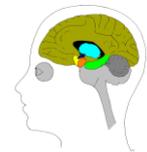




5. Therapy Today - JC



"the Skilful Use of Science"

5. Therapy Today - JC

a. An overview

Today we know that there are hundreds, perhaps even thousands of different therapies in existence. With so much choice and the subsequent confusion this creates, it pays for us to know what's what! So to begin with....what is actually known to be effective? Well let's just be clear that we will be unwise to rubbish anything which hasn't been tried and tested. It's not for us to say what DOESN'T work. Different therapies will work well for some whilst not so well for others. But, we can make use of what research has been carried out, and it's worth knowing what that research has told us so far. Since we are primarily concerned with the reduction of anxiety and the increase of hope, the research which is particularly relevant to us is the research carried out on depression and anxiety. This can be found in Michael Yapko's "Breaking the patterns of depression". This was a large scale US government funded study undertaken by the US Government Agency for Healthcare Research and Quality (AHCPR) into the most effective treatments for mild to moderate depression. It found that therapy:

1. Should be an active process
2. Should be time-limited (and not go on indefinitely)
3. Should focus on solving current problems (and not on rehashing old issues)
4. Should specifically aim for symptom reduction as a goal (rather than assuming the symptoms will disappear if some deeper abstract personality issue gets resolved).

These are nice clear guidelines for successful therapy. The AHCPR does not go so far as to spell it out explicitly, but we can see that these are essentially the components of what is now commonly known as Brief, Solution-Focused Therapy.

In the UK, Counselling (a very broad term in itself) and Cognitive Behavioural Therapy (often referred to simply as CBT) are generally the main two interventions recognised by the medical orthodoxy (GP's and Psychiatry) as valid treatments for emotional disturbance. The overarching reason for their popularity, as far as GP referrals are concerned, is that they are two forms of intervention which have been well researched, and shown in randomised trials to be reasonably effective. You will in all likelihood encounter a fair proportion of clients who have been referred for NHS funded counselling or CBT by their doctors at some point in their medical history. This does not indicate however that Counselling and CBT are necessarily the best interventions. They simply are the ones that have produced enough evidence in trials to be considered safe and effective for public use, and worthy of public funding. As we learn more about therapy culturally we may well find a shift in these values but as of time of writing (2005/6) this is the current state of play. We must, therefore, also consider anecdotal evidence and common sense when making assessments of what works and what we can use in our consulting rooms. Almost every form of intervention has some merit. To this end, as effective practitioners we can make use of the many forms of psychological understanding available to us, even if only as concepts. It is therefore crucial that we have at least a basic understanding of each of the main theories of psychology. It should be noted that each of these psychological theories are a study unto themselves, and that the material presented here is only a brief summary of each. It is recommended that as you develop as a practitioner you continue to develop a deeper appreciation and knowledge of these fields. All of the fields summarised here are relevant, necessary, and useful in the consulting room. We will begin by taking a look at Cognitive Behavioural Therapy which, as a concept, is absolutely central to our practice. We will begin each category with the Encyclopaedic description and then explain in a little detail what each psychology actually entails and what the relevance of each category is to our own way of working.

b. Cognitive/Behavioural

Cognitive therapy or cognitive behavior therapy is a kind of psychotherapy used to treat depression, anxiety disorders, phobias, and other forms of mental disorder. It involves recognising distorted thinking and learning to replace it with more realistic substitute ideas. Its practitioners hold that much (though not all) clinical depression is associated with (although not necessarily caused by) irrational thoughts. Cognitive therapy is often used in conjunction with mood stabilizing medications to treat bipolar disorder – Wikipedia

5. Therapy Today - JC

Cognitive Behavioural Therapy was created by Aaron T. Beck, M.D. (born July 18, 1921) and Albert Ellis (born September 27, 1913), and has developed since the 1950's into a rather complex field of psychology with off-shoots and books akimbo. Some people say that the field has been over-developed and made unnecessarily complicated. Others argue that it is necessarily much more complicated than most people understand.

Essentially though, the theory is very simple. It is based on the elegant understanding that thoughts (cognition; thinking styles) and behaviours influence feelings and emotions. It was recognised that depressed or anxious people often have automatically negative thinking styles which entail negative feelings as a result, and that they are often not consciously aware of these distortions. The idea behind CBT is that by bringing these cognitive distortions into conscious focus, it becomes possible to adjust those distortions by using the rational thinking mind to challenge the automatic and negative assumptions. With continued repeated adjustment, the mind/brain can then learn over time to create new more positive automatic associations. CBT research has shown that the brain can literally re-pattern it's neural pathways over a period of approximately 45 days. You could think of this metaphorically as beating a new path through the jungle. In time, the old path grows over and you take the new path which leads to a more satisfying destination. So, by continually changing the way that we think about things using the conscious mind we can create new **habits** of thought. We can literally change the way that our brains think about things, and this ultimately will change the way that we FEEL about things. This is absolutely central to our understanding of creating positive change. We know that negative introspection is a primary driver of depressed and anxious states, so it is essential that we begin to create positive modes of thinking in order to increase wellbeing. We also recognise that the way we behave sends a message too. If we **say** we want to reduce our anger levels and yet we still indulge in shouting at other drivers when in the car, we can recognise that we are not "behaving" in a manner congruent with our intent, and this does nothing to help either our thoughts or our feelings. In fact it simply creates confusion within the psyche. If we want to change our feelings then our thoughts and our behaviours must support that intent...again by using the rational mind to adjust the behaviour accordingly.

The four column technique

A major technique in cognitive therapy is the four column technique. It consists of a four step process. The first three steps analyze the process by which a person has become depressed or distressed. The first column records the objective situation. In the second column, the client writes down the negative thoughts which occurred to them. The third column is for the negative feelings and dysfunctional behaviors which ensued. The negative thoughts of the second column are seen as a connecting bridge between the situation and the distressing feelings. Finally, the fourth column is used for challenging the negative thoughts on the basis of evidence from the client's experience. The client is taught about the kinds of distortions which can occur, and often in CBT it is considered essential that the client is made to write it down. It is recognised that the habitual mind will find ways of avoiding the adjustment if the process is not written down, in much the same way as an overeater will be able to overlook the extra's they ate if not scrupulously recording their consumption in a food diary. Here is a list of typical distortions which are made in depressive thinking.

List of distortions

- **All or nothing thinking**

You see things in black-or-white categories. If a situation falls short of perfect, you see it as total failure, or all bad.

Over-generalisation

You see one or more negative events as never-ending pattern of defeat. Characterised by using the words "always" or "never"

- **Mental filter (Also known as Globalisation)**

You pick out a single negative detail and dwell on it exclusively, so that your whole view of reality becomes darkened. Eg obsessive dwelling on a single criticism. .

- **Discounting the positive**

You reject positive experiences by insisting that they "don't count", e.g. if you do a good job, you tell yourself that it wasn't good enough or that anyone could have done as well.

- **Jumping to conclusions**

5. Therapy Today - JC

- **Mind reading** - without checking it out you arbitrarily conclude that someone is reacting negatively to you.
- **Negative Forecasting** - you predict that things will turn out badly, or predict worst case scenarios.
- **Magnification**

You exaggerate the importance of your problems and shortcomings, or you minimise the importance of your desirable qualities, known as the "binocular trick."
- **Emotional reasoning**

You assume that your negative emotions necessarily reflect the way things really are, e.g. "I feel so inadequate. I must really be hopeless."
- **Should statements**

You tell yourself that things should be the way you wanted or expected them to be. Characterised by the words "should," "must," "ought to" and "have to." Should statements can be directed against yourself causing guilt and frustration, or they can be directed at other people causing anger and frustration.
- **Negative labelling**

An extreme form of all-or-nothing thinking in which you attach a negative label to either yourself or another person that describes the person in an exclusively negative way, e.g. "I'm a loser". If the label is directed against another person, eg "He's just a S.O.B", you feel that the problem lies with the person's "character" or "essence" instead of with their thinking or their behaviour. You see them as totally bad. This makes you feel hostile or hopeless about improving things.
- **Personalisation and blame**

Personalisation occurs when you hold yourself personally responsible for an event that isn't entirely under your control. Blaming or scape-goating is the opposite: you blame other people or circumstances for your problems but overlook the part you might be playing in it.
- **Relationships between thoughts and feelings**
 - Thoughts of loss / loss to self esteem - sadness and depression
 - Unfulfilled expectations - frustration
 - Thoughts of danger to self or self esteem - anxiety and panic
 - Thoughts that you are bad - guilt
 - Thoughts that you are inadequate in comparison with others - feelings of inferiority
 - Thoughts of unfairness - anger

A basic understanding of cognitive behavioural psychology is absolutely essential if you are to be an effective practitioner. A sharp eye for obvious distortions is enormously helpful when helping people to reconnect with their wellbeing.

c. Systemic

Systemic psychology is a branch of psychology that treats groups (and, to some extent, individuals) as systems that exhibit homeostasis (i.e. have an active method of remaining stable). Based on the theoretical work of Gregory Bateson and others, therapeutic applications were developed by Virginia Satir, the Milan Group and others. – Wikipedia

Systemic psychology is most usually referred to within the field of family therapies. As the name suggests, it is based upon the understanding that, as individuals, we find ourselves operating as part of, and within, systems. This could refer to (but is not limited to) a business, a group, a community, a school, or a family. Systemic psychology looks at all of the factors which could be affecting the outcome of any given state or situation. Systemic psychology is concerned with the dynamics of group interactions.

Micheal Yapko offers this definition: *(A system), as multiple, interrelated components comprising a whole; thus from a systems viewpoint, each part of the system directly and/or indirectly affects every other part of the system. One of the chief implications of the*

5. Therapy Today - JC

realization that no-one is fully separate from the larger system of which he or she is a part, is that an individual's symptoms can be seen as a reflection of something going or having gone wrong in his or her larger network.

- **Micheal Yapko – Hand me down blues.**

Within this framework, we can also look at the ultimate system within which we are all embedded...our culture. Keeping in mind that we are all embedded in systems is important. It is a useful tool in helping people to understand that their difficulty is not always entirely their fault, but is also a product of the systems which have shaped them (e.g UK's binge drinking culture!). It also reminds us that sometimes in order to help someone help themselves it is necessary to have them escape or change the system which is keeping them enslaved. A good example of this might be a crack cocaine addict. We will be unlikely to help this person free themselves from their addiction if they continue to associate closely with fellow addicts. In a system like this, escape may be the only sensible option. In families, however, we might find that a person is blaming themselves for their difficulty, when in fact the familial circumstances are making it virtually impossible for change to occur. We can often help somebody to change this type of system by helping them to recognise that, just as they are affected by others as an integral part of that system, that they too have the power to change the dynamics within that system so as to create a better outcome. This is not blaming. This is taking personal responsibility for change, and ensuring that we do something differently, thus changing the day to day running, or "scripts", within the system. Often this will involve helping people to improve their interpersonal skills.

d. Interpersonal

An interpersonal relationship is a social association, connection, or affiliation between two or more people. It varies in differing levels of intimacy and modes of connection, implying discovery or establishment of common ground, and may be centered around something(s) shared in common. Its study is one of the concerns of the social science known as sociology, and, to a lesser extent, of psychology and anthropology. - **Wikipedia**

Interpersonal means "Between People". Interpersonal therapy, therefore, is any therapy which focuses on improving social skills, and connection to others. It is recognised that human contact is a primary need for most people. As well as contact with fellow humans being a pleasure, this need is also a deeply engrained survival instinct. Human beings have prospered as a species partly because of their ability to work together as groups. Being part of a group historically has ensured some degree of safety. To be ousted from a group; to be alone, can be a powerfully disconcerting experience for a human being. To be ostracized from the support network, for our ancestors, would have meant almost certain death, since survival is a group effort. Today we can still fall into feelings of helplessness and hopelessness when we don't have that support. Today's world for many is more lonely than it's ever been. Long gone for most of us are the days of tribal belonging or communities, and with this loss too we find the loss of sensitivity to each others pain. Traditionally, indigenous communities (tribes, long established un-modernised social orders) are shown to have had a much lower instance of mental illness and depression than we in the West do. There are many reasons for this, but chief amongst those reasons is the fact that in a true community people look out for each other and mental or emotional illness is quickly recognised and addressed as a matter of importance. Here, in the West, as Ivan Tyrell and Joe Griffin point out, one can emit a "depressed" signal for months or years and no one will even notice!

So, it is important for all of us to have a social or support network of some kind in place. Although we have lost the traditional community, we have gained many other kinds of communities. We have education centres, social groups, internet groups, and speed dating! There are plenty of opportunities to have the need for social interaction met. Sometimes, however, we find that people are literally lacking the skills and the confidence needed to engage positively with other people.

Interpersonal therapy, then, can offer help with learning the necessary skills to be able to create a good social life, and maintain or improve an existing personal life. In this respect Interpersonal therapy will teach dispute resolution (assertiveness with grace), putting oneself first where necessary, setting effective limits (boundaries), adjusting to changes, clarifying ones expectations of others, learning to have reasonable expectations, how to communicate effectively, respecting others opinions, agreeing to disagree etc. The list is as varied as the problems people have communicating.

Another excellent model for interpersonal therapy is the Transactional Analysis model. The following summary of the theory of transactional analysis is taken from the "Transactional Analysis in Ireland" website: <http://www.ita-net.org/ta/keyideas.htm>.

5. Therapy Today - JC

I'm OK - You're OK

"I'm OK - You're OK" is probably the best-known expression of the purpose of transactional analysis: to establish and reinforce the position that recognizes the value and worth of every person. Transactional analysts regard people as basically "OK", and thus capable of change, growth, and healthy interactions.

Strokes

Berne observed that people need strokes, the units of interpersonal recognition, to survive and thrive. Understanding how people give and receive positive and negative strokes, and changing unhealthy patterns of stroking, are powerful aspects of work in transactional analysis.

Ego States

Eric Berne made complex interpersonal transactions understandable when he recognized that the human personality is made up of three "ego states". Each ego state is an entire system of thoughts, feelings, and behaviours from which we interact with one another. The Parent, Adult, and Child ego states, and the interaction between them form the foundation of transactional analysis theory. These concepts have spread into many areas of therapy, education, and consulting as practiced today.

Transactions

Transactions refer to the communication exchanges between people. Transactional analysts are trained to recognize which ego states people are transacting from, and to follow the transactional sequences so they can intervene and improve the quality and effectiveness of communication.

Games People Play

Berne defined certain socially dysfunctional behavioural patterns as "games." These repetitive, devious transactions are principally intended to obtain strokes but instead they reinforce negative feelings and self-concepts, and mask the direct expression of thoughts and emotions. Berne tagged these games with such instantly recognizable names as "Why Don't You, Yes But," "Now I've Got You, You SOB," and "I'm Only Trying to Help You." Berne's book *Games People Play* achieved wide popular success in the early 60's.

Life Script

Eric Berne proposed that dysfunctional behaviour is the result of self-limiting decisions made in childhood in the interest of survival. Such decisions culminate in what Berne called the "life script," the pre-conscious life plan that governs the way life is lived out. Changing the life script is the aim of transactional analysis psychotherapy. Replacing violent organizational or societal scripting with cooperative non-violent behaviour is the aim of other applications of transactional analysis.

Contracts

Transactional analysis practice is based upon mutual contracting for change. Transactional analysts view people as capable of deciding what they want for their lives. Accordingly, transactional analysis does its work on a contractual basis between the client and the therapist, educator, or consultant.

e. Psychodynamic

Psychodynamic psychotherapy is a type of psychotherapy, usually meeting about once or twice a week. It is different from other systems of psychotherapy, for instance psychoanalysis or cognitive therapy in that it uses a range of different techniques, applied to the client considering his or her needs. A psychodynamic therapist may find that Object relations theory may be best for a client with Borderline Personality Disorder, and the next client who displays some anxiety in her marriage may be given some cognitive therapy to give symptom relief.

Most psychodynamic approaches are centered around the idea of a maladapted function developed early in life (usually childhood) which is, at least in part, unconscious. This maladapted function (a.k.a. defense mechanism) does not do well as it formed instead of a normal/healthy one. Later on the client will feel discomfort when they notice (or do not notice) that this function causes problems day to day. The psychodynamic therapist will first treat the discomfort associated with the poorly formed function, reveal to the client that such a function exists, then change, remove, or replace it with a proper one.

Psychodynamic psychotherapy involves a great idea of introspection and reflection from the client. Usually this level of insight is unfettered when the client wants to be helped or is

5. Therapy Today - JC

pushed by family or friends. Speaking to this is also the client's ability to dive into their past; they must possess enough resilience and ego-strength to deal with/use the onslaught of feeling a new perspective brings. The more fragile client may be treated with a different treatment, for instance, cognitive therapy. Wikipedia

Psychodynamic theory is a huge subject. One can get lost in the maze of arguments that rage to this day about whose “Id” did what, and whether a cigar is ever just a cigar?! Sigmund Freud is usually credited as being the forerunner of psychodynamic theory with his emphasis on psychoanalytic processes, but psychodynamic psychology continues to develop “post Freud” and is a term today used to describe any theory concerning itself with:

- The effects of instinctive drives upon a persons psyche.
- The importance of developmental experiences in shaping personality.

Central to Freud’s psychodynamic theory is the idea that Human Beings, like all animals, are driven by two basic motivations - Sex and Aggression. Sex is seen as a powerful motivator of behaviour since it is primary to life itself. Without procreation there is no life and the continuation of the species’ is life’s first priority. So sex, and all of its associations, are seen as powerful conscious and unconscious motivators. Aggression is considered similarly under the heading of “defence mechanisms”.

Key Concepts of Freud’s Psychodynamic Theory

1. Primarily concerned with internal psychological processes.
2. Importance of early childhood experiences.
3. Existence of unconscious motivation.
4. Existence of ego (rationality) & superego (morality).
5. Existence of defence mechanisms.

Because the field itself is so massively complicated, no “summary” of its workings will be complete, but for our purposes we can simply recognise that Psychodynamic theory relates to us most closely when we are practicing Analytical styles of Hypnotherapy. Free Association and Regression to Cause are therapeutic styles which incorporate the underpinnings of psychodynamic theory because these styles seek to find the maladaptive cause of a difficulty in the past, in the unconscious mind, and correct/release it. We would call this locating and reframing/understanding the Initial Sensitising Event (ISE), and it remains relevant to us today, though not necessarily absolutely necessary as a therapeutic strategy. Psychodynamic theory, therefore, is essentially the theory of unconscious drives/repression/distortion and the effect these factors can have on our every day lives. There are literally dozens of websites providing detailed information on psychodynamic and psychoanalytical theory for those who wish to explore this field. The following is recommended as an excellent resource:

-
<http://allpsych.com/personalitysynopsis/freud.html>

f. Humanistic/Existential

Humanistic

Humanistic psychology is a school of psychology that emerged in the 1950s in reaction to both behaviorism and psychoanalysis. It is explicitly concerned with the human dimension of psychology and the human context for the development of psychological theory. These matters are often summarized by the five postulates of Humanistic Psychology given by Bugental in the 1960’s, mainly that; (1) Human beings cannot be reduced to components, (2) Human beings have in them a uniquely human context, (3) Human consciousness includes an awareness of oneself in the context of other people, (4) Human beings have choices and responsibilities, and (5) Human beings are intentional, they seek meaning value and creativity (Bugental, 1964). Wikipedia

Existentialism

Existentialism is a philosophical movement that views human existence as having a set of underlying themes and characteristics, such as anxiety, dread, freedom, awareness of death, and consciousness of existing, that are primary. That is, they cannot be reduced to, or explained by, a natural-scientific approach or any approach that attempts to detach itself

5. Therapy Today - JC

from or rise above these themes. Human beings are exposed to or, to use the philosopher Martin Heidegger's phrase, "thrown" into, existence. Existentialists consider being thrown into existence as prior to, and the horizon or context of, any other thoughts or ideas that humans have, or definitions of themselves that they create. This is part of the meaning of the assertion of the philosopher Sartre, one of the founders of existentialism, "existence is prior to essence". Existentialism conceives of Being itself as something that can only be understood through, and in relation to, these basic characteristics of human existence. For existentialism, human beings can be understood only from the inside, in terms of their lived and experienced reality and dilemmas, not from the outside, in terms of a biological, psychological, or other scientific theory of human nature. It emphasizes action, freedom, and decision as fundamental to human existence, and is fundamentally opposed to the rationalist tradition and to positivism. That is, it argues against definitions of human beings either as primarily rational, knowing beings who relate to reality primarily as an object of knowledge, or whose action can or ought to be regulated by rational principles, or as beings who can be defined in terms of their behaviour as it looks to, or is studied by, others. More generally it rejects all of the Western rationalist definitions of Being in terms of a rational principle or essence or as the most general feature that all existing things share in common. Existentialism tends to view human beings as subjects in an indifferent, often ambiguous, and "absurd" universe in which meaning is not provided by either the natural order or God, but rather can be created, however provisionally and unstably, by human beings' actions and interpretations.

Although there are certain common tendencies among existentialist thinkers, there are major differences and disagreements among them, and not all of them even affiliate themselves with or accept the validity of the term "existentialism", which was popularized especially by Sartre. In German the phrase Existenzphilosophie (philosophy of existence) is also used. **Wikipedia**

Humanistic Psychology is a more modern psychology. It is holistic; that is it is concerned with the "whole" person, and as such seeks to acknowledge all the dimensions of existence and needs which create a human life experience. Freud and his contemporaries were naturally shaped by the Victorian Values they found themselves a part of, and we can note that sex was a subject of great social repression in that era, hence Freud's obsession with sexually created neuroses. Naturally then, as time passed, and as culture allowed, new values shaped new philosophies. Humanistic psychology can be best described as part philosophy and part science, incorporating the wisdom of previous working ideologies along with a deeper appreciation of the multileveled and complex nature of human existence. Humanistic psychology is perhaps the psychology we, as modern therapists, will associate most closely with. With the advent of "solution focused therapy" we have come to know the validity of intent and understanding as a means of overcoming natural psychological entropy. Humanistic psychology reminds us that we are not "victims" of our circumstances, but are in fact imbued with inherent intelligences which afford us the opportunity to shape our own lives and destiny's. It is a psychology primarily concerned with self empowerment in the present.

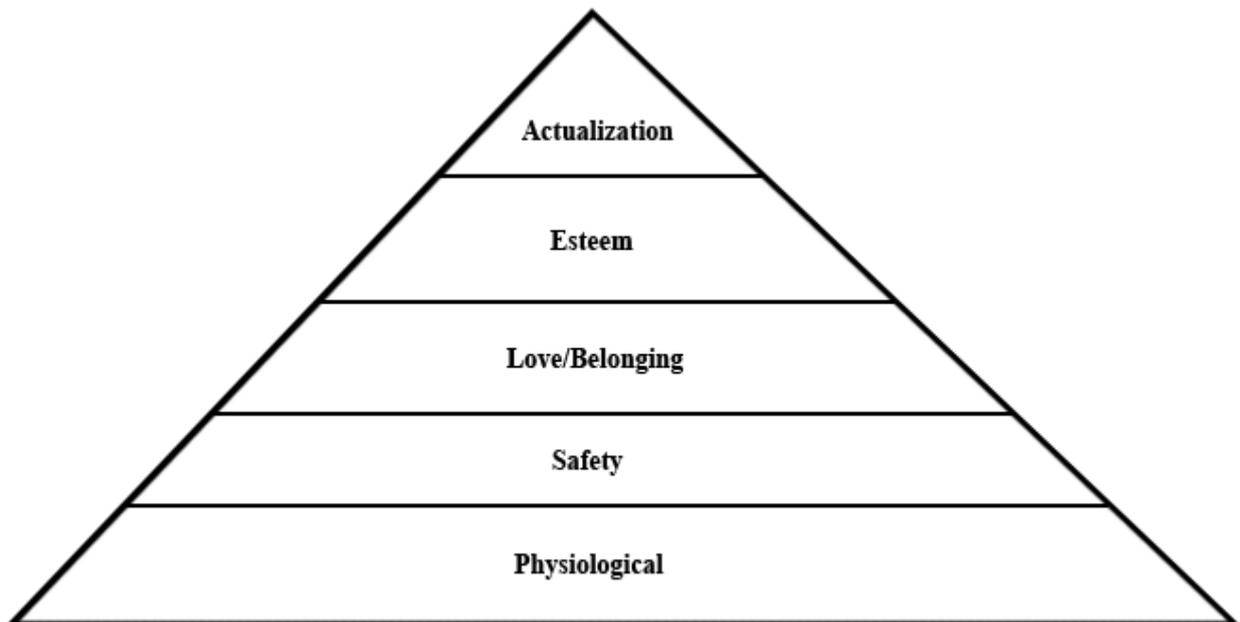
There are a great number of people who have made important contributions to the humanistic psychology movement, but perhaps most notable of these are the following: -

(1) Carl Rogers - Jan 8th 1902-Feb 4th 1987

Rogers created the term "client centred therapy". This approach is considered to be largely non-analytical and focuses on co-operation within the therapeutic process. Progress is made within this model through the unlocking of the clients' own strengths, resources, and potential in a non-directive framework. In other words the therapist does not tell the client how to heal, but instead offers empathy, tools, and understanding in order to assist the client to heal themselves. The emphasis here is on unconditional positive regard, and genuine mutual respect. We recognise this as essentially the model we use today in solution focused therapy.

5. Therapy Today - JC

(2) Abraham Maslow -April 1, 1908 – June 8, 1970



Maslow's primary contribution to psychology is his Hierarchy of Human Needs, which he often presented as a pyramid, with self-actualization at the top as the highest of those needs. The base of the pyramid is the physiological needs, which are necessary for survival. Once these are taken care of, an individual can concentrate on the second layer, the need for safety and security. The third layer is the need for love and belonging, followed by the need for esteem. Finally, self-actualization forms the apex of the pyramid.

In this scheme, the first four layers are what Maslow called deficiency needs or D-needs. If they are not filled, you feel anxiety and attempt to fill them. If they are filled, you feel nothing; you feel only the lack. Each layer also takes precedence over the layer above it; you do not feel the lack of safety and security until your physiological needs are taken care of, for example. In Maslow's terminology, a need does not become salient until the needs below it are met.

Needs beyond the D-needs are "growth needs", "being values", or B-needs. When fulfilled, they do not go away, rather, they motivate further. He outlines about 14 of these values, or B-needs, including beauty, meaning, truth, wholeness, justice, order, simplicity, richness, etc.
Wikipedia

With this model (and we note that Carl Jung was also of this mind!), we are introduced to the idea that human needs go far beyond the curing of neuroses. The humanistic movement has been keen to encourage therapy and self development as a strategy for successful living, and today we find therapy de-stigmatised as a result of their efforts. Many business excellence models utilise Maslow's hierarchy of needs and we can see, therefore, that this understanding has become commonplace and mainstream.

As a tip of the hat to our nearest and dearest modern teachers, no mention of Humanistic psychology would be complete without an acknowledgment to Joe Griffin, Ivan Tyrell, and all of the people who contributed to their understanding. Joe Griffin and Ivan Tyrell are the authors of Human Givens and founders of the Mindfield College here in the UK (Sussex based). Their work is absolutely central to our practice and training at the EICH Bristol. Their work is based on understanding human needs and ensuring that these needs are met within the context of everyday living as a strategy for maintaining positive emotional health and development. If you don't already have a copy, their book "Human Givens" is an essential part of your toolkit!

5. Therapy Today - JC

g. Evolutionary Psychology

Evolutionary psychology (or EP) proposes that human and primate cognition and behavior can be better understood in light of human and primate evolutionary history. Specifically, EP proposes the primate brain comprises many functional mechanisms, called psychological adaptations or evolved psychological mechanisms (EPMs), that evolved by natural selection to benefit the survival and reproduction of the organism. These mechanisms are universal in the species, excepting those specific to sex or age. Uncontroversial EPMs include vision, hearing, memory, and motor control. More controversial examples include differences in male and female mating preferences and strategies, temperaments and cognitive abilities, incest avoidance mechanisms, cheater detection mechanisms and capture-bonding.

Wikipedia

Finally then, we come to Evolutionary psychology. Though there is much here that will be irrelevant to us, much of this understanding is absolutely central to our approach. The theory here will be (should be!) second nature to any EICH Graduate. Evolutionary theory states that human behaviour and human nature has been largely shaped by the environment and forces encountered throughout evolution. It is a fact that modern life accounts for only one percent of the total time humans have spent on the planet. Prior to this humans and their predecessors are believed to have been Hunter-Gatherers. That is to say that before the development of agriculture (which is apparently a very recent development), humans would gather food from their surroundings and hunt animals for sustenance. Though not every human would have been directly affected, it is interesting to note that there have been no fewer than ten ice ages on Planet Earth during the period of human habitation! Our ancestors endured unbelievable levels of hardship....famines, droughts, migration, wars, disease, natural disasters etc. For our ancestors life was hard! In consideration of this fact, we can recognise that the brain learned fast that the World needed to be regarded with vigilance and caution, and we find as part of our evolutionary hardware, a brain which is capable of delivering powerful instinctive and emotional responses to anything perceived as threatening. We find ourselves now in the relative safety of 21st Century life, but those survival buttons can still be pressed in just the same way for us as they were for our ancestors, despite the change in surroundings. Evolutionary psychology, therefore, incorporates understanding about sexuality and aggression....quite similar we might note to Freud's central concerns, but it also tells us a great deal about addiction, depression, anger, and anxiety, as instinctive responses. This understanding is enormously helpful to our clients, and remains absolutely indispensable to us in our therapeutic work. It explains a tremendous amount about why we experience the responses we do!

h. Summary

If you read between the lines, you will find that each psychology contains traces of the others. We often find polarisation in ideas about therapy and psychology. With experience, to some degree or another, one finds that it's all true. Many roads lead to Rome, as they say, and in assessing the validity of any psychological theory, there will always be an element of personal bias. It seems in the end that as a therapist it is possible to use "whatever works", and it certainly pays to have an understanding at least of what approaches are available. Indeed you will encounter clients who have their own personal bias' and since "utilisation" is a key principle in good therapy, it's often a good idea to shape the therapy according to the leanings of the person you are working with. If somebody believes that a psychodynamic approach will be the thing for them, then within reason (whilst exercising your professional judgment and sticking only to what you know), it may well be fruitful to go with that approach.

A cautionary note here is not to try to learn too much too quickly. Work with what you know. Work with the simplicity of what you have learned in your training. Perfect that first. The skills and knowledge you have are more than enough to achieve good results. Practice makes perfect! When you are confident with that, then you can think about incorporating other aspects of other psychologies. The caution is that in trying to do too much too quickly it is easy to become a jack of all trades and a master of none, and it takes time to become watertight. As a therapist it is important that you become confident with your tools and if you try to branch out before time, it is easy to become unfocused and confused about which way is most effective. This can undermine your confidence generally, since if you're switching tools, you're never really learning to how to wield the ones you have skillfully. Don't doubt your tools....just continue to improve your effectiveness with them!