

CUET · PSYCHOLOGY · CLASS XII · CODE 324

Therapeutic Approaches

CUET unit: Therapeutic Approaches / Treatment of Psychological Disorders

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Snapshot

- Establishes psychotherapy as a voluntary, confidential, interpersonal relationship between therapist and client aimed at relieving psychological distress.
- Classifies psychotherapies into three broad systems — psychodynamic, behaviour, and existential — based on cause, treatment method, therapeutic relationship, and chief benefit.
- Builds the vocabulary CUET loves to test — therapeutic alliance, unconditional positive regard, empathy, RET, ABC analysis, systematic desensitisation, CBT, logotherapy, client-centred therapy, Gestalt therapy.
- Covers alternative therapies (yoga, meditation, SKY, Kundalini, Vipasana) and the rehabilitation framework (occupational, social skills, cognitive retraining, vocational training).
- High-yield: factual recall, founder–therapy matching, and statement-based items recur each year.



Detailed Notes

2.1 Core concepts

Psychotherapy is a voluntary, confidential, interpersonal relationship between a client and a trained therapist that aims to help the client solve psychological problems through the systematic application of therapeutic principles (NCERT §Nature and Process of Psychotherapy, p. 90). The voluntary character of the relationship — the client must come of his or her own will — is critical because it builds the trust that allows free discussion of intimate concerns. There are **four characteristics common to all psychotherapies**: (1) systematic application of principles underlying the various theories of therapy, (2) practice restricted to persons with practical training under expert supervision, (3) the therapist and the client as the focus of attention, and (4) consolidation of the therapeutic relationship through their interaction (NCERT p. 90). The **goals of psychotherapy** are wide: reinforcing the client's resolve to better himself, lessening emotional pressure, unfolding potential for positive growth, modifying habits, changing thinking patterns, increasing self-awareness, improving interpersonal relations, facilitating decision-making, becoming aware of one's choices, and relating creatively to the social environment (NCERT pp. 90-91).

The **therapeutic relationship**, or **therapeutic alliance**, has two crucial components: (1) a contractual partnership directed at overcoming the client's problems and (2) limited duration — the alliance lasts only until the client is capable of self-management (NCERT §Therapeutic Relationship, p. 91). Within this alliance the therapist conveys **unconditional positive regard** — non-judgmental warmth held for the client regardless of behaviour — and **empathy**, the ability to understand another person's plight by adopting their perspective. NCERT carefully distinguishes empathy from **sympathy** (which is pity without feeling like the other person) and from purely **intellectual understanding** (which is cold and detached). **Confidentiality, non-exploitation** and **professional conduct** are stressed as core ethical commitments (NCERT p. 91).

NCERT classifies psychotherapies on **six parameters**: (1) the cause that led to the problem, (2) how the cause came into existence, (3) the chief method of treatment, (4) the nature of the therapeutic relationship, (5) the chief benefit, and (6) the duration (NCERT §Type of Therapies, pp. 92-93). Three broad systems emerge. **Psychodynamic therapy** holds that **intrapsychic conflicts** — unfulfilled childhood desires and unresolved fears — cause distress; the chief methods are **free association** and dream reporting; the chief benefit is **emotional insight**; classical psychoanalysis can run for years and the relationship is directive. **Behaviour therapy** holds that **faulty conditioning, learning and thinking** cause distress; the therapist identifies and replaces faulty contingencies using **antecedent operations** (changes to what precedes the behaviour) and **consequent operations** (changes to what follows the behaviour) and the treatment is completed in a few months. **Humanistic-existential therapies** hold that distress arises from loneliness, alienation and inability to find meaning; humans are seen as seeking self-actualisation and the therapist is a facilitator rather than a director (NCERT pp. 92-93).

Behavioural techniques (NCERT pp. 95-96) include **negative reinforcement, aversive conditioning** (repeated pairing of an undesired response with an aversive consequence — for example, pairing the smell of alcohol with a mild electric shock), **positive reinforcement** of desired behaviour, **token economy** (tokens awarded for wanted behaviour, exchangeable for a treat), **differential reinforcement** (reinforce wanted behaviour while ignoring unwanted), **systematic desensitisation** introduced by **Joseph Wolpe** (hierarchy of anxiety-provoking stimuli paired with relaxation, used widely to treat phobias) and **modelling/vicarious learning**. Systematic desensitisation is based on the principle of **reciprocal inhibition** — the presence of two mutually opposing forces (deep relaxation and anxiety) at the same time inhibits the weaker (anxiety).

Cognitive therapy holds that irrational beliefs cause distress (NCERT §Cognitive Therapy, p. 97). **Albert Ellis's Rational Emotive Therapy (RET)** uses **ABC analysis** — Activating event → Belief (irrational) → Consequence (negative emotion) — and a Socratic, non-directive line of questioning to refute the irrational beliefs that link A to C. **Aaron Beck's** cognitive therapy proposes a longer chain: childhood experiences create

deep **core schemas** (e.g., "I am not wanted") that lie dormant until **critical incidents** activate them, triggering **negative automatic thoughts** characterised by **cognitive distortions / dysfunctional cognitive structures**, which in turn produce anxiety and depression. **Cognitive Behaviour Therapy (CBT)** is the most popular current therapy and a **bio-psychosocial** approach: it combines relaxation, cognitive restructuring and behavioural techniques, is short (typically 10-20 sessions) and is effective for anxiety, depression, panic disorder and borderline personality (NCERT §Cognitive Behaviour Therapy, p. 98).

Humanistic-existential therapies regard the client as essentially capable of growth (NCERT pp. 98-99). **Victor Frankl's Logotherapy** — literally "treatment for the soul" — addresses the **spiritual unconscious**, the storehouse of love, aesthetic awareness and values; the therapy treats **existential anxiety** arising from meaninglessness, and the therapist openly shares values while actively discouraging transference. **Carl Rogers's Client-centred therapy** rests on three therapist qualities — **empathy, unconditional positive regard and reflection** — in which the therapist reflects the client's statements back to enhance the client's own meaning-making and is therefore deliberately **non-directive**. **Gestalt therapy**, developed by **Frederick (Fritz) Perls and Laura Perls**, takes its name from the German word "Gestalt" meaning "whole"; it increases self-awareness and self-acceptance by encouraging the client to act out fantasies in the therapeutic setting.

Several **factors contribute to healing** (NCERT pp. 99-100): specific techniques of each therapy; the **therapeutic alliance** itself; **catharsis** — the emotional unburdening that typically occurs at the outset of therapy and carries healing properties of its own; and various **non-specific factors** subdivided into patient variables (motivation, expectancy) and therapist variables (warmth, experience). Ethics in psychotherapy require informed consent, confidentiality, alleviating distress, integrity, respect for rights and dignity, and professional competence (NCERT §Ethics in Psychotherapy, p. 100).

NCERT closes with two applied sections. **Alternative therapies** include **yoga** (Patanjali's Ashtanga Yoga — asanas + pranayama), **meditation** (focused concentration or **Vipasana** mindfulness, where one observes thoughts without judgment), **Sudarshana Kriya Yoga (SKY)** — found effective for PTSD, stress, depression and substance abuse — and **Kundalini Yoga**, which research at the Institute for Non-linear Science, UC San Diego, has found effective for **obsessive-compulsive disorder (OCD)** (NCERT pp. 100-101). **Rehabilitation of the mentally ill** uses **occupational therapy** (training in productive activities such as candle-making, paper-bag making and weaving), **social skills training** (role play, imitation and direct instruction), **cognitive retraining** (drills in attention, memory and executive functions) and **vocational training** to prepare clients for paid employment (NCERT §Rehabilitation of the Mentally Ill, p. 101).

2.2 Definitions to memorise

Term	Definition	Page
Psychotherapy	Voluntary relationship between client and therapist to solve psychological problems through systematic application of therapeutic principles	90
Therapeutic alliance	Special contractual relationship between client and therapist of limited duration based on trust and confiding	91
Unconditional positive regard	Non-judgmental positive feelings the therapist holds for the client regardless of behaviour	91
Empathy	Understanding another person's plight and feeling like them by adopting their perspective	91
Sympathy	Pity for another without sharing their feelings; distinct from empathy	91
Free association	Psychodynamic method of eliciting client's thoughts and feelings	92
Antecedent operations	Behavioural technique that controls behaviour by changing something that precedes it (establishing operation)	94–95
Consequent operations	Behavioural technique that controls behaviour by changing what follows it	94-95
Aversive conditioning	Repeated pairing of an undesired response with an aversive consequence (e.g., shock with alcohol smell)	95
Token economy	Tokens given as rewards for wanted behaviour, exchanged later for a treat	95
Differential reinforcement	Reinforcing wanted behaviour while ignoring unwanted behaviour	96
Systematic desensitisation	Wolpe's technique — hierarchy of anxiety-provoking stimuli paired with relaxation; based on reciprocal inhibition	96
Reciprocal inhibition	Principle that two mutually opposing forces (relaxation + anxiety) at the same time inhibit the weaker (anxiety)	96
Rational Emotive Therapy (RET)	Albert Ellis's therapy using ABC analysis and non-directive questioning to refute irrational beliefs	97
Core schemas	Beliefs and action patterns developed in childhood that organise interpretation of life events (Beck)	97
Dysfunctional cognitive structures	Repeated cognitive distortions leading to errors of cognition about social reality	97
CBT	Cognitive Behaviour Therapy — short, bio-psychosocial therapy combining cognitive and behavioural techniques	98
Self-actualisation	Innate force moving the person to become more complex, balanced, and integrated	98

Term	Definition	Page
Logotherapy	Frankl's "treatment for the soul" — therapy that helps patients find meaning and responsibility in life	98–99
Existential anxiety	Neurotic anxiety of spiritual origin from meaninglessness	99
Client-centred therapy	Rogers's non-directive therapy based on empathy, unconditional positive regard and reflection	99
Gestalt therapy	Perls's therapy increasing self-awareness/self-acceptance through acting out fantasies	99
Catharsis	Emotional unburdening that occurs at the outset of therapy with healing properties	100
Vipasana	Mindfulness meditation that observes thoughts without judgment	100
Sudarshana Kriya Yoga (SKY)	Breath-based yoga shown effective for PTSD, depression and stress	101
Kundalini Yoga	Yoga practice found effective for OCD (UC San Diego research)	101

2.3 Diagrams / processes to remember

- **Box 5.1 — Steps in the Formulation of a Client's Problem (p. 93):** (1) understanding the problem, (2) identification of target areas, (3) choice of techniques; an ongoing process requiring 1–2 initial sessions of detailed assessment.
- **Box 5.2 — Relaxation Procedures (p. 95):** Progressive muscular relaxation and meditation; a muscle group is first tensed and then released so that the client learns to recognise muscular tension and let it go.
- **Six-parameter classification (pp. 92–93):** Mentally tabulate cause / origin / chief method / nature of relationship / chief benefit / duration across psychodynamic, behaviour and existential systems — the matrix is a recurring CUET map.
- **ABC analysis flow (p. 97):** Antecedent event → Belief (irrational) → Consequence (negative emotions/behaviour). Ellis's RET intervenes at B by disputing the irrational belief.
- **Beck's chain (p. 97):** Childhood neglect → core schema "I am not wanted" → critical incident (e.g., teacher ridicules student) → negative automatic thoughts → cognitive distortions → anxiety/depression. Each link is a possible site of cognitive intervention.

2.4 Common confusions / NTA trap points

- **Sympathy vs Empathy vs Intellectual understanding** — sympathy = pity without feeling like; intellectual = cold; empathy = feeling like the other (p. 91). NTA often swaps these.

- **Wolpe (systematic desensitisation) vs Ellis (RET) vs Beck (cognitive therapy with schemas) vs Rogers (client-centred) vs Frankl (logotherapy) vs Perls (Gestalt)** — founder-therapy matching is a CUET favourite.
- **Negative reinforcement** ≠ punishment — it increases behaviour that avoids an aversive stimulus (e.g., wearing woollens) (p. 95).
- **Aversive conditioning** is classical-style pairing, not negative reinforcement.
- **Reciprocal inhibition** is the principle behind systematic desensitisation, not behind aversive conditioning.
- **Psychodynamic therapy** = directive; **client-centred** = non-directive — NCERT explicitly contrasts these (Introduction, p. 90; p. 99).
- **CBT duration** = 10–20 sessions; **classical psychoanalysis** = years; **behaviour/ existential** = a few months (pp. 93, 98).
- **Kundalini Yoga** → **OCD**; **SKY** → **PTSD/depression/substance abuse**; **Vipasana** → **mindfulness-based, no fixed object** — sub-type matching is tested (pp. 100–101).
- **RET (Ellis)** uses an Activating event → Belief → Consequence chain; **Beck** adds core schemas and critical incidents — don't merge the two.
- In Logotherapy, the therapist **openly shares values** and **discourages transference** — the reverse of classical psychoanalysis.

2.5 Thinkers and theories at a glance

Name	Theory / Contribution	Key idea	NCERT page
Sigmund Freud	Psychoanalysis (psychodynamic)	Intrapsychic conflicts cause distress; free association and dream analysis bring repressed material into awareness	92-93
Joseph Wolpe	Systematic desensitisation	Hierarchy of anxiety-evoking stimuli paired with relaxation, based on reciprocal inhibition	96
Albert Ellis	Rational Emotive Therapy (RET)	ABC analysis — irrational beliefs (B) link activating events (A) to negative consequences (C); dispute B	97
Aaron Beck	Cognitive therapy	Childhood experiences → core schemas → critical incident → negative automatic thoughts → distortions → depression	97
Victor Frankl	Logotherapy	"Treatment for the soul"; address spiritual unconscious; help client find meaning to overcome existential anxiety	98-99
Carl Rogers	Client-centred therapy		99

Name	Theory / Contribution	Key idea	NCERT page
		Non-directive; empathy + unconditional positive regard + reflection; client capable of self-direction	
Frederick Perls & Laura Perls	Gestalt therapy	Increase self-awareness and self-acceptance by acting out fantasies in session	99

Practice MCQs

PYQ Alignment

This chapter regularly contributes 8–10 MCQs per year in CUET Psychology, with founder–therapy matching (Wolpe, Ellis, Beck, Rogers, Frankl, Perls), definitional items on therapeutic alliance / unconditional positive regard / empathy, statement-based items on RET and CBT, and applied items on behavioural techniques (token economy, systematic desensitisation, aversive conditioning) being the most frequent question types.

CUET 2023 — Actual PYQs from this chapter

Q.27 (CUET 2023) The process of emotional unloading by the client which has healing properties is called:

- A) Sharing B) Catharsis C) Informed consent D) Alleviating personal distress
- Tests: Therapeutic process — Catharsis **Answer:** Not in extracted key

Q.28 (CUET 2023) Identify the therapy where the client is encouraged to recognise bodily processes and emotions blocked due to stress and develop self-awareness and acceptance.

- A) Alternative therapy B) Gestalt therapy C) Existential therapy D) Client-centered therapy
- Tests: Existential / Gestalt therapy **Answer:** Not in extracted key

Q.29 (CUET 2023) According to the psychodynamic therapy, the cause of psychological disorders can be: 1. Faulty conditioning pattern 2. Intrapsychic conflict 3. Sense of futility of one's existence 4. Faulty thinking and belief

- A) 1 B) 2 C) 3 D) 4
- Tests: Psychodynamic therapy — causes **Answer:** Not in extracted key

Q.30 (CUET 2023) The rationale behind _____ therapy is that the client's distress has its origin in the biological, psychological and social realms.

- A) Gestalt therapy B) Cognitive behaviour therapy C) Client-centered therapy D) Logo therapy
- Tests: Biopsychosocial model of therapy Answer: Not in extracted key

Q.31 (CUET 2023) Joseph was pulled up by his teacher for missing classes to play cricket during school hours. To modify his behaviour, the teacher praised him every time he submitted homework on time. Which behaviour technique is this?

- A) Aversion therapy B) Token economy C) Positive reinforcement D) Systematic desensitisation
- Tests: Behaviour therapy — positive reinforcement Answer: Not in extracted key

Q.32 (CUET 2023) Match List I with List II. List I (Modality of Treatment) A. Positive Transference B. Negative Transference C. Resistance D. Working Through List II (Explanation) I. When client opposes progress of therapy due to recall of painful memories II. Repeated process of confrontation and interpretation III. Client begins to have feelings of love towards therapist IV. Client begins to have feelings of hostility towards therapist

- A) A-III, B-IV, C-I, D-II B) A-II, B-IV, C-I, D-III C) A-III, B-I, C-IV, D-II D) A-I, B-III, C-II, D-IV
- Tests: Transference, resistance, working through Answer: Not in extracted key

CUET 2024 — Actual PYQs from this chapter

Q.16 (CUET 2024) Treating alcoholism by pairing alcohol with mild electric shock is known as:

- A) Negative reinforcement B) Aversive conditioning C) Systematic desensitization D) Differential reinforcement
- Tests: Behaviour therapy — aversive conditioning Answer: Not in extracted key

Q.17 (CUET 2024) Therapy in an accepting environment where the therapist believes the client can solve problems through personal growth:

- A) Cognitive therapy B) Behaviour therapy C) Existential therapy D) Psychodynamic therapy
- Tests: Humanistic-existential therapy — client-centred Answer: Not in extracted key

Q.18 (CUET 2024) Arrange steps in Systematic Desensitization technique. (A) Therapist relaxes client (B) Interview to elicit fear situations (C) Hierarchy of anxiety stimuli prepared (D) Client imagines fear situation (E) Gradual exposure to severe fear

- A) (B), (C), (A), (D), (E) B) (B), (C), (A), (E), (D) C) (A), (C), (B), (E), (D) D) (C), (D), (B), (A), (E)
- Tests: Systematic desensitisation steps Answer: Not in extracted key

Q.19 (CUET 2024) Match therapies with founders: List-I List-II (A) Logotherapy (I) Frederick Perls (B) Client-Centered Therapy (II) Victor Frankl (C) Gestalt Therapy (III) Albert Ellis (D) Rational Emotive Therapy (IV) Carl Rogers

- A) A-II, B-III, C-I, D-IV B) A-III, B-II, C-IV, D-I C) A-II, B-IV, C-I, D-III D) A-I, B-IV, C-II, D-III
- Tests: Therapy founders — Frankl, Rogers, Perls, Ellis Answer: Not in extracted key

Q.32 (CUET 2024) Find the correct statements about alternative therapies: (A) Yoga is described in Patanjali's Yoga Sutras (B) Alternative therapies are treatment possibilities to conventional drug therapy or psychotherapy (C) Sudarshan Kriya helps substance abuse but not anxiety/depression (D) CBT and Rational-Emotive Therapy are alternative therapies (E) Vipassana meditation is mindfulness-based meditation

- A) (A), (B) & (C) only B) (B), (C) & (D) only C) (A), (B) & (E) only D) (C), (D) & (E) only
- Tests: Alternative therapies — yoga, Sudarshan Kriya, Vipassana Answer: Not in extracted key

Q.36 (CUET 2024) Advantages of Clinical Formulation: (A) Identification of treatment targets (B) Understanding the client's status (C) Understanding the problems (D) To make money (E) Choice of treatment techniques

- A) (B), (C) & (E) only B) (C), (D) & (E) only C) (A), (B) & (C) only D) (A), (C) & (E) only
- Tests: Clinical formulation advantages Answer: Not in extracted key

Q.40 (CUET 2024) Which is not a core skill in psychological services?

- A) Leadership skills B) Communication skills C) Psychological testing skills D) Counselling skills
- Tests: Core skills in psychological services Answer: Not in extracted key

CUET 2025 — Actual PYQs from this chapter

Q.21 (CUET 2025) According to the ABC model in Rational Emotive Therapy, identify the correct sequence of the therapeutic process. (A) Negative emotions and behaviours are consequences (B) Client's irrational beliefs are identified (C) Antecedent events causing distress are noted (D) Irrational beliefs are refuted (E) Rational beliefs replace irrational ones

- A) C, B, A, D, E B) B, C, A, D, E C) D, B, A, C, E D) A, B, C, D, E
- Tests: Rational Emotive Therapy — ABC model Answer: Not in extracted key

Q.35 (CUET 2025) Which of the following is NOT a component of the therapeutic relationship?

- A) Contractual nature of the relationship B) Limited duration of therapy C) Trusting and confiding relationship D) Peer counselling
- Tests: Therapeutic relationship components Answer: Not in extracted key

Q.36 (CUET 2025) In an upscale food delivery chain, the delivery persons are given badges for timely food delivery at the end of each month. Bonus is given annually in exchange for such badges. The company has therefore been able to retain most personnel and get better returns year after year. Which behavioural technique is being used to reinforce delivery personnel?

- A) Negative reinforcement B) Differential reinforcement C) General Test PYQ C) Modelling D) Token economy
- Tests: Behaviour therapy — token economy Answer: Not in extracted key

Q.37 (CUET 2025) What is the most appropriate goal of Logotherapy?

- A) To unlearn faulty behaviour patterns B) To facilitate the client to find meaning in life C) Cognitive restructuring which reduces anxiety D) To increase an individual's self-awareness **Tests:** Logotherapy (Frankl) **Answer:** Not in extracted key

Q.38 (CUET 2025) Aparna went to her college counsellor with a problem that was causing her sleepless nights. Later, she realised that the counsellor had shared the details with one of the staff of the college. Aparna's faith was completely shaken and she felt angry with her counsellor. Which ethical principle has been breached by the counsellor?

- A) Informed consent B) Confidentiality of the client C) Respect for human rights and dignity D) Professional competence **Tests:** Ethical principles — confidentiality **Answer:** Not in extracted key

Q.39 (CUET 2025) Match List-I with List-II: List-I List-II Emotional unburdening (i) Healing bond between therapist and client Therapist variable (ii) Expectation of improvement due to treatment Patient variable (iii) Catharsis Therapeutic alliance (iv) Absence of unresolved emotional conflicts

- A) A-iii, B-iv, C-ii, D-i B) A-i, B-iii, C-ii, D-iv C) A-iii, B-ii, C-i, D-iv D) A-ii, B-i, C-iii, D-iv **Tests:** Therapeutic factors — catharsis, alliance, variables **Answer:** Not in extracted key

Q.40 (CUET 2025) Aman, a 12-year-old, gets too tired by evening to complete his homework. This is because he goes off for football training soon after school. The school counsellor advised Aman to reduce his football training time and increase his homework time. This way Aman will not feel tired and will be able to complete his homework. Identify the antecedent operation.

- A) Not completing homework B) Playing football after school C) Reduce his football training time on weekdays D) Completing his homework happily **Tests:** Behaviour therapy — antecedent operations **Answer:** Not in extracted key

Q.45 (CUET 2025) Which therapy emphasises changing maladaptive thinking patterns?

- A) Behaviour therapy B) Cognitive therapy C) Psychoanalysis D) Humanistic therapy **Tests:** Cognitive therapy **Answer:** Not in extracted key

Q.46 (CUET 2025) The process of releasing pent-up emotions during therapy is called:

- A) Insight B) Catharsis C) Resistance D) Projection **Tests:** Catharsis **Answer:** Not in extracted key

Q.47 (CUET 2025) Which approach to therapy focuses on free association and unconscious conflicts?

- A) Behavioural approach B) Cognitive approach C) Psychoanalytic approach D) Humanistic approach **Tests:** Psychoanalytic approach **Answer:** Not in extracted key

Q.49 (CUET 2025) Which therapy focuses on learning through observation and imitation?

- A) Modelling B) Token economy C) Systematic desensitisation D) Flooding **Tests:** Modelling **Answer:** Not in extracted key

Q.50 (CUET 2025) The therapeutic technique that gradually exposes a client to anxiety-provoking stimuli while teaching relaxation is called:

- A) Systematic desensitisation B) Psychoanalysis C) Aversion therapy D) Rational emotive therapy
- Tests:** Systematic desensitisation **Answer:** Not in extracted key

