Chapter 5: Therapeutic Approaches

Review Questions — Review Questions

Q1 Describe the nature and scope of psychotherapy. Highlight the importance of therapeutic relationship in psychotherapy.

Psychotherapy is a voluntary relationship between a client seeking treatment and a therapist, aimed at solving the client's psychological problems. It changes maladaptive behaviours, reduces personal distress and helps the client adapt better to the environment, including marital, occupational and social adjustment. Its characteristics: it applies the principles of a theory of therapy systematically; only persons with practical training under expert supervision may practise it, since an untrained person can cause harm; it involves a client who seeks help and a therapist; and their interaction forms a confidential, interpersonal, dynamic relationship. Its goals include reinforcing the resolve for betterment, lessening emotional pressure, unfolding potential for growth, modifying habits, changing thinking patterns, increasing self-awareness, improving relations, facilitating decision-making and becoming aware of life choices.

The therapeutic relationship (alliance) is the vehicle of change. It has a contractual component (two willing persons in a partnership to help the client) and limited duration (it lasts until the client can control her/his life). It is trusting and confiding: the therapist is accepting, empathic, genuine and warm, and shows unconditional positive regard without judging. Empathy, unlike sympathy or intellectual understanding, means feeling from the client's perspective, and it makes the relationship healing. The therapist must also maintain strict confidentiality and must not exploit the client's trust; the relationship stays professional.

Q2 What are the different types of psychotherapy? On what basis are they classified?

Psychotherapies fall into three broad groups: psychodynamic, behaviour and existential (humanistic-existential) therapies. Psychodynamic therapy emerged first, then behaviour therapy, and the existential therapies, called the third force, came last. Cognitive therapies are discussed along with the behavioural approach.

They are classified on six parameters:
1. Cause of the problem: intrapsychic conflicts (psychodynamic); faulty learning of behaviours and cognitions (behaviour); questions about the meaning of life and existence (existential).
2. How the cause arose: unfulfilled childhood desires and unresolved fears (psychodynamic); faulty conditioning, learning and beliefs (behaviour); present feelings of loneliness, alienation and futility (existential).
3. Chief method: free association and dream reporting, with interpretation (psychodynamic); correcting faulty conditioning and challenging faulty thinking (behaviour/cognitive); a positive, accepting, non-judgmental setting with the therapist as facilitator (existential).
4. Nature of the therapeutic relationship: the therapist interprets and finds solutions in psychodynamic and behaviour therapies, but only provides a warm, empathic relationship in existential therapy, where the client finds solutions.
5. Chief benefit: emotional insight (psychodynamic); adaptive behaviour and thought patterns (behaviour); personal growth (humanistic).
6. Duration: classical psychoanalysis may last years, recent versions 10-15 sessions; behaviour, cognitive behaviour and existential therapies take a few months.

Q3 Discuss the various techniques used in behaviour therapy.

Behaviour therapy applies learning principles to correct faulty behaviour in the present. It begins with a behavioural analysis to identify malfunctioning behaviours, antecedent factors and maintaining factors, and then a treatment package is chosen. Its techniques aim to reduce arousal, alter behaviour through classical or operant conditioning with different reinforcement contingencies, and use vicarious learning.

1. Negative reinforcement and aversive conditioning: negative reinforcement strengthens behaviour that removes a painful stimulus; aversive conditioning repeatedly pairs an undesired response with an aversive consequence (an alcoholic given a mild shock while smelling alcohol).
2. Positive reinforcement: rewarding a rare adaptive behaviour (favourite dish for doing homework). Token economy gives tokens exchangeable for a reward.
3. Differential reinforcement: reinforce wanted behaviour while ignoring or negatively reinforcing unwanted behaviour.
4. Relaxation procedures such as progressive muscular relaxation and meditation reduce anxiety.
5. Systematic desensitisation (Wolpe): for phobias, a hierarchy of fear-provoking situations is built and imagined step by step while relaxed, based on reciprocal inhibition.
6. Modelling: the client learns by observing a model or the therapist (vicarious learning), with small changes rewarded.

Q4 Explain with the help of an example how cognitive distortions take place.

In Aaron Beck's cognitive therapy, childhood experiences given by the family and society lead the individual to develop core schemas, which are systems of beliefs and action patterns. A critical incident later in life triggers the core schema and produces negative automatic thoughts. These persistent irrational thoughts are characterised by cognitive distortions, ways of thinking that are general in nature but distort reality negatively.

Example: a child who was neglected by the parents develops the core schema "I am not wanted". Later in life the person is publicly ridiculed by a teacher in school. This critical incident triggers the schema and gives rise to negative automatic thoughts such as "nobody loves me", "I am ugly", "I am stupid" or "I will not succeed". These thoughts are dysfunctional cognitive structures that cause errors of cognition about social reality. Their repeated occurrence leads to feelings of anxiety and depression. The therapist then uses gentle, non-threatening questioning ("Why should everyone love you?") to dispute these thoughts, achieving cognitive restructuring.

Q5 Which therapy encourages the client to seek personal growth and actualise their potential? Write about the therapies which are based on this principle.

The humanistic-existential therapy encourages personal growth and self-actualisation. It holds that distress arises from loneliness, alienation and inability to find meaning and fulfilment, and that humans have an innate need for personal growth. Self-actualisation is an inborn force that moves a person to become more complex, balanced and integrated. When family and society curb emotional expression, distress follows. The therapist creates a permissive, accepting, non-judgmental atmosphere and acts only as facilitator; the client has freedom and responsibility for success.

Therapies based on this principle:
1. Logotherapy (Victor Frankl), an existential therapy: it treats the soul; distress comes from meaninglessness (existential anxiety, of spiritual origin). The therapist is open, shares feelings and values, stresses the here and now, discourages transference, and helps the client find meaning and responsibility in life whatever the circumstances.
2. Client-centred therapy (Carl Rogers): the therapist offers a warm relationship with empathy and unconditional positive regard, reflecting the client's feelings by rephrasing them, helping the client become integrated and her/his real self.
3. Gestalt therapy (Fritz and Laura Perls): gestalt means whole; it aims to increase self-awareness and self-acceptance by helping the client recognise blocked bodily processes and emotions, by acting out fantasies about feelings and conflicts. It can be used in groups.

Q6 What are the factors that contribute to healing in psychotherapy? Enumerate some of the alternative therapies.

Factors contributing to healing:
1. The techniques adopted by the therapist and their implementation, for example relaxation procedures and cognitive restructuring when behavioural and CBT approaches are used for an anxious client.
2. The therapeutic alliance, which heals through the therapist's regular availability, warmth and empathy.
3. Catharsis, the emotional unburdening by the client in the initial sessions while the problem is being understood.
4. Non-specific factors that occur across systems of therapy, clients and therapists. Patient variables include motivation for change and expectation of improvement; therapist variables include a positive nature, absence of unresolved emotional conflicts and good mental health.

Alternative therapies are so called because they are alternatives to conventional drug treatment or psychotherapy. Examples are yoga, meditation, acupuncture and herbal remedies. Yoga (asanas, pranayama or both, from Patanjali's Ashtanga Yoga) includes Sudarshana Kriya Yoga, useful for stress, anxiety, PTSD, depression and insomnia, and Kundalini Yoga, found effective for obsessive-compulsive disorder. Meditation, including Vipasana (mindfulness-based), may help prevent repeated episodes of depression.

Q7 What are the techniques used in the rehabilitation of the mentally ill?

Treatment of psychological disorders aims at reducing symptoms and improving functioning or quality of life. In milder disorders both go together, but in severe disorders such as schizophrenia, symptom reduction may not improve quality of life, since patients may have negative symptoms like disinterest and lack of motivation. Rehabilitation helps such patients become self-sufficient and productive members of society to the extent possible.

Techniques used:
1. Occupational therapy: teaching skills such as candle making, paper bag making and weaving to build work discipline.
2. Social skills training: developing interpersonal skills through role play, imitation and instruction, so the patient can function in a social group.
3. Cognitive retraining: improving basic cognitive functions of attention, memory and executive functions.
4. Vocational therapy or training: once the patient has improved sufficiently, helping the patient gain the skills needed for productive employment.

Q8 How would a social learning theorist account for a phobic fear of lizards/cockroaches? How would a psychoanalyst account for the same phobia?

A social learning (behavioural) theorist holds that psychological distress arises from faulty learning of behaviours and thoughts. The fear of lizards or cockroaches would be seen as a learned response. It may have been acquired through conditioning, when the animal became associated with a frightening experience (a sudden scare or a shriek), or through vicarious learning, by observing a parent or other model react with panic. Beliefs that the animal is dangerous may maintain the fear, and avoiding it gives relief, which reinforces the avoidance (negative reinforcement). The therapist would therefore use relaxation and systematic desensitisation, or modelling, to unlearn it.

A psychoanalyst (psychodynamic view) would trace the phobia to intrapsychic conflicts arising from unfulfilled desires and unresolved fears of childhood. The lizard or cockroach would be a symbolic expression of such repressed conflict rather than the real source of fear. Treatment would use free association and dream reporting, with the therapist interpreting the material to help the client gain emotional insight.

Q9 What kind of problems is cognitive behaviour therapy best suited for?

Cognitive Behaviour Therapy (CBT) is presently the most popular therapy. Research on the outcome of psychotherapy has established it as a short and efficacious treatment for a wide range of psychological disorders such as anxiety, depression, panic attacks and borderline personality.

It suits these problems because it follows a bio-psychosocial approach, holding that distress has biological, psychological and social origins. It combines cognitive therapy with behavioural techniques: the biological aspects are addressed through relaxation procedures, the psychological ones through behaviour therapy and cognitive therapy techniques, and the social ones through environmental manipulations. This makes CBT comprehensive, easy to use, applicable to a variety of disorders and of proven efficacy. Since it focuses on solving a specific problem of the client and is open and short, it works well when distress comes from irrational beliefs and faulty behaviour patterns.