

The Mad, Mad World of Psychotherapy

Psychotherapy, the 'talking cure', is not new. For as long as human beings have eased troubled minds through verbal communication, psychotherapy has existed in one form or another.

Since then, psychotherapy has followed a tortuous and often crazy path to the present day where, hopefully, it has found sense.

The origins of psychotherapy

Despite modern assertions that psychotherapy and sophisticated psychological understanding are exclusively Western domains, Western orientalists have noted that Sufi literature is full of evidence of profound psychological insight and sophisticated psychotherapeutic procedures. Historical Sufis such as Jalaludin Rumi of Afghanistan and El Ghazali of Persia display psychological understandings which have only recently been paralleled in the west.

In addition, ancient Egyptian and Greek writings dating back 3,500 years and more talk of 'healing through words' and the word counselling was used as early as 1386 in Chaucer's Wife of Bath's Tale.

Blinded by terminology

These days, the terms 'counselling' and 'psychotherapy' are often used as if they are different things. But of course both psychotherapy and counselling simply mean helping someone using psychological means. In no other sphere of life, excepting maybe politics and religion, have words and language so confused the essential issues.

Changing metaphors for the mind

It has been noted, for example, by such writers as Frank Tallis (*The History of Psychotherapy, Hidden Minds*) and Robert Ornstein (*The Right Mind, The Evolution of Consciousness, The Healing Brain*) that psychological doctrine has often tried to align itself with current technological sophistication, perhaps partly in an attempt to appear more 'scientific.'

Hydraulics hysteria

So, for example, during the 19th century the technology of hydraulics was all the rage. The metaphor for the mind became to a large extent hydraulic. People talked, and still talk, of 'running out of steam', 'letting off steam' and 'releasing pent up emotion'. Much experimental therapy (particularly in California during the 1970's) focussed on the hydraulic metaphor, believing that to truly 'grow' a person had to 'let it all out' and release 'pent up' emotion. Interestingly, recent physical tests of heart and immune function show that releasing extreme anger is no less damaging to the main arteries than 'keeping the anger in.'

Getting in deep

The metaphor of problems being 'deep rooted' or 'deep seated' really means any explanation of behaviour that is to be found at the level of the unconscious. Freudian and Jungian analysis are classic examples, although these days people often use it to promote psychological problems to higher levels of importance with phrases such as "Oh, I think it runs a little deeper than that!"

Electrifying ideas

After hydraulics came electricity that was, by the early 20th century, becoming a bigger factor in industrialised society. People talked of 'recharging your batteries' and 'being run down.' Psychiatrists at the Tavistock clinic in London routinely electrocuted British survivors of the World war one trench warfare in an attempt to restore their energy levels and ECT electric shock treatment became popular. Ironically electrical psychiatry killed some survivors of the Somme!

Does not compute

After World War Two came the computer age. Computers had proved their worth during wartime as code breaking devices and a new metaphor for the human mind was borne. We now talk of 'processing information', 'retrieving memory' and 'crashing'.

Thankfully, the study of the human brain itself has advanced tremendously over the past decade. We now have a direct understanding of how the brain itself works which is unparalleled in history. It is to be hoped that metaphorical reference to current technologies may no longer be necessary in future years.

The development of psychotherapy in the West

The so-called 'Father of Western Psychotherapy' was Franz Mesmer, an 18th century Austrian physician who pioneered hypnotherapy as a cure for psychosomatic problems and other disorders of the mind. Whilst Mesmer's treatments and techniques were often very successful, his rather over-mystical rationale as to why they were effective tainted perceptions of hypnosis somewhat. He spoke of 'animal magnetism' and 'universal fluid', which were at odds with the rise of 'respectable' science during the eighteenth century.

Psychotherapy goes freudian

Sigmund Freud is perhaps the most famous promulgator of psychological theory in more recent times. His way of understanding the mind is called psychoanalytic and until recently his ideas strongly influenced how people thought psychotherapy should be carried out.

Freud started off using hypnosis but was very eager to pioneer his own approach. He began his career by publishing a paper on cocaine as a 'cure all'. Freud asserted that cocaine could cure depression, gastric catarrh, indigestion, severe vomiting and morphine addiction, (He believed cocaine it self to be non-addictive). He commented on the 'gorgeous excitement' that animals displayed after being injected with the 'magical substance'.

After realising that cocaine had shortcomings, Freud then tried to establish the idea that nasal surgery might be an effective treatment for 'hysterical symptoms' and 'masturbatory symptoms' but after the near death of a female client who had been operated on by a friend of his, he changed his approach.

Unconscious understandings

Freud believed that much of our behaviour is unconsciously motivated which on the face of it seems a reasonable assertion. However none of his theories were based on any kind of research so psychoanalysis cannot really be called a 'science' as it has sometimes been cited. For example there is no evidence that Freud himself ever helped anybody therapeutically or that psychoanalysis is at all effective in the treatment of psychological problems.

Freud proposed arbitrary divisions of the mind into ego, superego and id. He felt that infants pass through oral, anal and phallic stages and that one of these stages could become 'stuck' with dire consequences for the unfortunate individual who would have to then undergo very long term and expensive psychoanalysis.

He believed that little boys want to kill their fathers and have sex with their mothers (Oedipus Complex) and that they fear being found out and having their penises cut off (Castration Complex) He changed and modified his ideas so much that a study of his theories can be a little confusing. His ideas about the purpose of dreaming is naive and inconclusive compared to modern understandings. (see Joe Griffin's ['The Origin of Dreams'](#))

(In fact according to international guidelines for the treatment of depression, psychoanalysis is contraindicated as a treatment method. ¹)

Freud's Belief System

Freud's belief system held sway over much 20th century thinking. Many complaints, such as closed head injury and concussion were attributed by Freud to 'hysteria' and treated psychologically rather than physically. Sexual significance was attributed to much of everyday life. Most people today still think they actually have an 'ego' and an 'id'!

Freud correctly ascertained that the human brain works metaphorically but sought to assign the same metaphors to everybody (namely those from the ancient Greek tradition). Perhaps most damagingly, he denied the existence of child sexual abuse instead assigning this to 'childhood sexual fantasy'.

Indeed because of his legacy some therapists as recently as the 1960s and 70s were still taught that paedophilia did not exist except in the minds of children!

Another terrible legacy of Freud's is his idea about repressed memory. After hearing from the French neurologist Charcot about a man who had been knocked over by a horse and cart in Paris, Freud concluded that because the man could not remember anything, his unconscious mind was shielding the memory from his conscious and called it repressed memory.

Nowadays, an informed physician would attribute this loss of memory to concussion, state-dependant memory or brain damage, but ideas about repressed memory are still rife among the therapeutic fraternity.

The rise of behaviourism

Perhaps as a backlash to the rather absurd and potentially dangerous practices of psychoanalysis, behaviourism developed the theory that mind or mental processes didn't exist (the first of several cases within psychotherapy of throwing the baby out with the bath water).

The useful insight here, promulgated by the likes of B.F. Skinner, was that encouraging healthy behaviours made people feel better, which is borne out by modern research (and common sense). So for example, physical exercise such as running will lead to an increase in the production of the neurotransmitter serotonin in the brain connected to a sense of wellbeing. ²

Behavioural therapy also sometimes included giving people electric shocks in conjunction with, say, drinking alcohol so that drinking would be associated with pain. However behaviourism as an exclusive approach can be questioned. The 'pure' behaviourists believed that there was 'no such thing as mind or consciousness', only behaviour.

Client centred therapy

By the late 1950's Carl Rogers had developed the so-called client centred non-directive approach. This is sometimes called 'humanistic psychotherapy.' As with many schools of therapy, it was again based on a useful insight: If you listen to someone, give your

client a 'safe environment' and let him or her know you are listening you'll build rapport. This was a useful idea.

This 'client centred' approach came from the work of 19th century German and Swiss theorists such as Fredrick Froebel who applied these ideas to education. Their idea was that children are like plants and that if left to grow in a 'nurturing environment' without too much input or outside influence they will 'flower' naturally. This idea gained great popularity in the USA where nursery schools began to be called 'Kindergartens' (a garden whose plants are children).

However perhaps if we ourselves extend this metaphor we can see that a garden if just left to grow will grow wild and a child 'left to grow' will do the same (this will mean more to those of you reading this who actually have children).

Rogers took these ideas applied them to adults in the psychotherapeutic setting devised the abstract idea of 'actualisation', a semi-mystical and vague term for the 'flowering' of a person and turned it into a therapeutic ideology. Again not based on research. Much so called counselling is based along these lines. This is sometimes called a 'psycho dynamic' approach.

Client centred therapy can certainly make people feel better by meeting their need for attention from a well-meaning outsider. However there has never been any evidence that client centred approaches are effective.

Depressed people for example need to learn skills and approaches to life and there is a high percentage of client dissatisfaction and frustration with the therapists' passive stance and refusal to give opinions or make suggestions.

Impossible to be non-influential

Towards the end of his life Carl Rogers expressed regret at promoting the idea that it was possible to avoid influencing a client. His students sat him down and showed him video of him working with a client, pointing out how he would lean forward and appear interested when the client talked of something that got his attention, obviously influencing the client. Recent research by Howard Friedman of Stanford University indicates that it is impossible not to influence another person if you are in the same room as them.

Again client centred therapy or counselling does poorly as far as efficacy research is concerned and is also contra-indicated for the treatment of depression. Of course it is essential to feel safe in a non-judgemental setting but there has to be more offered than just this for most people in urgent need of help. Going over what hurts can make it worse. 'Psychological archaeology', that is, ruminating over past hurts is what depressives do already, so encouraging more of the same as a therapy model is dubious to say the least.

Insight into insight

The idea with all these therapies except pure behavioural therapy was that when a person got 'insight'; coming to an understanding or interpretation of why they had the problem, the problem would somehow dissolve. Again there is little evidence for this.

It may be helpful to know where, for example, a phobia came from but the emotional centres of the brain (housed within the limbic system) and the thinking centres (housed in the ne-cortex) are quite separate and distinct. Having intellectual understanding of emotional problems rarely makes a difference to the emotional problem itself. This is not to say that one part of the brain doesn't influence the other but if emotion is very intense, then discovering a rationale for why it occurred will not supply the new skills to actually dissolve the over-emotionality.

Millions of people know why they have a phobia or became depressed without this 'insight' actually helping them. Indeed someone once said that insight therapy was called such because the end to such therapy was never 'in sight.'

The rise of the cognitive approach

More recently, Aaron Beck developed his cognitive psychotherapy, actually inspired by the ancient writings of the reflective Roman emperor Marcus Aurelius.

Beck, who had been a Freudian, helped devise the central premise that what we think dictates what we feel. The practical idea is that getting people to challenge their assumptions and thinking can lend them control over their emotional life and lead to less damaging ways of living.

Getting people to desist from unrealistic assessments of their lives and use their cognitive brain effectively can be highly effective, especially in the treatment of depression.

Gaps in cognitive theory

However the basic premise of cognitive psychology is not completely accurate.

Thinking does not always precede emotion, it is sometimes the other way around, as Daniel Goleman points out in his ground breaking book 'Emotional Intelligence'.

We can, for example, jump at a sudden noise, responding emotionally about half a second before the thinking brain produces the thought 'Oh the car's exploded!'

In fact all experience seems to come with an emotional 'tag'. However having said this, cognitive therapy, while sometimes being guilty of over-complexity, certainly commands a permanent a place in the effective treatment of many psychological disorders.

However as the writers of 'Psychotherapy, Counselling and the Human Givens' conclude it is just as true to say that anxiety, anger, depression and other conditions are as much disorders of the imaginative mind as of the cognitive or thinking mind.

Which brings us full circle back to Mesmer and the use of therapeutic hypnosis as a way, in conjunction with other approaches, of facilitating positive change in people, hypnosis being unparalleled in its ability to engage the imaginative mind and use it constructively.

Psychotherapy today

There are currently around 400 different types of psychotherapy 'out there'. However, there is happily increasingly more accountability as far as actual client satisfaction and efficacy research is concerned.

Until recently it was thought that all psychotherapies were more or less just as effective (or ineffective) as each other. However since the 1970s, research analysis has been instrumental in sorting the wheat from the chaff.

Brief solution focused therapy

BSFT seeks to solve current problems and work with a clients resources rather than merely looking for causes and is highly successful at relieving suffering in the long as well as short term.

Pioneers of this approach are people such as Milton H Erickson, Paul Watzlawick and Virginia Satir. For the first time (perhaps since ancient times), psychotherapy is aligning with what science can tell us about how the brain works. Rather than devising ideologies and trying to get people to fit our ideas (and then accuse them of being 'in denial' if they don't) we are looking to how the brain actually works and fitting psychotherapy to that.

By using all that is useful we can be effective, rather than trying to carve out a relative 'truth' and then desperately trying to protect that limited truth by 'proving' it with our clients.

The human givens approach

In a remarkable effort to extract what actually works from the messy history of psychotherapy, the European Therapy Studies Institute have pioneered the 'Human Givens' approach to psychotherapy.

In brief, they examine how the sciences such as biology, brain research, social research and anthropology align with common sense to produce an accurate picture of the common needs and characteristics of human beings.

So rather than concocting a mythology or complex ideology and then trying to get people to fit the ideology they look at what we know about people and identify the common effective factors in different therapeutic approaches.

They see people as having basic emotional needs which 'seek completion' in the environment. Emotional needs include:

- Security - safe territory and room to 'unfold' well
- Sense of autonomy and control
- Being part of a wider community
- The need for attention (to give and receive it)

- Friendship, fun, love and intimacy.
- Being emotionally connected to others.
- A sense of status within social groupings
- A sense of achievement
- The need for meaning, being 'stretched' in life.

Psychological Problems

Any psychological problem can be traced back to one or more of these needs not being met in a person's life. Of course a person may feel better going along to see any kind of psychotherapist because it may be fulfilling a need not being met elsewhere in the patient's life such as the need for attention or intimacy or purpose but if the therapist believes the improvement is down to uncovering a 'penis envy complex' or 'getting in touch with the inner child' or because the 'id is becoming stronger' then inevitable confusion results.

An effective therapist will seek to teach the patient to ensure their own needs are met away from the therapist's office. After all the real role of a therapist should be to become redundant in the patient's life, not central to it!

The Human Givens approach recognises the resources nature gave us to seek out the fulfilment of these needs including:

- The ability to develop complex long term memory.
- An imagination which can allow us to focus attention away from emotions in order to problem-solve objectively.
- The ability to understand the world through metaphor - complex pattern matching.
- An 'Observing Self' the part of the individual which can take a step back and watch our own psychological and physical processes. A unique centre of awareness.
- The ability to empathise and connect with others.
- A rational mind to check out emotions.

- A dreaming brain that preserves mental and physical health by metaphorically defusing emotionally arousing introspections not acted out the previous day.

[So what works in psychotherapy?](#)

So, what research tells us is effective is brief (that is to say time limited and not endless) therapy which includes behavioural, cognitive and hypnotic therapy and, if necessary interpersonal (communication) training and practical support and help. Seeing someone as part of a wider 'system such as their family, community and work environments is also essential to truly help them.

Human beings are not flowers or purely thinking or behavioural machines or seething subconscious masses of Freudian Greek archetypes. We are an interesting blend of the behavioural, social, physical, metaphorical, cognitive and emotional. And it is to all these that a good psychotherapy will apply.

The European Therapy Studies Institute (E.T.S.I.) has developed 'Human Givens Therapy which seeks to align therapy to research and physical understanding of how the brain works socially, emotionally etc. They are interested in the 'givens' of being human and work from there, taking into account basic needs that all people share. Teaching people the skills to meet their own basic needs means that psychotherapy becomes unnecessary for them.

The philosophy of psychotherapy has finally changed, or perhaps come full circle. If observation can come before theory, then theory can perhaps become a practical basis for real help, for real people, in the real world.

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¹ Antonuccio, D.O., Danton, W.G., & DeNelsky, G.Y. (1995).
Psychotherapy versus medication for depression: Challenging the
conventional wisdom with data. *Professional Psychology: Research
and Practice*, 26, 574-585.
Barlow, D.H. (1994).

² When animals engage in repetitive behaviour such as walking on a
treadmill, serotonergic neurons increase their activity in proportion
to the speed of the activity" John Allman - 'Evolving Brains.')