you are rewarded or receive praise from your teacher or appreciation from your friends. Also make a list of all those activities for which your teacher scolds you or your classmates get angry with you.
2. Describe a person in your past or present who has consistently demonstrated unconditional positive regard towards you. What effect, if any, did (or does) this have on you? Explain. Gather the same information from more friends and prepare a report.



Weblinks

<http://www.sciencedirect.com>
<http://allpsych.com>
<http://mentalhealth.com>



Pedagogical Hints

1. Students could be asked to connect the different therapeutic approaches to some of the theories of personality they have studied in Chapter 2 on Self and Personality.
2. Role-play and dramatisation of certain student-related behavioural issues, such as break-up of relationship with a friend would evoke interest among the students and also emphasise the application of psychology.
3. As therapy is a highly skilled process requiring professional training, students should be refrained from treating it in a frivolous manner.
4. Any activity/discussion, which may have a serious impact on the psyche of the students, should be properly transacted in the presence of the teacher.