The Doctrines of Psychology

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Change and Decay?

In an article written in 2003 for *Self and Society*, I criticised the Church for holding on to doctrines and dogmas that have little or no congruent meaning in the Twenty First Century. I suggested that Christ could be understood as an archetype. This of course would involve a profound letting go of many 'sacred cows', something none of us find easy. But whilst in many ways the Church is an easy target because it has been so very reluctant to adapt to changing world views, other institutions and professions are no less guilty.

I was remembering my stay in a world renowned London teaching hospital some years ago. One morning a junior house officer came to take some of my blood. With dark rings under his eyes, a very dark shadow on his face and a slightly vacant look in his eyes, he advanced towards me with needle and syringe. As if this were not off-putting enough, his hand was shaking uncontrollably. He was totally exhausted and sleep deprived. Yet this is how it was then. It was expected that junior doctors worked totally unreasonable hours because it had always been thus. Consultants had had to do it in their day, and so they were quite happy to inflict the same conditions on those who came after them.

As I recall, the impetus for a change in the pattern of working ridiculously long hours did not come from the medical establishment, but from junior doctors themselves and outside pressures. Establishments and institutions are notoriously reluctant to change of their own volition. Patterns repeat themselves. The bible (Exodus 20:5) says that God will 'visit the iniquity of the fathers upon the children to the third and fourth generation.' But it requires no vengeful God to 'visit' the sins on to later generations; we do that quite well for ourselves. Those of us who are engaged in the profession of

counselling or psychotherapy know this only too well. It is the presenting past.

It takes great courage however, to look at one's history and repent. I use this term here in its true sense, meaning to turn round and change. An on-going debate in the Roman Catholic Church is the necessity of celibacy for its clergy. This has been thrown into sharper relief in the past decade because of a married Anglican priest who joined the Church of Rome at the time of women's ordination. The matter was always one of church discipline rather than theology, but there is a lot of history to reform. Who will be the man brave enough to say, in effect; 'the sacrifice that I and thousands of others have made was not really necessary'? It took the Anglican Church a very long time to be able to change its position on re-marriage after divorce, and it's presently tearing itself apart over the issue of gay clergy. The 'iniquity of the fathers' is often visited upon later generations because the 'fathers' have not got the courage to say 'sorry, we got it wrong.' Or it may not even be a case of getting it wrong; one just needs to admit that what seemed to be right to us, is not necessarily so for the present and next generation. Cardinal Henry Newman said: 'To live is to change; to be perfect is to have changed often'. Pity the Church doesn't live by that. It would also be a good philosophy for the psychological community to espouse.

Psychological Sacred Cows

So what of our profession? How many sacred cows do we have? I can remember how, in the late 80's I began moving more in the direction of psychology, counselling and therapy, and how I expected something quite different from what I was used to. As an ex-monk and then Anglican priest, I knew all too well about doctrines and dogmas and was hoping for different attitudes. Clearly I was naïve and inevitably disappointed. The world of psychology, counselling and therapy has just as many sacred cows as does theology.

It is interesting to note that the BACP no longer requires people who wish to be accredited with them to undergo their own therapy. This is a huge reversal in policy. They now require evidence of personal development instead. But for years it has been, and still is for many schools, an absolute requirement for those training in the field. The scope of this requirement varies hugely, from a 'mere' forty hours to five, six, seven hundred hours and beyond. I myself underwent several hundred of hours of Jungian analysis. Yet the evidence is unequivocal; personal therapy does not make people more effective in such work. (Russel, R 1993). My own Jungian analysis certainly enabled change in me – one would hope for the better. But has it specifically made me a better therapist? I'm not sure. Several hundred hours of listening to Mozart or reading the classics would probably also change me, but I'm not sure that they would *specifically* and *necessarily* make me a better therapist.

How much, I wonder, is this a sacred cow? How much has it become a doctrine or a dogma to be followed despite the research evidence that would appear to make it null and void? Is this very different from celibacy in the church? Is it

perhaps not a case of repeating patterns; the iniquity of the fathers….? It would indeed take a brave organisation which could say 'you've spent hundreds of hours and thousands of pounds on personal therapy or analysis, but actually, in the end, it doesn't make you a better therapist at all.' No, we have I think to be honest and realistic here; there are far too many vested interests, too much financial investment involved for this particular sacred cow to be slain very quickly. A colleague told me recently that he had gone for some therapy to a Jungian analyst. Her opening remark to him was: 'this will take a long time and it's going to be painful'. With expectations like that, what possible hope was there that the therapy would be anything other than long and painful? Certainly painful on his wallet.

The truth is that none of us much like change, and we like it even less if it challenges some of our deepest or longest held beliefs and practices. Now that the BACP has withdrawn the requirement for personal therapy or counselling for accreditation, where does that leave the therapeutic community?

What we need I believe, is something that will help the psychological community to look at itself with the same rigor and candour as it would expect to use therapeutically with its clients. I think that with the arrival of 'a new kid on the block' (BMJ) we might just have that tool. The 'new kid' is the Human Givens (HG).

The 'New Kid'

Human Givens is not so much a therapeutic training – although it is that – but a whole organising idea. The founders of HG are Joe Griffin, a research psychologist and practising therapist, and Ivan Tyrrell, therapist and researcher into therapeutic effectiveness. In the past both they, and the Human Givens Institute, have received a great deal of criticism for saying that personal therapy should not be a pre-requisite of being a therapist. At one point the BACP journal would not accept advertising from them for this very reason. Not surprisingly, the psycho-dynamic community have been particularly dismissive of HG. But now the BACP have come to the same conclusion themselves, so maybe we need to start listening to the 'new kid' if we are not to become as institutionalised, if not to say fossilised, as the church.

I need to declare an interest here. I do not come to this subject as a neutral observer, but as a member of the Human Givens Institute. I have listened to their arguments, completed their diploma and, very largely, use their methodology in my therapeutic and training work. I therefore speak as a convert. But I am a convert not to a closed system, but to an ever evolving research based methodology that has 'open sides'. HG does not dismiss what has gone before, but rather seeks to use everything that is effective in the therapeutic process, from whatever discipline. It also jettisons those aspects that have become dogmatic or doctrinaire. HG is truly person centred in that it will use almost anything (as long as it's legal and ethical) that will enhance the therapeutic process and lead to rapid healing. One of the aims as stated for HG therapy is that it will 'Take as few sessions as possible.'(Human Givens leaflet). No expectation here of years of

twice or thrice weekly sessions (a nice earner for the therapist, but most clients simply don't *need* it). Working with the best of the old, new insights from neuroscience, and from research into dream sleep conducted by Joe Griffin, HG methodology does deliver remarkable results in short periods of time. Of course occasionally some people with deep personality problems or those suffering the results of long-term childhood abuse do need longer treatment; but these are the exceptions rather that the rule.

Mindfield College, which is the training arm of HG, has seen tens of thousands of people attend its one-day lectures and seminars over the past few years. In the three years since it started its diploma course, over four hundred and fifty have signed-up for, or completed part 1 (attendance at required seminars and workshops). Over two hundred and seventy have completed part 2 (two week full-time intensive with examination) and ninety four have progressed to part 3 (practitioner status – assessed casework). Graduates from the diploma include medical consultants, GPs, psychiatrists, psychologists, counsellors, psychotherapists, CPNs, social workers and teachers. All bring with them considerable experience and expertise which is used in conjunction with their HG training. The end result is a therapist with a formidable 'tool-bag' to treat each individual according to their needs. And this is the key; the client and their difficulties dictate what tools and methods are used. Within an ethical and professional code, almost 'anything goes' if it will serve the end of helping the client get better. For example: a colleague and friend of mine, whose first counselling training was 'conventional', followed this by doing the HG diploma. As part of the therapy with a client, she took her out to a café for a hot chocolate (the client had problems with agoraphobia). Her supervisor, who was humanistic in orientation, could not cope with this at all and felt she could no longer supervise her. This action proved too controversial for her supervisor, but actually it was hugely useful in helping this particular client to resolve her problems. I sometimes think that as a therapeutic community, we have become like the religious leaders portrayed in the New Testament. Rules and doctrines have become more important than the people we are meant to be serving.

As therapists, trainers and educators, those of us who practice from a humanistic viewpoint are used to helping people see, and inculcate in their lives, new ways of thinking and acting. We facilitate repentance (again, using the word properly) which should reflect a deeper congruence in an individual's life. But how ready are we to 'repent' of practices that have become doctrinaire rather than pragmatic? For good therapy should, above all I believe, be practical and humane. In *The Daily Telegraph* a few months ago, the experience of a woman in therapy was reported upon. On one occasion she was left standing out in heavy rain because she had arrived before the appointment time. When she was finally admitted, soaking and cold, she was offered no towel or hot drink, but had to sit cold and wet for her session. If this story has been accurately reported, it seems to show a lack of basic humanity, and a 'sticking

to the rules' that is nothing less than neurotic.

Many areas of psychology, including therapeutic psychology, have in the past been, and some still are, very critical of the damaging effect of dogmatic religion – and rightly so. Those who believe that their particular version of 'the truth', and only their version, will lead to 'salvation' are in my experience to be given a wide birth. But the therapeutic community is full of such people, and full of cult-like doctrines that have more to do with maintaining neurotic belief systems than healing patients and clients. Like religion, there is much about therapeutic psychology that has got itself into a blind ally and doesn't know how to get out. What may have been good at one point, or at least had some good thinking behind it, has taken on its own momentum and we don't know how to stop it. One example of this is supervision.

There cannot be a more over-supervised profession than that of therapeutic psychology. Of course when we first start out we need guidance and supervision. As we continue, peer support and advice from colleagues is just good sense. But the level of supervision expected of most practicing counsellors and therapists is just nonsense. Does it really serve the patient or client? My main criticism is not just about the amount, but the type of supervision that happens. People are generally supervised by colleagues from their own school of practice. All of the pre-suppositions (doctrines) of that school are endlessly re-cycled in a closed system and are never themselves under scrutiny. Supervision is only as effective as the honesty and awareness of the supervisee will allow. Regular supervision does not, I believe, guarantee good therapeutic practice. The only thing it guarantees is a regular income for the supervisor and the likelihood of the maintenance of dogmatic rather than effective therapeutic intervention.

Human Givens – What it is.

I will start with a quotation from the Human Givens Website:

> We all have basic emotional needs, such as the need for love, security, connection and control, and the self-esteem which arises from feeling competent in different areas of our lives. We also have the innate resources to help us meet these needs, including: memory, imagination, problem solving abilities, self-awareness and a range of complementary thinking styles to employ in various different situations. It is these needs and resources together, which are built into our biology, that make up the human givens.
>
> When emotional needs are not being met, or when our resources are used incorrectly, we suffer considerable distress. And so do those around us.
>
> Human givens therapists focus on helping clients identify unmet emotional needs and empowering them to meet these needs by activating their own natural resources in new ways. To do this they use a variety of up-to-date, proven, brief solution-oriented techniques.

I guess it would be true to say that the starting point for Human Givens is biology rather than psychology. It is understood that, as a species, we have certain innate needs and resources 'built in' to our system by the evolutionarily process. These are the initial point of reference, the 'givens' of our human nature. For any species to flourish it requires its needs to be met in a balanced way. A plant needs very little – water, light, nutrient in the soil and sufficient space for its roots and foliage to grow. But each species needs a particular balance of these to do well. Plants can sometimes survive under very poor conditions, but they will not flourish if the balance of their needs is not met, and will die if some are missing altogether. The same is true of the human being, although the balance of needs to be met are more numerous and complex. Human history has shown us that people can survive the most appalling treatment and conditions, but only survive, not thrive.

The Human Givens approach is to recognise that when the innate needs of a person are not able to be met in balance by their (also) innate resources, that person will suffer. Some of the major needs are:

- The need for autonomy and control.
- The need for attention.
- The need to be emotionally connected
- The need to be valued
- The need for meaning and purpose.
- The need to be stretched – to 'go beyond ourselves'
- The need for privacy and personal space

As well as these particularly human needs (some might say mammalian needs) there are also the basic needs of air, food, water, shelter, security etc that are common to most life forms. This of course is not unfamiliar ground: Maslow's hierarchy will come to mind for many people. Perhaps one of the differences with the HG approach, compared with other strictly psychological approaches, is that it is prepared to be pro-active in a way that would be anathema to other disciplines. This 'common sense' attitude to healing has ancient antecedence. From the Epistles in the New Testament we find; 'If a brother of sister is ill-clad and in lack of daily food, and one of you says to them, 'Go in peace, be warmed and filled,' without giving them the things needed for the body, what does it profit?' (James 2, 15-16). This religious (I would call it humanistic) insight, precedes Maslow's hierarchy by some two thousand years and states quite simply a fundamental truth of human nature, that the needs of the whole person need to be addressed. If a person comes to me depressed, my starting point should not be to assume that he or she had a traumatic childhood and will need years of psychological archaeology to discover the cause. No, it should be practical and here-and-now questions to start with. If a person is depressed because of bullying, it *may* be that they were bullied as a child, but is that where I want to go? No. Is that where the client wants to go? Almost certainly not. What is needed is swift relief of the symptoms of depression *and to find a way to stop the bullying.* A Human Givens therapist is willing to be pro-active with and for his or her client to find solutions to present problems. Like my colleague mentioned above in taking the agoraphobic client out for a hot chocolate, a little practical help can

be worth months of 'isolated' therapy in the recovery of a client.

I mentioned the swift relief from the symptoms of depression. This is where there is a real difference between HG and most other therapies. Coming from studies in brain function (Griffin and Tyrrell) and from Joe Griffin's twelve year research programme on the function of dream sleep and the REM state (Griffin, J,) highly effective therapeutic interventions are possible in a short time span. I cannot do justice in this short article to these new insights, but will do my best to give a brief outline.

In the centre of the brain lies the limbic system, this could be referred to as the 'mammalian' or 'emotional' brain'. Part of the limbic system is the amygdala. This little gland is the 'watch-keeper' and scans the environment for anything it perceives as dangerous. It does this by pattern-matching to the brain's memory store and to our innate 'alarm system'; (we are innately cautious of heights for instance). If the amygdala picks up anything that matches a perceived threat (the match needs only to be metaphorical, not exact), it will send out the signals for 'flight or flight' hormones to be released – adrenalin and cortisol in particular. These chemicals make us ready for action, but there is a negative effect also. Because, in evolutionary terms, it was those who were able to act the quickest who survived – no good standing around thinking 'I wonder if that is a *hungry* sabre-tooth tiger – the release of stress hormones has the effect of blanking off the higher cortex. Evolution has 'designed' us in such a way that action takes precedence over thought. The more emotionally aroused we become, the less we are able to think straight. To put it simply, emotional arousal makes us stupid.

Secondary negative effects come also from the fact that the amygdala cannot tell the difference between a real and actual threat, a viewed threat (as in a film – who hasn't had sweaty palms in a really scary movie?) or our own imagination. A good imagination used wrongly – too much worry and rumination – will have the same affect on us as a real threat would; raised stress hormones and 'fuzzy' thinking.

Dream Sleep

Dream-sleep research, both Joe Griffin's and other people's, points to the conclusion that the job of dream sleep is to deactivate arousal levels left in the body from the previous day. By metaphorically pattern-matching to the previous day's unresolved arousal stimulus, the dream 'switches off' the stress stimulus response in the autonomic nervous system. It is only *unresolved* situations that require dream deactivation, any situation that has been 'acted out' in waking hours is already deactivated. In a normally healthy person, there would be approximately twenty to twenty five percent dream sleep per night, and seventy five to eighty percent slow wave sleep. In somebody very stressed by events or worry, these proportions can become upset or even reversed. Because dream sleep is a highly active state and slow wave sleep repairs and refreshes the body, the result of an upset to the balance is mental and physical exhaustion. Waking

feeling as though they have just run a marathon, the individual finds the next day even more hard to cope with and stressful; and so the pattern repeats itself. This is the cycle of clinical depression. It is a twenty four hour cycle that is likely to deepen and remain unless broken.

The Human Givens approach to treatment is often to bring down the client's arousal level as soon as possible. Using relaxation techniques and guided imagery, one aims to re-unite the client with their own higher cortex; successful work cannot be achieved with a client who has only 'half a brain' available to them. Explaining to a client the twenty-four-hour cycle of depression and its physiological aetiology is hugely empowering for them. Understanding brings the possibility of control. There are simple and practical things the client can do for themselves that will cut into the depressive cycle very quickly – to stop the ruminating and worrying (I know easier said than done), to get a little exercise (this will raise serotonin levels), become more socially active (if only in small ways), get a balanced diet and do some fun things. All these will help to lift depression very quickly (Mental Health Foundation).

Effective Model

There is a basic but effective model used by HG therapists; the APET model. One looks for the **A**ctivating **A**gent – what is it that is causing the stress – and this needs to be dealt with. There is then the **P**attern match – what is the brain matching up to from previous experience. Then there is **E**xpectation and **E**motion engendered by the pattern match and finally the **T**hinking which comes *after* the emotional arousal. This is where there is a difference with classical CBT which would say that thought *causes* emotional reaction. Emotional arousal comes first. The amygdala triggers the stress hormone response *before* the higher cortex has even become aware of what is going on. Once activated, the stress hormone response dulls down our thinking ability and we become the 'victims' of our own brain chemistry. An example of this happening would be a student who has done all the work necessary for a good degree. Unfortunately he is very anxious about examinations. The amygdala picks this anxiety up as a real threat *before* the higher cortex can have a calming effect. He comes out of the examination room saying 'my mind just went blank'. People living with chronic stress, real or perceived, are 'run' by their emotions because the thinking brain is unavailable for the job.

In the therapeutic world it is often thought to be the case that, for the client, it gets worse before it gets better. That may be because we are making it worse. If a man comes into therapy because he has suffered a relationship breakdown, he may just need help in seeing that actually, going out every night with his mates is not conducive to a good relationship. If we spend weeks going into every painful event of his life – given what we know about the working of the amygdala – he will almost certainly end up with depression even if he did not have it to start with.

From my own practice I can see that using the HG approach to therapy is hugely helpful and effective. I have seen clients who have been depressed for

months or even years, and in just a few sessions they are 'up and running again'. Often the remaining problem is dealing with the side-effects of medication and the 'dis-continuation symptoms' as the pharmaceutical industry euphemistically calls them. PDST is also treated extremely effectively; again this comes from knowledge of what actually happens in the brain and the use of the REM state to 're-programme' the brain. I have seen clients who have suffered for years and undergone months of different types of counselling, only to be cured of their PDST in one or two sessions using HG methodology.

Where from here?

I believe that the Human Givens approach gives the psychological therapeutic community an opportunity to ask itself some difficult questions. It throws up a challenge to dogmatic psychology which is well over due, and it offers some interesting, useful and therapeutically beneficial understandings and techniques from which we can all benefit.

There is a risk of course, that HG could become as dogmatic as those it criticises. I think this is less likely to happen than in other schools of therapy because of its research base; it is always ready to modify its teaching in the light of new evidence. But the danger remains, and it remains particularly so because different schools remain entrenched in singular ways of thinking and practice. There is a real threat of an 'us and them' bunker mentality arising between HG practitioners and other methodologies, which is clear to see already between other therapeutic schools of thought.

My hope is that the insights and practices of the Human Givens school of thinking will be widely discussed, used and criticised. There is a lot of argument and discussion at the moment about the regulation of counselling and psychotherapy. It would do those involved no harm to read some of the early Counsels of the Church, who was 'in' (orthodox) and who was 'out' (heretics) and what practises and beliefs were acceptable, and what were not. If we are not careful in the therapeutic community, we are in danger of repeating history. I fear that the registration process in this country is, and will increasing become, a method of increasing the power base of 'orthodoxy', and suppressing 'heretics' who challenge the received wisdom. There is enough difference in current therapeutic practice to recognise that no one way has the monopoly on psychological healing. Most of the methods, schools and techniques have some merits, but none have all the virtues.

A way forward is surely to be more critical of ourselves as a community. We desperately need to discard outdated dogmas and ideas, often stemming from the nineteenth or early twentieth centuries, and aim towards a more researched based, outcome oriented philosophy. Certainly let there be differences: practitioners are unique human beings, and this will, or should be able to find expression in the therapeutic setting. These differences however should not become rigid dogma that excludes other techniques and force our therapeutic interventions into a 'one size fits all' model. The history of the Church has been one of reluctant change and dogmatic intransigence. I hope the therapeutic community will not go the same way.

Further reading

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Human Givens: Leaflet How to feel better today.

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Mental Health Foundation, Up and Running, London, 2005. www.mentalhealth.org.uk

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