

The Common Infrastructure of Psychotherapy

Jeffery Smith MD © 2020

The Human Mind: A Modern View

The mind is not:

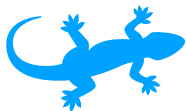
A “cauldron of seething excitations” as envisioned by Sigmund Freud, the Victorian scientist.



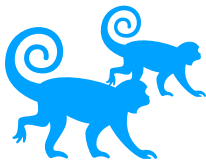
Nor the infinitely trainable blank slate of Pavlov, Watson, and Skinner.

The human mind is:

It is an organ of adaptation, evolved to respond to complex and changing environments in a self-organizing and goal-directed manner. It bears many traces of its inheritance over the ages:



Bodily regulation, fight and flight.



Social Cohesion



Self-awareness and the capacity to self-regulate through pride, shame, & guilt

Conscious planning & decision making.

Consciousness

Consciousness is limited.



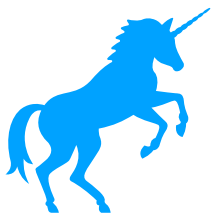
We greatly value our conscious processes, but, estimates are that 95% of the mind's information processing takes place *outside* of consciousness. This includes production of “hunches,” “gut instinct,” much of creativity, what makes ideas and words “resonate,” and a host of instinctive, automatic responses over which we have little control.

Consciousness is selective.

Think of consciousness as analogous to the monitor on your computer. Only a selected and very limited view of the machine's many calculations and their results is reflected on the screen.



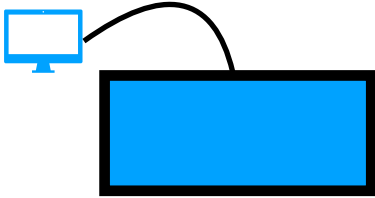
Consciousness is rich and nuanced



Conscious thought is “articulate.” It has great subtlety due to sharp distinctions and clearly defined relationships. By contrast, non-conscious logic seeks simple associations and opposites, which are good starting points for creativity.

The conscious feelings we celebrate in poetry are more subtle and rich in detail compared with activation of core limbic emotional areas. Core emotions, while more rudimentary, are responsible for triggering protective reactions and the motivational systems that drive them, including the adaptive and maladaptive patterns that are the particular concern of psychotherapy.

The Non-Conscious Mind



The part of the mind that operates outside of consciousness is constantly monitoring the inner and outer environments for opportunities and dangers. It is the source of a variety of products that can gain access to consciousness. Each can be seen as a goal-directed response. Products entering consciousness include:

Actions

Feelings

Thoughts

Relating

Bodily Regulation



Products of the non-conscious mind are instrumental in shaping our conscious lives. We react to spontaneous or automatic thoughts, feelings, impulses, relational events, and bodily changes. CBT deals with conscious reactions to automatic responses.

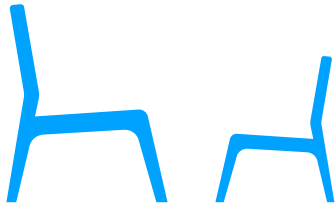
Not surprisingly, though,

Some of the mind's responses are not optimally adaptive.



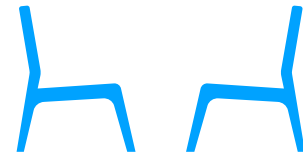
Of those responses that do NOT serve us well, patterns so entrenched that they require professional help are almost always responses to consciously or unconsciously appraised threats, as opposed to opportunities.

Counseling and Psychotherapy



Counseling teaches clients improved ways to handle situations and assumes the ability to change voluntarily.

Psychotherapy helps clients trade in “entrenched maladaptive patterns” for healthier ones when change is not trivial.



Entrenched Maladaptive Patterns of:

Action

Feeling

Thought

Relating

Bodily Regulation

These start out as ways of coping, usually with threats or unmet needs, and become resistant to change. Some are automatic and not learned. Many are influenced by biological proclivities. Those that are learned tend to reflect the resources available at the time. Some are inherently dysfunctional such as catastrophic loss of control and paranoia. Others may be well adapted to early life conditions, but dysfunctional in the context of the adult environment. Some, like addiction, may first appear later in development. Non-response can also be an adaptation.

These patterns are maintained in neural networks and neural pathways. Change in maladaptive patterns can be the result of cortical inhibition or actual modification of the the neural networks themselves.

What does Psychotherapy do?

1. New Learning

Clients learn new patterns of coping that are healthy and satisfactory. Sometimes adoption and practicing of new ideas or behaviors is sufficient for maladaptive patterns to be let go without resistance.



2. Cortical Inhibition

New learning in the cortex can trigger inhibitory signals sent to the limbic areas where maladaptive patterns originate. In this way, a dysfunctional response can be prevented from being manifested. Called **extinction**, this is thought to be the mechanism of exposure therapy. Unfortunately, it is not permanent, and requires maintenance.



3. Memory Reconsolidation

In 2000 K. Nader et al. discovered memory reconsolidation, a means of modifying existing neural pathways. When pre-existing pathways such as learned fear are activated and, simultaneously, the information they represent is contradicted (prediction error), then, for a period of a few hours, synapses can be reprogrammed with the new information. Unlike extinction, the change is permanent and does not take effort to maintain.



A. Emotion

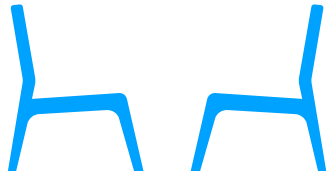
Especially in trauma, the maladaptive pattern may be dread of painful emotion where there is no longer reason for fear. Here the corrective information may be the feeling of safety of the therapeutic relationship.

B. Cognition

Other maladaptive patterns may involve ideas, i.e. “One must be perfect to be lovable.” Here the corrective information can be semantic, not implicit. Emotion associated with ideation is the clinical indicator that the relevant deep memory structures are activated, a prerequisite for modification.

Psychotherapy Continued

The Corrective Emotional Experience (CEE)



The CEE is a key process in psychotherapy in which the patient’s expectations (i.e. of the therapist’s response) are contradicted by what actually happens. This is precisely the “prediction error” that triggers the mechanism of memory reconsolidation, providing a likely explanation for how the CEE actually works.

How Therapy Works: Summary

The various forms of psychotherapy can be explained as different ways of achieving the same three final pathways to change: **new learning, extinction by cortical inhibition, and memory reconsolidation.**

Existing theories as superstructure in relation to a common infrastructure

“Maladaptive patterns are best understood through multiple perspectives, including different levels of analysis (i.e., biological, psychological and social), various domains of human psychology (i.e., affective, cognitive, developmental and relational), and major paradigms (i.e., humanistic, psychodynamic, cognitive and behavioral).” Gregg Henriques, PhD

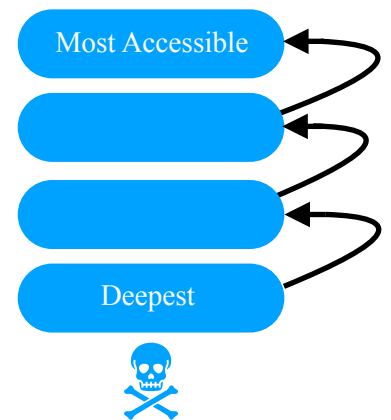
A Modular View of Human Problems

Unlike multiple DSM diagnoses, entrenched maladaptive patterns relate to one another as a series of solutions to an original threat and to the anticipated or actual failure of an existing layer of protection.

Units of Pathology

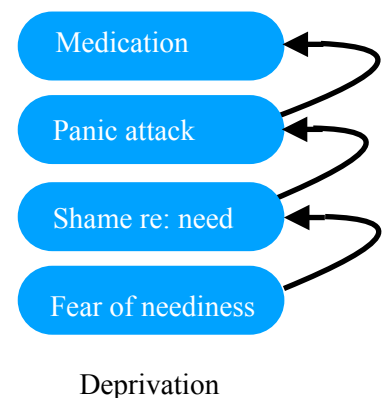
Each unit of maladaptive coping (entrenched maladaptive pattern) is triggered by anticipation or experience of a painful, uncomfortable, or overwhelming emotion (conscious or unconscious) and is designed to counteract that emotion.

As the mind anticipates or experiences the threat that existing defenses might fail, then the next higher layer of protection is activated. When none is left, client experiences intense distress.



An Example

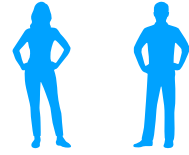
Jack's parents had little to give, so early in life, expressing neediness led to painful disappointment. The first layer was fear of neediness and avoidance of seeking attention. When that fails, he develops a core value against neediness, and feels shame when needs threaten to break into consciousness. Then he gets a promotion and his wife is pregnant. The new demands trigger needs for support, and his layers of defense are near failing. A panic attack is the next layer of maladaptive response. Somewhat adaptively, he then seeks medication to prevent further panic.



Clinical work goes from most accessible to the deepest.

Six Things Therapists Do

They establish and maintain a **positive** and **safe** working alliance focused on trading maladaptive patterns for healthier ones and providing corrective experience for distorted relating.



They bring maladaptive patterns to awareness and prioritize efforts to change them starting with the most accessible.

They foster new learning of positively adaptive patterns.



They explore and interact to activate emotion and provide corrective information, explicit or implicit, verbal or experiential.

They help clients regulate their level of arousal within an optimal window.



They support motivation to experience uncomfortable feelings and to do the sometimes hard work of change.

Existing bio-psycho-social theories, schools, and orientations of psychotherapy with their constructs and methods, map to:



The six activities therapists perform, which map to:



The three low-level mechanisms that underly therapeutic change

Four Questions to Ask Yourself

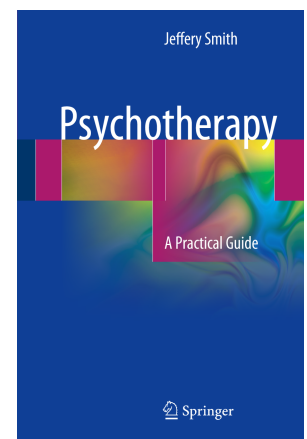
Cycle through these questions as you proceed

1. What maladaptive patterns of acting, feeling, thinking, relating, and bodily responses are degrading my client's life. (Note: absence of effective coping is a pattern and so is active resistance to positive change.)
2. How are (or were) these patterns shielding the client from painful, uncomfortable, or overwhelming emotions, conscious or implicit?
3. Right now, what are the emotions being avoided that might need to be "faced?"
4. How can I help my client move towards willingly and safely making changes and experiencing difficult feelings?

These elements propose a way to navigate the therapeutic space independent of school or orientation.

Based on Dr. Smith's textbook, Psychotherapy: A Practical Guide (Springer, 2017).

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