

Very Short Answer Questions

Q. 1. What is meant by therapeutic contract?

OR

Discuss therapeutic relationship between the client and the therapist.

[CBSE Delhi 2014, 2015; (AI) 2016]

Ans. The therapeutic relationship is contractual in nature in which two willing individuals, the client and the therapist, enter into partnership which aims at helping the client overcome his/her problems.

It is a helping relationship that involves someone seeking help and someone trained to give help, in a setting that permits help to be given and received.

Q. 2. What is unconditional positive regard?

Ans. Unconditional positive regard is positive warmth, by being accepting, empathic and genuine to the client. The therapist shows non-judgmental attitude so that the client feels secure and trusts the therapist. The therapist conveys by his or her words and behaviours that she/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 she/he may have done or thought about.

Q. 3. Explain the term 'empathy'.

[CBSE (AI) 2016]

Ans. Empathy is 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.

Q. 4. What is 'free association'?

Ans. The therapist makes the client lie down on the couch, close his/her eyes and asks him/her 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. A relaxed and trusting atmosphere is created and as the therapist does not interrupt the free flow of ideas, desires and the conflicts of the unconscious, which had been suppressed by the ego, emerge into the conscious mind.

Q. 5. Explain 'aversive conditioning'.

Ans. Aversive conditioning refers to repeated association of undesired response with an aversive consequence. For example, an alcoholic is given a mild electric shock and asked to smell alcohol. With repeated pairings the smell of alcohol is aversive as the pain of shock is associated with it and the person will give up alcohol.

Q. 6. Explain 'positive reinforcement'.

[CBSE Delhi 2011]

Ans. Positive reinforcement refers to following a desired response with an outcome that is liked. If an adaptive behaviour occurs rarely, positive reinforcement increases the deficit. 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 which increases the behaviour of doing homework at appointed time.

Q. 7. Explain 'token economy technique' for changing behaviour.

Ans. In 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 outing for the patient as a treat.

Q. 8. Explain 'vicarious learning'.

[CBSE (AI) 2011]

Ans. Vicarious learning is learning by observing others. It is the process of rewarding small changes in the behaviour, in which the client gradually learns to acquire the behaviour of the model.

Q. 9. What is Cognitive Behaviour Therapy (CBT)?

[CBSE Delhi 2016; (AI) 2014]

Ans. Cognitive Behaviour therapy (CBT) is a short and efficacious treatment for a wide range of psychological disorders such as anxiety, depression, panic attacks and borderline personality. It combines cognitive therapy with behavioural techniques.

Q. 10. State two psychological disorders in which cognitive behaviour therapy is used for treatment.

[CBSE (AI) 2015]

Ans. Cognitive Behaviour Therapy is a short and efficacious treatment for a wide range of psychological disorders such as anxiety, depression, panic attacks and borderline personality.

Q. 11. What is existential anxiety?

[CBSE Delhi 2014]

Ans. Frankl calls the 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. He emphasized 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.

Q. 12. What is meant by 'self-actualisation'?

[CBSE (AI) 2014, 2016]

Ans. Maslow gave a detailed account of psychologically healthy people in reference to attainment of self-actualisation. Self-actualisation is a state in which people have reached their fullest potential and develop a complex, balanced and integrated personality.

Q. 13. What is occupational therapy?

[CBSE (AI) 2014]

Ans. Occupational therapy is a technique to help improve the quality of life of a mentally ill person after treatment. In occupational therapy, the patients are taught skills such as candle making, paper-bag making and weaving etc. to help them to form a work discipline.

Q. 14. Explain the concept of ‘unconditional positive regard’.

Ans. 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 ‘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.

Short Answer Questions – I

Q. 1. What do you mean by transference neurosis? Describe its types.

Ans. The client expresses his/her frustrations, anger, fear and depression that had been suppressed during the early childhood years. The therapist acts as the substitute for an authority figure and this stage is called transference neurosis. It is of two types:

- I. Positive transference:** When the client idolizes or falls in love with the therapist and seeks the therapist's approval, positive transference takes place.
- II. Negative transference:** When the client has feelings of hostility, anger and resentment towards the therapist negative transference occurs.

Q. 2. How is behaviour therapy used to treat phobia?

Or

Enumerate the steps in systematic desensitization.

Ans. Systematic desensitization is a technique used in behaviour therapy introduced by Wolpe for treating phobias or irrational fears. 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 of the least anxiety-provoking situation. 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 desensitized to the fear. The process of systematic desensitization is based on the principle of reciprocal inhibition which states that two mutually opposing forces inhibits the weaker force.

Q. 3. Describe Rational Emotive Therapy.

Ans. Psychological distress is caused by irrational thoughts and beliefs. The distorted perception of the antecedent event due to irrational beliefs leads to a consequence, i.e., negative emotions and behaviours. In the process of RET, the irrational beliefs are refuted by the therapist through the process of non-directive questioning. The nature of questioning is gentle, without probing or being directive.

Q. 4. Discuss Cognitive therapy given by Albert Ellis.

Ans. Albert Ellis formulated the Rational Emotive Therapy (RET) in which he states that the distorted perception of the antecedent event due to the irrational belief leads to a consequence, i.e., negative emotions and behaviours. Irrational beliefs are assessed through questionnaires and interviews and are refuted by the therapist through nondirective questioning. The nature of questioning is gentle without probing or being directive. The questions make the client to think deeper into his/her assumptions about life and problems. Gradually the client is able to change

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

Q. 5. Discuss cognitive therapy given by Aaron Beck.

OR

How is Rational Emotive Therapy (RET) used in treating psychological disorders?

[CBSE (AI) 2011]

OR

Explain with examples that how cognitive distortions take place.

[CBSE (AI) 2015]

Ans. Aaron Beck states that childhood experiences provided by family and society develop core schemas or systems. For example, a client, who was neglected by the parents as a child, develops the core schema 'I am not wanted'. During the course of life, a critical incident occurs in his/her life. S/he is publicly ridiculed by the teacher in school. The critical incident triggers the core schema of 'I am not wanted' leading to the development of negative automatic thoughts. These negative thoughts lead to cognitive distortions such as 'I am ugly', 'I am stupid', 'Nobody loves me' which are called dysfunctional cognitive structures. Repeated occurrence of these thoughts leads to development of feelings of anxiety and depression. The therapist uses gentle, non-threatening questioning by which the client thinks in the direction opposite to negative automatic thoughts and gains insight of his dysfunctional schemas and achieves cognitive restructuring which reduces anxiety and depression.

Q. 6. Mention the therapy that encourages the client to seek personal growth and actualise their potential. Give its salient features.

The humanistic-existential therapies encourage personal growth and actualise the potential by expanding the client's awareness. The therapist is merely facilitator and guide. It is the client who is responsible for the success of the therapy by the process of self-growth through which healing takes place.

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 his/her own behaviour.

Q. 7. What is the meaning of 'Logotherapy'?

[CBSE Delhi 2016]

Ans. Neurotic anxieties arise when problems of life are attached to the physical, psychological and spiritual aspects of one's existence. Victor Frankl emphasized the role of spiritual anxieties in leading to meaninglessness and hence is called existential anxiety, i.e. neurotic anxiety of spiritual origin. The goal of logotherapy is to help the patients find meaning and responsibility in

their life irrespective of life circumstances. Transference is actively discouraged and the client finds meaning of his existence

Q. 8. Describe client-centred therapy

Ans. Client-centred therapy was given by Carl Rogers. The therapy provides a warm relationship in which therapist shows empathy, i.e., understanding the client's experience as if it were his/her own and shows unconditional positive regard i.e. total acceptance of the client as s/he is. Unconditional warmth ensures that the client feels secure and trusts the therapist. 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. The therapy helps a client to become his/her self with the therapist working as a facilitator.

Q. 9. Discuss Gestalt therapy.

[CBSE Delhi 2015]

Ans. The goal of Gestalt therapy is to increase an individual's self-awareness and selfacceptance. The client is taught to recognize his emotions that are being blocked out from awareness.

Q. 10. Describe the Biomedical therapy.

Ans. Medicines are prescribed by psychiatrists to treat psychological disorders. They are doctors specialized in the understanding, diagnosis and treatment of mental disorders. Severe mental disorders such as Schizophrenia or Bipolar disorders require antipsychotic drugs. Mental disorders such as Generalised Anxiety and Depression 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.

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. ECT is given when drugs are not effective in controlling the symptoms of the patient.

Q. 11. Describe the rehabilitation of the mentally ill.

[CBSE Delhi 2015]

Ans. The aim during the treatment of psychological disorders is to reduce the symptoms and improve the functioning or quality of life. Rehabilitation is required to help patients to become self-sufficient. 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 to undertake productive employment.

Q. 12. Explain the concept of 'unconditional positive regard'.

Ans. 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 '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.

- i.** The therapist shows positive warmth and is not dependent on what the client reveals.
- ii.** The therapist shows a non-judgmental attitude.
- iii.** The client feels secure and trusts the therapist.
- iv.** It facilitates the process of reflection. (seeking simple clarifications from the client to enhance understanding)

Short Answer Questions – II

Q. 1. What are the goals of psychotherapy?

Ans. All psychotherapies aim at 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.

Q. 2. State four characteristics of psychotherapeutic approaches.

[CBSE (AI) 2015]

Ans. 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 his/her emotional problems,
- iv. The interaction of these two persons – the therapist and the client – results in the consolidation or 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.

Q. 3. Explain 'negative reinforcement' and 'aversive conditioning' techniques of behaviour modification.

[CBSE Delhi 2011]

Ans. 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. Aversive conditioning refers to repeated association of undesired response with an aversive consequence. For example, an alcoholic is given a mild electric shock and asked to smell the alcohol which leads to his leaving alcohol.

Q. 4. Discuss the factors that contribute to healing in psychotherapy.

Ans. Psychotherapy is a treatment of psychological distress. There are several processes which contribute to the healing process:

- i. Relaxation procedures and cognitive restructuring contribute to the healing.
- ii. The therapeutic alliance has healing properties because of the warmth and empathy provided by the therapist.
- iii. Healing is provided by unburdening the client of emotional problems by the process of catharsis.
- iv. There are several non-specific factors associated with psychotherapy. Non-specific factors attributable to the client/patient are motivation for change, expectation or improvement due to treatment. Non-specific factors attributable to the therapist are positive nature, absence of unresolved emotional conflicts, presence of good mental health.

Q. 5. Describe the strategies to be adopted to prevent mental disorders.

Ans. Prevention of mental disorders involves promotion of positive mental health by increasing psychological well-being, competence and resilience, and by creating supporting living conditions and environments so that an individual can face the challenges of every-day life. The following steps should be taken to promote positive mental health and hence prevent mental disorders:

- i. Increasing awareness and reducing stigma.
- ii. Schools and educational institutions to provide counselling to problem children so that mental problems can be checked at the initial stage.
- iii. Appointment of industrial counsellors at work places so that a healthy environment and better relationships can be created between employees and employers.
- iv. Adult members of the community to intervene in cases where there is a possibility of suicide and to reduce alcoholic or drug addiction or help children who experience stress from poverty and abuse or are neglected.

Long Answer Questions

Q. 1. Elaborate any three psychological (therapeutic) models proposed to treat mental disorders.

OR

What are the different types of psycho-therapy? Explain the principles on which humanistic-existential therapy is based.

The different types of psycho-therapies are:

- i. Psychodynamic therapy
- ii. Behaviour therapy
- iii. Existential therapy

[CBSE (AI) 2013]

Ans.

- i. **Psychodynamic therapy:** According to Psychodynamic therapy intra-psychic conflict are the source of psychological problems. The unfulfilled desires of childhood and unresolved childhood fears lead to intra-psychic conflicts. 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 him/ her confront and resolve the conflicts and thus overcome problems. The therapist understands and interprets the thoughts and feelings of the client. The client's symptoms and distresses reduce as a consequence of the development of emotional insight.
- ii. **Behaviour therapy:** According to behaviour therapies, psychological problems arise due to faulty learning of behaviours and cognitions. The faulty conditioning patterns, faulty learning and faulty thinking and beliefs lead to maladaptive behaviours that lead to psychological problems. Behaviour therapy identifies the faulty conditioning patterns and sets up alternate behavioural contingencies to improve behaviour and overcome psychological distress. Behaviour therapists are capable of arriving at solutions to the client's problems. Adaptive and healthy behaviour and thought patterns replace faulty behaviour and ensures removal of symptoms.
- iii. **Existential therapy:** These therapies postulate that the questions about the meaning of one's life and existence are the cause of psychological problems. It gives importance to the present wherein the current feelings of loneliness, alienation, sense of futility of one's existence causes psychological problems. The existential therapy provides a therapeutic environment which is positive, accepting, warm, empathic and non-judgmental. The therapist acts as a facilitator

in which the client arrives at the solutions through the process of personal growth. Thus the client understands oneself and one's aspirations, emotions and motives.

The principles underlying humanistic existential psychotherapy are

- i. Psychological distress arises from feelings of loneliness, alienation and inability to find meaning and genuine fulfillment in life.
- ii. 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. Frustration of self actualisation also causes distress.
- iii. The humanistic-existential therapies encourage personal growth and actualise the potential. Self actualisation requires free emotional expression. The family and society curb emotional expression which leads to destructive behaviour and negative emotions by thwarting the process of emotional expression. The therapist is merely facilitator and guide. It is the client who is responsible for the success of the therapy by the process of self-growth through which healing takes place.

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 his/her own behaviour and the chief aim of the therapy is to expand the client's awareness.

Q. 2. Discuss the relevance of psychodynamic approach to social adjustment.

Ans. Psychodynamic therapy uses free association and dream interpretation as important methods for eliciting the psychological conflicts. A therapeutic relationship is established and the client feels comfortable, the therapist makes him/her lie down on the couch, close his/her eyes and asks him/her 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. A relaxed and trusting atmosphere is created and as the therapist does not interrupt the free flow of ideas, desires and the conflicts of the unconscious, which had been suppressed by the ego, emerge into the conscious mind. Along with this technique, the client is asked to write down his/her dreams upon waking up. According to psychoanalysts, dreams are symbols of unfulfilled desires and are the royal road to the unconscious.

As the unconscious forces are brought into the conscious realm through free association and dream interpretation, the client starts identifying with the therapist with the authority figures of the past, usually childhood. The therapist is seen as a punitive father or as a negligent mother. The therapist maintains a non-judgmental and permissive attitude and allows the client to continue with this process of emotional identification. This is the process of transference. The client expresses his/her

frustrations, anger, fear and depression that had been suppressed during the early childhood years. The therapist acts as the substitute for an authority figure and this stage is called transference neurosis. When the client idolizes or falls in love with the therapist and seeks the therapist's approval, positive transference takes place while when the client has feelings of hostility, anger and resentment towards the therapist negative transference occurs.

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 himself/herself 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 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.

Change is effected by interpretation through confrontation and clarification. In confrontation, the therapist points out to the client an aspect of his/her 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. 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 symptoms. The repeated process of using confrontation, clarification and interpretation is known as working through.

The outcome of working through is insight. During insight, the unconscious memories are repeatedly integrated into conscious awareness. Therapy is complete when the client starts to understand himself/herself better at an intellectual and emotional level and gains insight into his/her conflicts and problems.

Psychoanalysis lasts for several years, with one hour session for 4-5 days per week. It takes place in 3 stages:

Stage one is the initial phase when the patient 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 characterized by transference, resistance on the part of the patient, 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 patient prepares to leave the therapy.

Q. 3. Explain how would a social learning theorist and a psychoanalyst account for phobia of lizards. Support your answer with examples. [CBSE (AI) 2013]

Ans. According to Social Learning theory

- i. Both faulty and adaptive behaviours are a result of faulty learning.
- ii. The mechanism of reward and punishment will decide the behaviour will be learned or eliminated.
- iii. This phobia can be treated with techniques like systematic desensitisation, modeling or using methodology of behaviour therapy.

Systematic desensitization is a technique used in behavior therapy introduced by Wolpe for treating phobias or irrational fears. During behaviour therapy treatment is to extinguish or eliminate the faulty behaviors which cause distress such as fear or phobia of lizards and substitute them with adaptive behaviour patterns. 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 of the least anxiety-provoking situation. 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 desensitized to the fear. The process of systematic desensitization is based on the principle of reciprocal inhibition which states that two mutually opposing forces inhibit the weaker force.

According to Psychanalysts, intra-psychic conflicts are the source of psychological problems due to unresolved childhood fear of lizards. The unfulfilled desires of childhood and unresolved childhood fears lead to intra-psychic conflicts.

- i. A child who shows phobic reaction to lizards has had a traumatic experience of the phobic stimulus.
- ii. The fear was either repressed or displaced.

Psychoanalytic therapy uses the methods of free association and reporting of dreams to elicit the thoughts and feelings of the client. A therapeutic relationship is established and the client feels comfortable, the therapist makes him/her lie down on the couch, close his/her eyes and asks him/her 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. A relaxed and trusting atmosphere is created and as the therapist does not interrupt the free flow of ideas, desires and the conflicts of the unconscious, which had been suppressed by the ego, emerge into the conscious mind. Along with this technique, the client is asked to write down his/her dreams upon waking up. According to psychoanalysts, dreams are symbols of unfulfilled desires and are the royal road to the unconscious. This material is interpreted to the client to help him/her confront and resolve the conflicts and thus overcome problems. The therapist understands and interprets the thoughts and feelings of the

client. The client's symptoms and distresses reduce as a consequence of the development of emotional insight.

Q. 4. Describe the method of treatment in behavior therapy.

Ans. During behaviour therapy treatment is to extinguish or eliminate the faulty behaviors which cause distress and substitute them with adaptive behaviour patterns. Behavioural analysis is to find malfunctioning behaviours, the antecedents of faulty learning and the factors that maintain or continue faulty learning. Malfunctioning behaviours are those behaviours that cause distress to the client. Antecedent factors are those causes which predispose the person to indulge in that behaviour. Maintaining factors are those which lead to the persistence of the faulty behaviour. For example, in the malfunctioning behavior of smoking, the anxiety-provoking situation is the causative or antecedent factor. The feeling of relief is the maintaining factor to continue smoking.

The method of treatment is through establishing antecedent operations and consequent operations. Antecedent operations control behaviour by changing something that precedes a behavior. Establishing operation is to increase or decrease the reinforcing value of a particular consequence. 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. 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.

Q. 5. State the techniques used in behaviour therapy.

[CBSE (AI)

2012]

Ans. The principles of behaviour techniques are to reduce the arousal level of the client, alter behaviour through classical conditioning with different contingencies of reinforcement as well as to use vicarious learning procedures.

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.

Aversive conditioning refers to repeated association of undesired response with an aversive consequence. For example, an alcoholic is given a mild electric shock and asked to smell the alcohol which leads to his leaving alcohol.

If an adaptive behaviour occurs rarely, positive reinforcement increases the deficit. 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 which increases the behaviour of doing homework at appointed time.

Differential reinforcement is an effective method wherein **positive reinforcement** is given for wanted behaviour while negative reinforcement is given for unwanted

behaviour. If a child cries for not being taken to cinema, the parent ignores the child when s/he cries and taken to cinema when s/he shows wanted behaviour.

Systematic desensitization is a technique used in behavior therapy introduced by Wolpe for treating phobias or irrational fears. 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 of the least anxiety-provoking situation. 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 desensitized to the fear. The process of systematic desensitization is based on the principle of reciprocal inhibition which states that two mutually opposing forces inhibits the weaker force.

Persons with behavioural problems can be given a token as are reward every time a wanted behaviour occurs. This is known as **Token Economy**.

Modelling is the procedure which uses the procedure of vicarious learning wherein the client learns to behave in a certain way by observing the behaviour of the therapist who acts as the role model. **Vicarious learning** is learning by observing others. It is the process of rewarding small changes in the behaviour, the client gradually learns to acquire the behaviour of the model.

Q. 6. What is psychotherapy? Discuss the factors that contribute to healing in psychotherapy. *[CBSE (AI) 2012]*

Ans. Psychotherapy involves a voluntary, helping relationship that involves someone seeking help and someone trained to give help, in a setting that permits help to be given and received. The purpose of the relationship is to help the client to solve the psychological problems faced by him or her. 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 his environment.

Psychotherapy is a treatment of psychological distress. There are several processes which contribute to the healing process:

- i. Relaxation procedures and cognitive restructuring contribute to the healing.
- ii. The therapeutic alliance has healing properties because of the warmth and empathy provided by the therapist.
- iii. Healing is provided by unburdening the client of emotional problems by the process of catharsis.
- iv. There are several non-specific factors associated with psychotherapy. Non-specific factors attributable to the client/patient are motivation for change, expectation or improvement due to treatment. Non-specific factors attributable to

the therapist are positive nature, absence of unresolved emotional conflicts, presence of good mental health.