Module:
Mental Health in the Community

Week 4
Psychosocial approaches to care in the community

Topic 1
Psychological approaches I: Individual therapies – Part 2 of 2

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Lecture transcript

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A completely different approach to the aetiology of behaviour and unhelpful behaviour was the one adopted by behaviourists. Now behaviourists argued that psychology should actually be the science of behaviour, not the science of mind. To the behaviourist, human behaviour has got absolutely nothing to do with internal, unconscious conflict or repression or problems with object representations. But rather, they use principles of learning theory to explain human behaviour. Now, behaviourists suggest that behaviour should be explained without making reference to mental events and all psychological processes, and the same applies to unhelpful behaviour or mental distress. Behaviourists suggest that the sources of behaviour are external, so in the environment, not internal - so not in the mind and not in the head.

Now, according to behavioural theory, human beings learn through conditioning, and they assume that human beings are born as a blank slate or a tabula rasa, and so we're all equal at birth. It is environmental factors, rather than genetic or biological differences, that makes us behave differently.

This very much represents the nurture aspects of the nature-nurture debate, nd according to behavioural reasoning, dysfunctional or unhelpful behaviours, such as phobias, depression, et cetera, are also learned. So through the use of both classical and operant conditioning, behaviourists have actually showed how a little child, such as Little Albert, can be conditioned to become fearful of very neutral stimuli. So in the classic example of Little Albert's experiment, a toddler becomes conditioned to fear a white rat, a rabbit - and that also generalises to other furry animals - by being exposed to a very loud noise at the same time as playing with one of the animals.

So behaviourists suggest that actually, abnormal behaviour develops from faulty learning, and as it is learned, it can also be unlearned. For example, in the context of depression, they argue that depression is actually caused by a combination of stressors in a person's environment and a lack of personal skills. So more specifically, the environmental stressors cause a person to receive a lower rate of positive reinforcement, and then lower-response contingent positive behaviour elicits depressive behaviours. As I said, as it is learned, it can also be unlearned. But there are no references to internal psychological processes. It's all a matter of what can be seen and what can be measured.

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Now to some, this seemed like quite a reductionist approach, and it was a fairly reductionist approach. So some other theorists actually emphasised that behaviour plays a role, but what

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really matters is the way we interpret an event. So for example, the cognitive model and cognitive therapists emphasise a process by which individuals engage in cognitive distortions, cognitive biases, and they suggest that this is the cause of mental and psychological distress.

If we think about CBT, the hot cross bun, what they say is it's not the event per se, but it's rather the meaning that an individual attributes to an event and their thoughts about it, that then will have an impact on their emotions. It will have an impact on what they perceive in the body, which, in turn, would also have an impact on their behaviour. Now, according to CBT therapists, this is all linked together so that each aspect of this cycle has an impact on the other aspect of the cycle, and they're all interconnected in what is called the vicious cycle.

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For example, if we think about one of the classic examples that CBT elicits, just imagine that you're walking down the street and you see someone that you know at the other side of the street. You wave at them, but they don't wave back, and they just walk off. Now, the meaning that you attribute to that experience will also have an impact on how you feel and the behaviour that you have. For example, if you think that the person is ignoring you deliberately, that they're upset with you, that you've done something wrong, and that they don't like you, then you're likely to actually feel quite upset, perhaps sad, rejected. Now this will have an impact on what you feel in your body. You might feel unable to concentrate on anything else. You might feel tearful. You might feel that you've got a lot of energy. And that will also have an impact on your behaviour. So you might actually go home before you meet someone else, and they reject you. You might actually withdraw, isolate from people. You might criticise yourself, if you think that you've done something wrong.

This, in turn, will have an impact, because it will reinforce the thought that other people don't like you, that you've done something wrong. Conversely, if your initial thought is, 'Oh, they didn't see me,' then what you're likely to do is you might just give them a call, or you might shout at them, and your feelings will just be of perhaps surprise. So what CBT says is what actually matters is not the situation itself, but the cognitive processes, the cognitive content that an individual goes through in order to evaluate the event.

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So what the cognitive model says is that there is an activating event and then there is a belief, which is usually associated with negative automatic thoughts or cognitive biases. Now the consequence is that an individual might feel emotionally drained, negative about themselves, negative about other people, and negative about the world, and that can have an impact on the individual's behaviour. They might isolate themselves or struggle interpersonally. So, to summarise, the CBT model says that the psychological difficulties are the results of cognitive distortions or biases.

It might be helpful to think for a minute about the cognitive biases or thinking errors, because we all experience them from time to time, especially when emotionally charged or under stress. So as we all incur in these unhelpful thinking errors, it's actually really important to acknowledge that they only become problematic when they are the default position or when they are really inflexible. Some of the most common ones are what is called mental filter, or mind reading, or catastrophising, and black and white thinking.

For example, in mental filter, individuals arguably focus exclusively on the negative aspects of a situation, forgetting about the more positive aspects. This can happen, for example, when a student focuses on one exam or one piece of work in which she did not perform as well as the others, forgetting that she's really performed extremely well on all of the others.

In mind reading, a person believes that they know what another person is thinking and that's usually about us. So for example, 'I know she doesn't like me. I really know that she doesn't like me.' That is very common. At times, we all do that.

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Then we can talk about catastrophising. Now in catastrophising, a person might actually infer a catastrophe from a mildly negative, or even from a fairly neutral initial situation. For example, that can happen in panic attacks. 'Oh, I haven't been feeling very well, recently. Oh, my heart is beating faster. I'm going to have a heart attack. I will die.'

And lastly, in black and white thinking we might get caught up in thinking in extremes. For example, someone or something is either entirely good or bad, right or wrong, rather than anything in between. So according to the CBT model, if an individual engages in these cognitive biases on a regular basis, and, as we said, if the thinking pattern is inflexible, that can lead to psychological distress. In what we would call second-wave CBT, there is really an emphasis on the content of the distortion, and the content on the cognitive bias or the distortion is actually challenged directly.

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CBT argues that there are several layers of cognition and that distortions can happen at all levels. For example, if we look at this diagram, negative automatic thoughts are the more situation-specific, the more accessible to awareness, it is the kind of talk that an individual does on a daily basis. For example, if I drop something I'll say, 'Oh, that's so clumsy of me,' and it's something that we are quite aware of.

However, if we move on to intermediate beliefs and eventually, core believes, they are much more general beliefs about ourselves, more than other people. They are much deeper and much less available to conscious awareness. Now what CBT says is there are these layers of cognition, distortions can happen at all levels. The deeper the level - the more we move from the negative automatic thoughts to the intermediate belief, to the core belief - the more deeply rooted the cognition and the more entrenched the psychological distress.

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First and second wave CBT shared the assumptions that certain cognitions, emotions, and physiological state can lead to mental distress, and the four therapeutic interventions should aim at eliminating, or at least reducing or changing them. However, third wave CBT moves away from much more content-oriented cognitive intervention and actually emphasise different forms of behaviourism. It's really difficult to talk about the third wave CBT, because it really comprises heterogeneous group of treatments, which varies from acceptance and commitment treatment, behavioural activation, dialectical behavioural therapy, mindfulness-based cognitive therapy, schema therapy, and others.

So, understandably, they have all got very different approaches to the aetiology of mental illness and very different approaches to how they would go about treating them. Now for the purpose of this lecture, we'll only look at three. We'll look at dialectical behavioural therapy. We'll look at schema therapy, and we'll look at acceptance and commitment therapy.

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The first model that we'll look at is dialectical behavioural therapy. Now, this is a cognitive behavioural approach that actually emphasises the social aspects of treatment. It was devised by Marsha Linehan to address pervasive and longstanding interpersonal difficulties that come under the umbrella of borderline personality disorder. Marcia herself suffered from severe mental illness. She was actually sectioned at the age of 17, when she was admitted into a psychiatric unit for what would probably be diagnosed as BPD, nowadays. DBT is a package of treatments: it consists of team-based interventions, group work, telephone support, one-to-one therapy.

The term 'dialectical' means a synthesis, or integration of opposites. For example, the primary dialectical within DBT is between acceptance and change: acceptance of a client's suffering, but actually insistence that the behaviour has changed. DBT therapists accept clients as they are, while they also acknowledge that they need to change in order to reach their goals. Now in terms of DBT's approach to mental distress, they have a stress model which says that psychological

disorder is the result of a disorder-specific predisposition, which lies dormant until it gets activated by environmental stressors.

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Let's look at the DBT biosocial theory of borderline personality disorder in a bit more detail. Linehan argued that BPD is the result of an emotionally vulnerable individual growing up in a particular set of environmental circumstances, which she refers to as the invalidating environment. When Marsha Linehan talks about emotional vulnerability, she refers to an individual whose autonomic nervous system reacts severely, even in fairly low levels of stress, and she speaks about an automatic nervous system that actually takes longer than normal to return to baseline once the stress is removed.

Now, when Linehan talks about invalidating environment, she refers to a situation in which the experiences of a child are invalidated. So they're really not recognised by the significant others in the child's life. According to the DBT model of BPD, an emotionally vulnerable child who lives in an invalidating environment will not have the opportunity to learn to label and understand her feelings, nor will she learn to trust her own responses to events. As a result, she might go from being emotionally inhibited in an attempt to gain acceptance, to extreme displays of emotions in order to have her feelings acknowledged.

Now this will put a lot of demands on the family, and this pattern of behaviour might actually be inadvertently reinforced by the environment, as parents might actually be more likely to respond to such presentations. So to look at this diagram, there is emotional disregulation in the child, which is due to both biological and parent's position and the environment. That places a lot of demands on the family. The behaviour is invalidated through either parents punishing it or ignoring it. There is an emotional outburst and the parents might actually attend to that, which feeds into this vicious cycle that the child would find himself in.

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The other approach that we look at is schema therapy. Schema therapy was developed by Dr Young. Again, this is also developed for pervasive, longstanding, interpersonal difficulties - chronic depression, and other difficult individual and coupled behaviours. It integrates elements of cognitive therapy, behavioural therapy, object relations, and Gestalt therapy into one unified, systematic approach to treatment. Now, Young emphasised the importance of primary attachment relationships for the development of unconditional abstract concepts that individuals develop about 'reality' in an attempt to make sense of it.

Now according to Young, all human beings strive towards connection, understanding, and growth. Now, the core emotional needs according to schema therapy are the need for secure attachment; the need for autonomy, competence, and a sense of identity; the need for freedom of expression of invalid needs and emotions; the need for spontaneity and play; and the need for limits and self-control. According to Young, a schema is defined as a broad, pervasive theme regarding oneself and one's relationship with others. It is developed throughout childhood and is elaborated throughout one's lifetime. It is dysfunctional to a certain degree.

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Schema therapy suggests the existence of up to 18 early maladaptive schemas. Due to time limitation, we will not cover all of the 18 schemas. However, the schemas have actually been grouped into five domains, according to several criteria. For example, one of the domains is the 'disconnection and rejection' domain. It has been suggested that an early, neglectful environment in which the core emotional needs of stability, understanding, and love are missing, that might foster toxic frustration of needs and the development of schemas in the 'disconnection and rejection' domain.

Instead, it has been suggested that if the early environment is too permissive and fails to

meet a child's need for limits and discipline, then schemas might develop such as those in the 'impaired limits' domain. Young also indicated that when early life experiences convey conditional acceptance, individuals might acquire 'other directness', the main schema, such as the tendency to place other people's needs, wishes, and desires before their own. Instead, if an environment is overly strict and rigid, that can inhibit a child's need for play and spontaneity, and schemas such as the ones in the 'over-vigilance and inhibition' domain might actually develop.

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The very early development of schemas means that schemas are deeply entrenched and deeply familiar, and individuals are extremely used to those schemas and so they might actually engage in distorted cognitive processes in an attempt to cope with them. So for example, individuals might overcompensate, or they might behave in opposite ways to their schemas, or they might completely surrender to their schemas.

So for example, if an individual has an abandonment schema, they might surrender to the schema and hand select a partner who cannot make a commitment and who cannot remain in the relationship. They might completely avoid intimate relationships. Or they might overcompensate - so they might really cling on to relationships to the point of pushing partners away. When working with individuals with characterological difficulties, what Young suggested is that there is simultaneous activation of up to 15 schemas at the same time, and so for this particular reason, Young also suggested the use of what he called 'modes'.

A mode has been defined as a cluster of schemas that represents, moment to moment, the emotional and behavioural states of a person at any given time. For example, when working with individuals, individuals might have 'vulnerable child' mode. They might have a 'punitive and critical' mode. They might have an 'angry and impulsive child' mode. They might have a 'healthy adult' mode. part of the work is to encourage awareness of these states and shift from less helpful modes, such as the 'dysfunctional parent' mode, to more helpful modes such as either the 'vulnerable child' mode or the 'healthy adult' mode.

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The last approach that we look at today is acceptance and commitment therapy. It was developed by Hayes and Wilson in 1994, and it's an empirically-based intervention that aimed to increase psychological flexibility using a mindfulness-based approach with behavioural change strategies - so it's a bit of a combination. Now ACT, which is acceptance and commitment therapy, takes a different approach to life from what is the traditional Western idea that human beings operate under a healthy normality.

Instead, what ACT says is that psychological processes of a normal human mind are very often destructive. So in this sense, it's quite similar to psychoanalytic ideas. Now what ACT says is that the reality is that life involves pain and there is no getting away from it. As human beings, we are all faced with the fact that sooner or later, we will grow old, sick, and we will die. Sooner or later, we will all lose valued relationships to rejection, separation, or death. Sooner or later we will all come face to face with a crisis, disappointment, or failure.

Now this means that in one form or another, we're all going to experience painful thoughts and feelings, and that is very common. However, what the models says is that evolution has shaped our minds so that we're almost inevitably destined to suffer psychologically-- to compare, evaluate, and criticise ourselves, to focus on what we're lacking, to be dissatisfied with what we have, and to imagine all sorts of frightening scenarios.

However, modern society has trapped us into believing that we should be happy, and we lead our lives ruled by many unhelpful and inaccurate beliefs about unhappiness. Now the core conception of ACT is that psychological suffering is therefore caused by experiential avoidance, cognitive entanglement, and psychological rigidity that prevents us from taking behavioural steps in accord with core values. So what ACT is saying is that rather than fight against that, human beings ought to accept and change.