

Back to the Future : From Behaviourism and Cognitive Psychology to Motivation and Emotion

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SYNOPSIS

After 50 years of the predominance of behaviourism and cognitive psychology, the tide is turning back to motivation and emotion. Contemporary interdisciplinary studies in developmental psychology, child psychiatry and developmental neuroscience are reframing John Bowlby's attachment theory in its truer context, insisting that crucial aspects of motivation, emotion and self-regulation, present in Bowlby's original formulation, had been ignored by the mainstream at the time of its inception because of a cultural climate dominated by behaviourism and cognitive psychology.

A Paradigm Shift

Every few decades there is a change of perspective in science (Kuhn, 1962), and a close look at the history of psychology suggests that something similar happens in the study of the human psyche. Fifty years ago there was a strong focus on motivation and emotion, but the 1970s saw a general shift taking place in favour of cognitive science. It was the beginning of the cognitive turn, or the 'cognitive revolution', as it is sometimes called. At its inception, there was a lively debate within behaviourism: some practitioners focused on the complexity of mental processes in humans as well as animals, while others proposed a rather mechanistic, stimulus-response perspective (Ryan, 2007). The latter became prevalent, and arguably created the soil in which today's dominant model of CBT has flourished.

The tide is now turning once again, however, with the first signs of change evident a few years back in the field of attachment theory. Contemporary interdisciplinary studies are linking John Bowlby's initial ideas to developmental psychology, child psychiatry and developmental neuroscience. According to neuro-psychoanalyst Allan Schore (2011), these studies effectively update Bowlby's model, bringing about a fundamental change of perspective in the following three distinctive areas:

- Neurobiology
- Social-emotional attachment
- Self-regulation

Partly drawing on Schore's description and partly using my own research on the topic, I will briefly explore each of these themes in turn.

The First Shift: Recognising the Importance of Early Right-brain Development

It is widely acknowledged that the origins of adult disease are found in disruptions happening in the early years of life (Leckman and March, 2011), a time during which unconscious responses to emotional stimuli are processed. The part of the brain that does the processing is the right-brain hemisphere, which differs from the left in physiology, neurochemistry and behaviour. According to contemporary neuro-psychology, emotionality is processed by the right-brain hemisphere, alerting the mind to cope with stress (Tolman et al., 1992; Mlot, 1998) and to deal with urgent matters without delay. When a person faces a taxing but generally manageable situation, the initial response is dealt with by the less emotional, more 'motor dominant' left prefrontal cortex (Schore, 2011; Schutz, 2005). It is when this response fails that activity in the right brain increases: the right brain is adaptive and it processes emotion. The right brain constitutes the hub of what Schore calls the implicit self, one of the implications of this being that, unless therapy addresses this core, 'positive' changes are likely to be superficial, short-lived, and ultimately ineffective. In other words, unless therapy takes place at the level of right-brain to right-brain communication and beyond a merely cognitive level, it is not going to make any substantial difference.

The Second Shift: From Cognition to Emotion

In his last interview in 1990, John Bowlby said: 'Emotion is nonverbal communication of basic but very powerful attitudes in mind and potential action' (cited in Schore, 2012: 168). This basic tenet had powerful repercussions in counselling and psychotherapy. It was creatively and fruitfully translated by Daniel Siegel (1999) who, writing on the magnitude of primary emotions, formulated the notion of *contingent communication* between therapist and client. The signals a client sends are both verbal and non-verbal; the therapist needs to recognise these and respond. For Siegel, contingent communication is the foundation of mutual interaction, and makes positive attachments possible. This will sound obvious to many relationally orientated therapists, yet it is astonishing how often the obvious needs to be stated, particularly when the dominant theoretical perspective underestimates and downplays the role of non-verbal communication.

'After three decades of the dominance of cognitive approaches', Richard Ryan wrote in the editorial note of *Motivation and Emotion*, 'motivational and emotional processes have roared back into the limelight' (2007: 1). This is partly due to the fact that the cognitive revolution of the 1970s has come under close scrutiny. It also reflects, as we shall see, a general shift in the humanities, something known as the 'affective turn'.

Already in the 1980s the child psychologist Daniel Stern had come to some interesting conclusions when he described infancy primarily in terms of affect. According to Stern, infants 'take sensations, perceptions, actions, cognitions, internal states of motivation, and states of consciousness, and experience them directly in terms of intensities, shapes, temporal patterns, vitality affects, categorical affects, and hedonic tones' (1985: 67). Early in life, affects are both the primary medium and the primary subject of communication.

A critique of cognition comes also within the world of cognitive science. In a paper published only a few months ago, Cromwell and Panksepp (2011) warned against the inflated use of terms such as 'cognition' in behavioural neuroscience research. In their view, this term has been both overused and misused. They also argue that an overemphasis on cognition, without taking into consideration developmental thinking and non-cognitive levels of perception, may effectively hold back improvement in the search for new treatments for mental distress and neuro-behavioural disorders. Cognitive science, they conclude, must re-learn that the influence of ancient emotional systems is independent of cognitive processes. Panksepp sums it up beautifully when he writes: 'The power of the word may reside in the power to affect' (2007: Internet file). He also makes the bold claim that the intention behind both the cognitive revolution and neuro-behaviourism was 'to put emotions out of sight and out of mind' (ibid.). Similarly Dan Shanahan (cited in Lasségue, 2008) maintains that the cognitive revolution concentrated mostly on information processing, overlooking the crucial role played by emotion.

What this substantial body of research emphasises is the need to understand human cognition in more comprehensive and holistic terms, moving away from the prevailing reductionism. Our unique human capacity to symbolise includes, right from the start, both information processing *and* feelings (Lasségue, 2008). To neglect this is to overlook the complexity of being human.

The Third Shift: Self-regulation

Alongside emotion and affect, the other factor significantly ignored by the cognitive turn is *motivation*. What motivates us humans is self-regulation, i.e. the ability to lessen pain and maximise pleasure. Fonagy and Target (2002) see *self-regulation* as the very core of child development, a point of intersection of genetic predisposition, early experience and adult functioning. Early relationships outline a person's ability to perform three important tasks: a) responding to stress; b) maintaining concentration; and c) reading other people's mental states. These faculties are susceptible to change in an adult's life, a fact that constitutes the very heart of therapeutic intervention. The importance of self-regulation is now widely recognised: Judith and Allan Schore (2007) have put forward a modern account of attachment theory as affect regulation. They cogently argue that Bowlby's original formulation came about at the time of behaviourism, and was therefore interpreted and applied largely within the rigid confines of cognitive and behavioural modalities – at variance with Bowlby's original purpose. Bowlby's key concern was with the *integration of biological and psychological models of development*, something with which contemporary interdisciplinary research is far more in tune, with its focus on matters such as 'affective bodily-based processes, interactive regulation, early experience-dependent brain maturation, stress, and non-conscious relational transactions' (Schore and Schore, 2007: Internet File).

The Affective Turn

From the mid-1990s a new mode emerged within the humanities: *affect theory* and the 'affective turn' (Gregg and Seigworth, 2010). This approach questioned the privilege granted to language in favour of more basic and arguably more real forms of organising information. A pivotal moment in the development of affect theory in the humanities was the publication in the mid-1990s of an article by Brian Massumi (1995) entitled 'The autonomy of affect', in which he emphasised the positively disorienting nature of affective states, their ability to put an individual in contact with herself and her own vitality, as well as their autonomous nature. It is not easy, in other words, to categorise emotions and put them in a box. This is, when one thinks of it, one of the unique characteristics of living beings. The unprecedented nature of affective states outplays both reason and cognition. For Anna Gibbs (2012), affects are a 'level of experience' that 'cannot be translated into words' (cited in Cronan, 2012: 51). The bodily information precedes the information contained in language. What several writers and researchers endorsing the affective turn are effectively saying is that *affects*

come before cognition. In other words, 'all thought is an afterthought' (cited in Cronan, 2012: 52).

Psychotherapy and Reprogramming

How long will it take for this paradigm shift to take hold, and become more widely accepted and implemented? It is difficult to say, especially when taking into consideration its wider social and cultural implications. Cognitive psychology and behaviourism have undoubtedly been favoured by governments and institutions, perhaps because on the face of it, they offer a straightforward, relatively simplistic view of human beings that politicians can readily understand. But there is a more worrying and controversial factor: when not understood and appreciated *holistically*, these approaches can and have been used for re-programming thought patterns and behaviours deemed 'wrong' by those in power. An example of this comes from general S.L.A. Marshall, official US historian of the Second World War, who in 1947 published a landmark book, *Men against Fire* (Marshall, 1947/2000), in which he reported that 75 per cent of Second World War combat troops were unable to fire on the enemy. How could soldiers bypass their 'natural human empathy' which 'generates huge psychological resistance to up-close and personal killing?' (cited in Fraser, 2012: 43). Soldiers needed psychological conditioning, Marshall argued, so as to be able to do their job. The military sought ways to solve the problem, and turned to cognitive behavioural psychology for advice. It is hard to imagine the US army looking to the psychodynamic or humanistic traditions for ways to re-programme its soldiers so that they might kill more efficiently. Neither approach, despite their many differences, is grounded in a philosophy that would support such re-programming of individuals. Both are geared instead, amongst other things, towards a shedding of delusional thinking and the unfolding of one's natural potential.


It is only natural that the military would find inspiration in cognitive behavioural psychology. As Darian Leader (2008) has convincingly argued, 'most therapies aim to hear what is being expressed in a symptom' (p. 25). Their aim is not to stifle the symptom, however, but 'to give it a voice and to see what function it has for the individual' (ibid.). By contrast, he concludes, 'CBT aims to remove symptoms' (ibid.).

Going beyond Clichés

The fine points of every therapeutic orientation are unfortunately often lost in the necessary process of simplification associated with teaching, training and the practical applications of an approach. It is crucial to convey ideas simply, and to find equally simple ways of implementing

them in the therapy room. Yet the risks involved are of stereotyping and even misrepresenting them: we have all heard of the cold, uninvolved, blank-screen analyst; of the overly empathic, over-involved person-centred therapist; of the task-and-goal orientated CBT practitioner. For this reason, I do not wish to misrepresent CBT by substantiating a cliché. The fact remains, however, that this approach is tailor-made to the needs of the market: if symptoms are seen as deviations, a brief course of re-education and 'belief modification' takes the place of a deeper understanding of life's dilemmas and contradictions.

The Complexity of Being Human

A substantial interdisciplinary body of research is now recognising the pivotal role of what 50 years of cognitive science and behaviourism have pushed aside: motivation, emotion and affective states. In my view the 'affective turn' is to be enthusiastically welcomed because it broadens the scope of counselling and psychotherapy above and beyond the natural sciences and the bio-medical model. Certainly, the latter are arguably ways of exercising mastery over nature – but human beings are more complex: they resist being put in a box (Bazzano, 2012). Fundamental elements of surprise, unpredictability and uniqueness in we humans are grounded in affective states, emotion and motivation. To ignore that is to ignore the beauty, complexity and unruliness of being human. 



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