Client-Centred Fundamental Change in a Non-Substance-Addicted Population

by Dr. Brian C. Bailey M.D. Ottawa, Ontario, Canada

There is a tide in the affairs of men,
Which, taken at the flood, leads on to fortune;
Omitted, all the voyage of their life
Is bound in shallows and in miseries.

On such a full sea are we now afloat;
And we must take the current when it serves,
Or lose our ventures.

William Shakespeare, Julius Caesar

This article is a companion piece for a similarly pointed article titled AcuDetox-Mediated Client-Centred Fundamental Change in a Non-Substance-Addicted Population. The article will suggest that we can get much better results as psychotherapists by realizing what we are really up against as agents of major change, and how rarely we have a true opportunity to bring such change about in the course of talking to patients in our offices. It further suggests that when we are afforded such an opportunity, it is incumbent on us to “take the current when it serves.”

I was in the midst of writing an article for members of the National Acupuncture Detoxification Association (N.A.D.A.) - a group of dedicated individuals who have had to learn to trust their experience amidst jeers from the entrenched addiction treatment community, when I remembered just how difficult it is to introduce a new notion into one’s field of expertise. Frans Johansson goes a long way to explain the resistance to change in his runaway best seller The Medici Effect. But he doesn’t stop there. Understanding the resistance is understanding the way through it. It is in this vein that I undertook to write this article.

Johansson explains that major evolutionary change, epitomized by the sudden flourishing of artistic expression at the time of the 15th century Renaissance, occurs when the ideas of two or more fields which previously developed separately meet at a friendly intersection. Such an intersection was created by the Medici family - who began to invest money in bringing diverse artistic talent together - artists meeting painters, sculptors meeting weavers and the like. The initial resistance is to an unknown artifact being introduced into a field which had, until that time, the inside track on knowledge of the field. Suddenly an interloper comes along and suggests that 1 plus 2 does not always equal 3 - and the purist mathematicians rush to the defense of the beleaguered 3. Just think, if you will, how such defensive thinking held back the concepts upon which our modern computers rely on for their very existence.

The emergence of psychoactive medications just a few decades ago, has so overtaken the field of stress relief, that today, a prescription for antidepressants or antipsychotics is written for the equivalent of every member of the population each year. This article suggests that psychopharmacy is shortsighted - and is also a demand bid to psychotherapists to get better at what we do.

Dr. Brian C. Bailey M.D. working with Daksha Patel A.D.S. provides a teaching milieu for health care practitioners interested in offering AcuDetox to non-substance-addicted clients. Web Site http://www.yclc.ca/acupuncture. You can reach us at 819–827–0561 or brian@yclc.ca
What Is Psychotherapeutic Success?

In my article which lauds the success in the addiction field of those who dared to put acupuncture pins in addicts' ears in deference to talking them out of their addiction, I state that my background as a seeker of the “talking cure” focuses my attention on whether a “therapeutic conversation” (my term) can return a client to self-reliance. For me, success is measured in term of clients who leave my office knowing that they are at the helm of their ship - and who can expect to address the turbulence ahead - with their own resources “topped up”.

It hit me at this point of my writing that I was talking here to a group of people, the students and colleagues of the Lincoln Hospital in New York’s Dr. Michael O. Smith, who have already weathered the storm of criticism for daring (and succeeding) to put pins in people’s ears to treat substance addiction. These are people who would understand that putting pins in people’s ears for depression and anxiety can be equally successful. I was struck with how difficult it would be to bridge the gap with my own colleagues - the proponents of the “talking cure.” But truly, this is a time to adapt or to become irrelevant amidst the rush to the sea of the Celexa-Prozac-Paxil lemmings.

I look back over a long career of talking to people to bring about change. And I continue to hear success stories from colleagues, the latest being psychoanalyst Dr. Norman Doidge whose The Brain That Heals Itself has stoked optimism among those pioneering clinicians who would move the field back towards nonpharmacological solutions. While I continue to support efforts to effect “the talking cure” - I have grown more interested in what happens when it succeeds.
But before entering the “what happens” conversation, let me be very clear that studies have shown that “something positive” happens in 40% of recipients. Most studies have shown that even those who take psychoactive medications and undergo concomitant psychotherapy are 50% more likely to have successful outcomes than those who take psychoactive medication alone (60% vs. 40% success’ . ) The same studies report that depression recurs in 75% of patients, and that recurrence is less in those who undergo concomitant psychotherapy.

What Do Our Clients Need?

One of the favourite catch phrases in the field of psychotherapy today is the term “therapeutic alliance” - as it has been well demonstrated that when there is a felt sense of synchrony between patient and therapist, the outcomes increase.

Several scales have been developed to assess the patient-professional relationship in therapy, including the Working Alliance Inventory (WAI) 2, the Barrett-Lennard Relationship Inventory3 and the California Psychotherapy Alliance Scales (CALPAS)4. The Scale To Assess Relationships (STAR) was specifically developed to measure the therapeutic relationship in community psychiatry, or within care in the community settings5. Suffice it to say that “what happens” in a successful therapeutic encounter is that the therapist feels more like a colleague to the patient, and less like a topdown expert, prescribing behaviour from above.

The danger of the “therapeutic alliance” is that a relationship based on true empathy, while desirable and workable, can also be a relationship fraught with enablement - much like an empathic spouse can be the source of continued drinking on the part of an alcohol-addicted client. Even prolonging the therapeutic alliance past the point where skills have been acquired and are now the responsibility of the client to implement in everyday life, can turn a positive development into a therapeutic impasse.

We have yet to address what the client needs from the therapeutic alliance apart from cooperation-enlisting rapport, and this, in my experience is the crux of the argument that psychotherapists are well advised to look further afoot from their training, learning from their own needs in terms of pursuing a full life. When we look here we see that all humans, not just those who suffer, are intragendently beset with patterned behaviour.

Virginia Montgomery Boney, LMHC, NCC ; Psychotherapy: Primary Care Providers =Partner in Treating Depression
Herbert C. Schulberg, Ph.D., Paul A. Pilkonis, Ph.D., and graduate student Patricia Houck, MS, of the University of Pittsburgh School of Medicine
Jay Lebow :A Look at the Evidence –Top 10 research findings of the last 25 years
http://www.innovationtools.com/Articles/BookReviewDetails.asp?a=159
What Is The Nature of Patterned-in Behaviour?

Decades ago, Neofreudian depth psychologists - Fairbairn, Kernberg, Klein and Kohut\(^6\) described behavioural patterns originating in infancy and persisting into adult life which they called "object relations triads." These patterned-in or repetitive behavioural clusters are seen as attempts to isolate positive feelings about the caregiver parent from negative one’s which occur when the infant’s needs are frustrated. Here, (once again in all humans) is the creation of an intrapsychic structure which dictates how we will see those with (apparently) more power than us (the “object”), how we see ourselves in powerless situations and (to complete the “triad”) a characteristic negative emotion which attaches itself to these images at a very early age.

While the authors mentioned could not agree on the details of “object relations triads” it is very easy to demonstrate their persistence into adult life in each and every human being - not just those whose stress levels are high. In any situation in which three people are having a conversation, each conversant will from time to time experience himself/herself as the “odd man out” (excuse the sexist term).

Characteristically, the “odd man out phenomenon” is met with a misperception of one or both of the others as powerful, one’s self as powerless, and the arising of an emotion - whether anger, fear, resignation - but always the same emotion.

The reader can easily test this out. The result is a loss of one’s autonomy in the form of objectifying the other and a defensive posturing which precludes being “in the present moment.” If one becomes aware of this happening, the awareness dawns as “I lost it!” - but awareness after the fact does nothing to keep it from recurring - even a moment later. Nor does psychotherapeutic insight blunt it.

Autonomy, the felt sense of one’s “selfhood” is the quest of all therapy - and it has led to Jack Kornfield, Joseph Goldstein and Jon Kabat-Zinn’s therapeutic “training” of individuals to practice “mindfulness” - or a return to the present moment when one has become embroiled in “object relations.”

Such a "return to autonomy” is the healthy phenomenon which can be seen (Page 2) as the impetus to the psychotherapy client being able to leave therapy, with a skill which will serve in the future, and a confidence of being “at the helm of one’s own ship.” Surely, this is the highest goal of all psychotherapy.


Another Route To Mindfulness

If *mindfulness* is the legitimate goal of all effective therapy, it serves us well as psychotherapists to recognize those situations in which it arises where enlisting the client’s cooperation or striking a “*therapeutic alliance*” are more difficult - or, in some instances - simply not in play.

Nowhere have I seen such a mindfulness opportunity arise as powerfully as with Michael O. Smith’s so-called NADA Protocol (*AcuDetox*). Here, substance-addicted patients, often with little incentive to move past the addiction, are “treated” with ear acupuncture - during which the administrators are cautioned not to strike up a "*therapeutic alliance.*” Any yet, both addiction and the patterns which underlie it “melt away” (my term).

In the words of its administrators:

- **AcuDetox** treatment helps you become relaxed and more comfortable with your own thoughts, letting go of tensions and apprehensions, and the experience teaches you personal skills which help you in counseling, groups, and other challenges. This treatment supports quiet participation in a group with others who are involved in recovery. You will learn to develop your own space or comfort zone.
- The treatment is simple and effective. You don’t have to like it or believe that it works for it to be effective. The pins do their job. AcuDetox enhances other program components. The more frequent the sessions, the more benefit you will notice.

Of course, seeing is believing, and those who have eyes to see are well advised to spend two weeks at Smith’s clinics at New York’s *Lincoln Hospital* or to be the recipient of AcuDetox oneself to bridge the gap of belief.

The Barriers To Belief

Let’s not be unrealistic here. I was attending a program on creativity several years ago when the instructor asked each of us the question “*Why don’t we change our beliefs - even when we want to?*” After fielding several answers, he commented “*Whatever your answer it comes down to the fact that we don’t change beliefs easily because we are sane. Our sanity protects us from jumping from one belief to another. Thus, if we want to change beliefs, to engage the creative process, we must experiment, and see with our own eyes what we now believe.*” Frankly, no one will change their belief by reading - but by trying it on.

---

8 see AcuDetox - http://www.columbiaaddictions.com/acudetox.html
9 see http://acudetox.com/index.php?page_name=about
Opportunities For Successful Psychotherapy With AcuDetox

As I have reported in some detail elsewhere (AcuDetox-Mediated Client-Centred Fundamental Change in a Non-Substance-Addicted Population.*) three weeks (or more) of AcuDetox, 15 or more sessions in all, creates an opening to “being present” to one’s life which is similar if not identical to the results reported by Dr. Michael O. Smith and his colleagues in a substance-addicted population. Here we see the Medici Effect in full play - with the cross-fertilization of two fields which ordinarily would not comfortably intersect.

Many or most of our AcuDetox clients appear at our doors as a “port of last call.” They are clients who, on account of physical illness, do not have sufficient levels of neurotransmitters to benefit from psychopharmacology. Many have had trials of various psychoactive agents with either little success or excessive side effects. Others are “stuck” in the process of psychotherapy - unable to move forward. Still others, more recently, appear because someone they know has inexplicably changed for the better.

I like the term “inexplicably” because none of our clients are engaged in in-depth psychotherapy while receiving or after AcuDetox. Yes, assuredly there is work to be done with many of these clients, but we still follow Smith’s interdiction not to intervene with them during the process they are undergoing. Six out of ten will require only that they see and recognize those opportunities to be present. They will be able, immediately or soon after treatment, to engage in situations where their “object relations triads” pop up again - whereupon they “become present” to themselves. With persistence, object relations cease to be a problem to them. These people now have the wherewithal to live their lives in this mode.

The four out of ten who do not immediately get the benefit are rarely failures of the process, if they will persist with some direction to enculture the process of “being present.” Those who choose to administer AcuDetox, must themselves be sufficiently “present” to what is occurring here, to direct these folks to real life experiences where they can gain what their colleagues have twigged to.

Some of those who don’t immediately become self-reliant, simply can’t see yet that they are responding differently to situations where their object relations triads sent them down a road to false autonomy. I am reminded of the lady who simply avoided public events so that she would be comfortable. Now she was comfortable but going out more. Nothing had changed, except that she was now in the world - not withdrawn from it.

Others get a new way of manifesting themselves in the world - but they don’t like it - or consider it to be too dangerous to pursue. Here I am reminded of an excessively angry woman, who found herself being gentle and allowing. This did not fit with her self image - so she moved to block it.

All in all, the process of psychotherapy need not be dragged out indefinitely. For each, there is one thing, if they were to engage it fully, which would free them. The psychotherapeutic process is engaged by finding what this is, and with providing acceptable experiments which will lead to enlightened beliefs. In this way, a method, in this case AcuDetox, has been found to spur “new learning” and it is left to its administrators to expose clients to new learning opportunities.

* See: http://www.yclc.ca/acupuncture