1. Details of Module and its structure

Module Detail	
Subject Name	Psychology
Course Name	Psychology 03 (Class XII, Semester - 1)
Module Name/Title	Types of Psychotherapy - Part 2
Module Id	lepy_10502
Pre-requisites	Nature and Process of Psychotherapy, Therapeutic Alliance,
Objectives	After going through this lesson, the learners will be able to understand the following: • To understand the techniques of psychodynamic and behavioural schools of therapy
Keywords	Intrapsychic Conflict, Free Association, Dream Analysis, Transference, Transference Neurosis, Resistance, Confrontation, Clarification, Working Through, Insight, Reinforcement, Aversive Conditioning, Token Economy, Systematic Desensitization.

2. Development Team

Role	Name	Affiliation
National MOOC Coordinator (NMC)	Prof. Amarendra P. Behera	CIET, NCERT, New Delhi
Program Coordinator	Dr. Mohd. Mamur Ali	CIET, NCERT, New Delhi
Course Coordinator (CC) / PI	Dr. Anjum Sibia	DEPFE, NCERT, New Delhi
Course Co-Coordinator / Co-PI	Dr. Prabhat Kumar Mishra	DEPFE, NCERT, New Delhi
Subject Matter Expert (SME)	Ms. Gurjeet Kaur	DAV Public School Sector B, Pocket 1 Vasant Kunj, Delhi
Review Team	Ms. Sudeshna Nath Ms. Satadipa Chaudhuri	DPS, Vasundhara, Ghaziabad Counsellor at Your DOST, Delhi

Table of Contents :

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.

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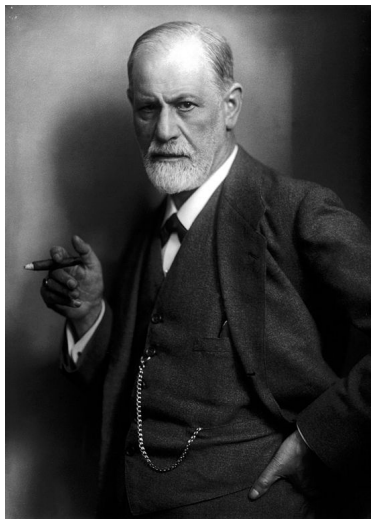

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Methods of Eliciting the Nature of Intrapsychic Conflict

Since the psychoanalytic approach views intrapsychic conflicts to be the cause of psychological disorder, the treatment is initiated in the following manner.

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.

In 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.

(change the sentence and picture. My mother loved our brother the most,she sent me to stay with an aunt. If I ask her to return she might think I'm selfish.But I am missing Ambika ,my younger sister.You are not allowing me to return and meet my sister.)

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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.

Stage three 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. It seeks to modify the behaviour rather than to focus on the underlying causes of behaviour. 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

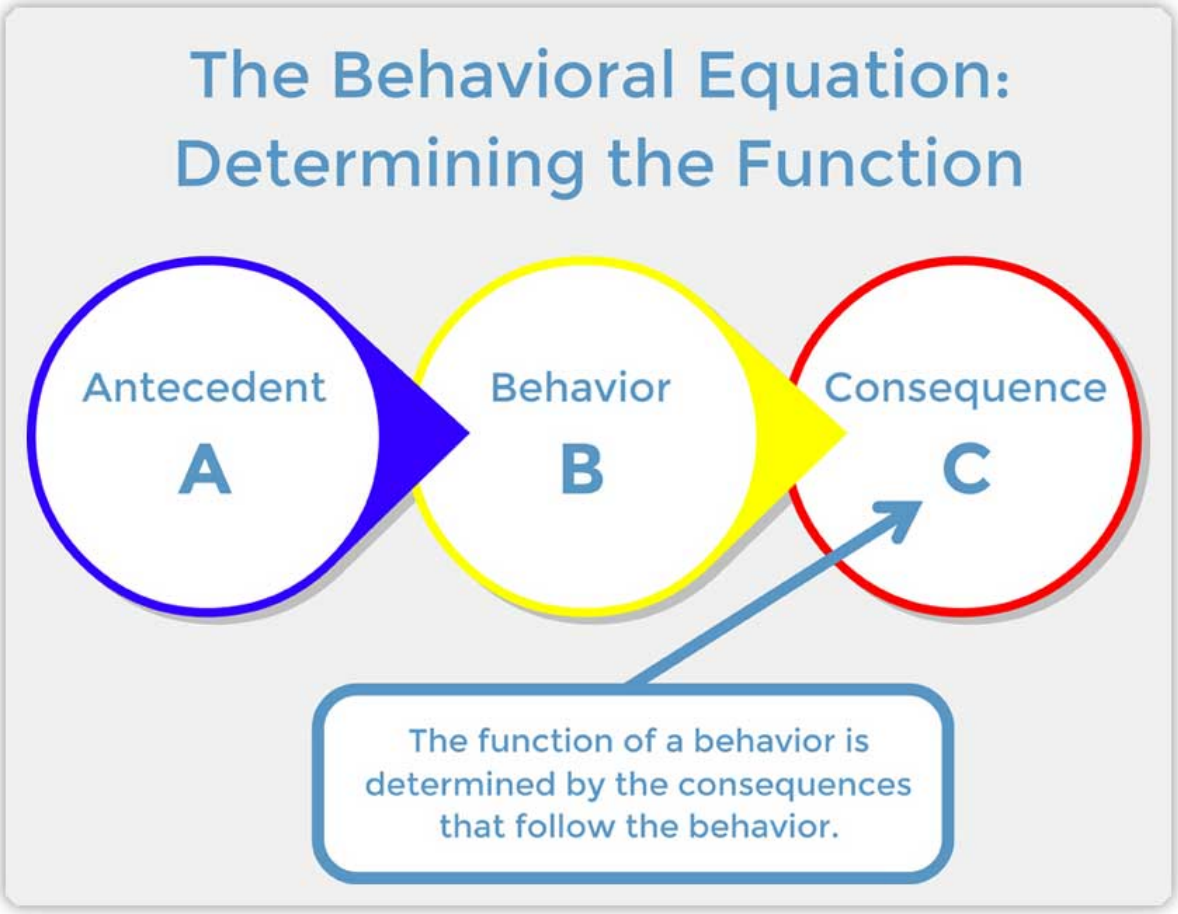
The client with psychological distress or with physical symptoms, which cannot be attributed to physical disease, is interviewed with a view to analyse her/his behaviour patterns.

Behavioural analysis is conducted to find malfunctioning behaviours, the antecedents of faulty learning, and the factors that maintain or continue faulty learning. These three are explained below:

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.



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(similar picture to be drawn.Box will state that the behaviour is a function of the preceding factors i.e. antecedent behaviour and the resultant consequences.)

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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.
- As you have already studied in Class XI, there are many techniques of behaviour modification. The following are some of them.

Negative reinforcement refers to following an undesired response with an outcome that is painful or not liked. For example, the teacher reprimands a child who shouts in class. This is negative reinforcement.

Aversive conditioning refers to repeated association of undesired response with an aversive consequence, there by reducing the frequency of undesired behaviour. For example, an alcoholic is given a bitter tasting food item and asked to smell the alcohol. With repeated pairings the smell of alcohol is aversive as the bitter taste of the food 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.

Token Economy

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.

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Note : similar image can be drawn in CIET

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. Details of relaxation procedures are given later. 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.

Behavior	Fear rating
Think about a spider.	10
Look at a photo of a spider.	25
Look at a real spider in a closed box.	50
Hold the box with the spider.	60
Let a spider crawl on your desk.	70
Let a spider crawl on your shoe.	80
Let a spider crawl on your pants leg.	90
Let a spider crawl on your sleeve.	95
Let a spider crawl on your bare arm.	100

Note : similar image can be drawn in CIET

(change spider to a cockroach and ratings too can be slightly changed but kept in ascending order,in accordance to the amount of fear it provokes)

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 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.

Activity

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.

Relaxation Procedure

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.