

## **Human givens psychotherapy**

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### **Abstract:**

There is a profusion of psychotherapy models, most of them formulated in the west, confusing both those seeking and those striving to give help. The human givens approach seeks to integrate the effective ingredients of all therapies using as its organising idea what human beings need in order to live healthy lives. As such it will have a universal appeal, in keeping with the increasing recognition that individuals and societies have much more in common than their relatively superficial cultural differences would indicate.

Estimates vary but there are at least 400 different 'therapy' models on offer throughout the world<sup>26</sup>, which indicates the general lack of shared perceptions about how best to help people. This situation is clearly chaotic and bewildering for all concerned: members of the general public seeking help and those sincerely trying to help them. In an attempt to resolve this confusing state of affairs members of European Therapy Studies Institute (ETSI) set about looking again at the evidence for what we, in all schools of psychotherapy, think we know. This was inspired by the common sense idea that therapy always works best when it operates, not from an ideologically committed standpoint, but from a real understanding of what it is to be a human being.

This, the 'human givens' approach, draws its power from observation, research, clinical experience, the neurobiological and psychological sciences as well as our collected heritage of wisdom gathered from many cultures down the ages. It says that, to be effective, a

psychotherapist has to be aware, not only of the basic physical and emotional needs programmed into us by our genes, but also of the nature of the resources endowed to us to get those needs met in the environment. These needs and resources together comprise the 'human givens'. When needs are met well, we have a sense of purpose, achievement and a depth of understanding about our life. This promotes mental health. In the same way when we use our innate resources well we feel we are living to the full but if we misuse them we suffer and become prone to mental illness. We can list some of the main emotional needs, along with some of the resources, as follows:

Emotional needs include:

- Security - safe territory and the room to fulfil their potential
- Autonomy and control
- The need for attention (to give and receive it)
- Friendship
- Intimacy
- A sense of status within social groupings

- Being part of a wider community
- A sense of achievement
- The need for meaning - (which comes from being stretched, but not stressed)

The resources nature gave us include:

- The ability to develop complex long term memory
- Imagination which can allow us to envisage solutions to our problems and to understand other perspectives
- The ability to understand the world through metaphor - complex pattern matching
- An observing self - that part of us that can step back, be more objective and recognise itself as a unique centre of awareness
- The ability to empathise and connect with others
- Consciousness which enables us to question, analyse, learn and enriches our unconscious knowledge base
- A dreaming brain that preserves the integrity of our genetic inheritance by metaphorically defusing emotionally arousing introspections not acted out the previous day.

Just as the givens of human nature are interconnected and interact with one another, allowing us to live together as many-faceted individuals, it seems that different therapy approaches also need to interact if they are to be capable of addressing the different elements of who and what we are.

Sigmund Freud's psychoanalytical therapy, at the beginning of the 20th century, drew the attention of the Western world to the ancient insight that many of our everyday behaviours are

largely controlled by unconscious processes. It then went too far in laying the blame for all difficulties to the "internal world" without due attention to the social world that individuals actually live in. Behaviour therapy also contained a profound insight - that changing behaviour often helped people resolve problems. When any therapist clearly targets the elimination of behaviours that are stopping a person's needs being met they are bound to have success. Encouraging depressed people to get more physically and socially active, for example, leaves them with less time to negatively introspect. Unfortunately behaviourism swelled into a total philosophy of there's no such thing as mind, you are your behaviour and nothing else. It undermined values and meaning in life and took away people's personal autonomy<sup>19</sup>.

We then had the growth of client centred therapy - active listening - developed by Carl Rogers nearly 60 years ago. His idea was that, if you truly listen to somebody with a problem, and let them know that you are really listening, by feeding back your understanding of what their problem is, you are delivering very powerful therapy. Now there is some truth in this. Patients do need to have their story heard in a respectful, non-judgemental atmosphere. Sometimes when a person is temporarily emotionally overloaded, just to have their story heard in a supportive way is all that is required for them to calm down, get a bigger perspective on their life situation and chart a way forward. But, active listening expanded into a philosophy which said: all anybody

needs is for someone to really listen to them and a 'self-actualising principle' inside them will then manifest itself and sort all their problems out<sup>31</sup>. This is often not the case as experience shows. For example, you can listen to somebody with depression for days on end and they may still not come out of it, in fact they may become more deeply depressed. Most people who come for help need more than support. The help they need may involve social skills training, learning anxiety or anger management skills, getting help with an addiction, or being de-traumatised from terrible past experiences that are influencing their present behaviour.

The currently popular approach, cognitive therapy is based on the straightforward idea that, if we can get people to use their rational mind and question the evidence for their damaging negative belief systems, they can change. Helping people to make more realistic assessments of their life is powerfully effective, especially if they suffer from depression or anxiety. The drawback is that it focuses primarily on the rational aspect of the human mind. We could equally accurately say that problems are caused by a misuse of imagination and that a solution is to help people use their imagination more effectively<sup>37</sup>.

Solution-focused therapy originated in the 1980's and has proved beyond doubt that it is possible to treat many people far quicker than was previously assumed. By using scaling, for example, it stimulates emotionally disturbed people to access their left neo-cortex and thereby gain control over the emotional excitation

manifesting in their right cortex. And, by looking for and using patient's strengths and resources, helps them to focus on how things could be different. However, applying such a methodology to a depressed person, for example, would not work if the person is depressed because of PTSD, social phobia or lack of social skills. If a person is disturbed because they don't know how to get their fundamental emotional needs met in the world they need more direction and help than this<sup>12</sup>. Many people who have worked with CBT, person centred or solution-focused models are attracted to the Human Givens approach because it gives them a solid framework of understanding of why some things they have been doing were more successful than others. The most resistance to it has come from those working with a psychoanalytical perspective who are of the opinion that the human givens approach only deals with symptoms, not the underlying problems. But research and experience does not support them. When time is spent digging up everything you can remember of what went wrong in your life, and exploring problematic past relationships in an effort to 'understand', it does not improve confidence or give you the skills to deal with life today.

So what is effective therapy? Until the 1970s studies seemed to find that all therapies were roughly as good or bad as each other at solving human problems<sup>24</sup>. This was because, for the most part, therapists were rating their own effectiveness. More careful research has

overturned that view. We now know that certain approaches are hugely effective in helping people and others much less so - some are even harmful. For example, when many hundreds of efficacy studies were looked at together, in a meta-analysis, brief therapy with a problem solving focus was proved more effective for the treatment of anxiety disorders, depression, phobias, trauma and addictive behaviour than any long-term psycho analytic style of therapy or drug treatments<sup>4,32</sup>.

The difficulty with all the above mentioned schools of therapy is that they were formed before the huge upsurge in information about brain functioning that has become available to us in the last five years or so, due, in part, to massive technological advances but also to some major new scientific insights. The cognitive model was first formulated some decades ago. While it signified a brilliant step forward in therapeutic treatment methods at the time (psychodynamic therapy was the predominant model then), it is clearly not in alignment with what we now know about how the mind/body system works. Many patients find it difficult (due to their emotionally arousal making it hard for them to concentrate) and drop out disappointed. By understanding the thinking behind the cognitive model we can see the importance of the new knowledge more clearly. Albert Ellis, the originator of rational emotive behaviour therapy, the first form of cognitive therapy, set out the structure of his 'thoughts cause emotional consequences' idea in his ABC model. A stands for the

activating agent, the trigger event or stimulus in the environment that we are going to react to. B stands for the beliefs or thoughts we have about that event. C stands for the emotional consequences of those thoughts. So, the reasoning goes, something happens, we interpret it through our thoughts and core beliefs, and we have an emotion. In other words our beliefs and thoughts give rise to our emotions. The cognitive model states simply that if we change our patients' thoughts and irrational beliefs, "shift their perceptions from those that are unrealistic and harmful to those that are more rational and useful", then we will improve their emotional lives<sup>8</sup>.

Another pioneer in this field was Aaron Beck, who founded cognitive restructuring therapy. He concentrated primarily upon classifying and identifying what he regarded as the thought distortions that gave rise to all psychological disorders<sup>1</sup>. Over the decades cognitive therapists have continued to add to and further refine these thought styles and belief systems, which include, for instance, catastrophic thinking, overgeneralisation, personalising, sensationalising, fault-finding, 'musterbation', nominalising, self-righteousness and disqualifying positive life experiences<sup>25</sup>. We can see that most, if not all, of these thought distortions have one thing in common. They are all sub-categories of the black and white, polarised thinking style - fight or flight - that originates in the emotional brain. This key insight is missing from cognitive therapy. Ellis, Beck and other

writers on cognitive approaches state or imply in their writings that, when problems occur, it is thinking that is defective. We would say that this is less helpful than it might be, since thinking driven by the emotional brain is always all or nothing, black or white, fight or flight. The more emotionally aroused the brain becomes, the more it reverts to the primitive logic of either/or thinking.

The weakness in cognitive therapy is the idea that it is always thought that causes emotion. Their methods work sometimes because there is an important connection between thought and emotion (and because cognitive therapists don't concentrate on the past but on concrete difficulties experienced in the here and now, which is the key to solving problems). But, by focusing on the idea that irrational thinking causes emotional disturbance, cognitive therapists are less likely to be as effective as those who look at their clients from the perspective of the human givens, which takes into account as much current knowledge about the way the brain works as possible. We are all more likely to get better results with our patients if our therapeutic techniques accurately model how the brain really works. What follows is an updating of the old cognitive ABC model with the latest neurological findings of how emotion and thought are connected.

### **The APET model**

The A in APET stands for the activating agent, a stimulus from the environment, just as in the cognitive model. Information about that stimulus, taken in

through our senses, is first pattern-matched by the brain for significance to innate knowledge and past learning, hence the P, which in turn gives rise to an emotion, E, which in turn may inspire certain thoughts T, though thought is not an inevitable consequence of emotional arousal<sup>15</sup>. This is a model that is much more in tune with reality. It can not only help therapists, but throws light on numerous other phenomena: how we recognise an old friend we haven't seen for twenty years; why are there not millions more car crashes every day as motorised populations around the world negotiate complex urban road systems at speed; how a farmer knows exactly the right moment to begin harvesting; how we learn; why placebos work; what happens in our minds when we start to laugh before something funny happens; in what subtle way does a craftsman know when his work of fine art is complete; how we pick up what someone else is feeling, and why we sometimes feel anxious without a conscious reason for it.

### **The importance of perception**

The active ingredient in effective psychotherapy always centres around meaning - changing the meaning of something is what effective counsellors do. The APET model is about the order of events in the way the brain perceives meaning and reacts to what it perceives. Perception, and the way we react to our perceptions, depends on the brain's ability to pattern match to innate and learned knowledge. The inborn patterns - templates - are so fundamental that no

reality can exist without nature presetting them into organisms in the first place. Although we talk about pattern matching, in a way it is more accurate to talk about pattern perception. This is because it is not so much that we actually hold a template and seek the match of it, we actually perceive reality through the template. In other words, what we perceive are the meanings that we attribute to certain stimuli<sup>16</sup>. This was demonstrated startlingly clearly in cases where cataracts were removed from people blind from birth. Arthur Zajonc describes the outcome of one such operation: "In 1910, the surgeons Moreau and LePrince wrote about their successful operation on an eight-year-old boy who had been blind since birth because of cataracts. Following the operation, they were anxious to discover how well the child could see. When the boy's eyes were healed, they removed the bandages. Waving a hand in front of the child's physically perfect eyes, they asked him what he saw. He replied weakly, 'I don't know.' 'Don't you see it moving?' they asked. 'I don't know,' was his only reply. The boy's eyes were clearly not following the slowly moving hand. What he saw was only a varying brightness in front of him. He was then allowed to touch the hand as it began to move; he cried out in a voice of triumph: 'It's moving!' He could feel it move, and even, as he said, 'hear it move,' but he still needed laboriously to learn to see it move. Light and eyes were not enough to grant him sight. Passing through the now-clear black pupil of the child's eye, that first light called forth no echoing

image from within. The child's sight began as a hollow, silent, dark and frightening kind of seeing. The light of day beckoned, but no light of mind replied within the boy's anxious, open eyes. "The lights of nature and of mind entwine within the eye and call forth vision. Yet separately, each light is mysterious and dark. Even the brightest light can escape our sight"<sup>39</sup>. So, for everything we become aware of, there is a pre-existing, partially completed, inner template, innate or learned, through which we literally organise the incoming stimuli and complete it in a way that gives it meaning. These metaphorical templates are the basis of all animal and human perception. Without them no world would exist for us. They organise our reality. With this understanding we can see how crucial meaning is when helping people who are using inappropriate patterns through which to understand their reality. Obviously if attention is kept locked by strong emotions of depression, anxiety, or anger that frames the meaning of life for us, then the pattern needs adjusting closer to reality. If a person has a mental template that the world owes them a living, for example, they need an input to correct that, otherwise they will always see their interactions with other people through this parasitic viewpoint and fall foul of the people around them. Likewise, someone who idealises the opposite sex is doomed to disappointment until a more realistic template is set in place. Patterns of perception in our brain always seek completion in the environment and each perception is 'tagged' with emotion.

Emotions are feelings which create distinctive psychobiological states, a propensity for action and simplified thinking styles<sup>11</sup>. They originate in the limbic system and it is here and in the thalamus that all basic patterns are stored<sup>22</sup>. This system is continually on the lookout for physical danger, monitoring information coming through our senses from the environment. It does all this prior to consciousness. There is an emergency short cut or fast track in the brain which signals potential threat received by our senses via the amygdala, before they reach the neocortex, the 'thinking' brain. This allows the 'emotional' brain to respond instantly to threat by triggering the 'fight or flight' reflex, and happens before the conscious brain knows anything about it<sup>21</sup>. In other words, we unconsciously interpret each stimulus in terms of "Does it represent a danger, or is it safe?" Perhaps even more fundamentally, "Is this something I can eat, or is it something that can eat me?" or, "Is it something I can approach or something I should get away from?" The conscious mind is presented with the end result of this analysis - what the emotional brain considers the significant highlights.

The information that comes into conscious awareness arrives up to half a second after the reality has been experienced unconsciously<sup>23</sup>. In other words, human beings experience conscious reality after it has actually occurred. It is what happens in that half second that is significant. Information, processed subconsciously at enormous speed, is compared to patterns already

existing in the brain derived from previous experiences. On this basis the emotional brain decides whether what is happening now is threatening or non-threatening. Only after this filtering process has occurred is information sent 'up', if necessary, into consciousness. Our perceptions are always accompanied by emotions, ranging from very subtle to extremely strong. Emotions exist at a stage prior to language. They are the only language available to the subconscious mind for communicating the significance of patterns. It is the emotions that propel the higher cortex towards deciding an appropriate reaction to a particular situation. We become conscious of a feeling of anxiety, distrust, anger or attraction, and the higher neocortex then has the choice either of going along with it, or questioning it. That is when thoughts come into play.

In summary, if an emotion is strong, the signal will take the fast track route and trigger a response before the neocortex has had time to get involved. This is what happens when someone suddenly feels anxiety in a dark alley and runs away from a possible attacker in the shadows. It is also what happens in non-emergency situations which certain individuals respond to stimuli as if they were emergencies because they haven't learned to adjust an inappropriate pattern from the past: for instance, when aggressive men automatically hit out at others before they have even had time to think what they are doing and why. When the emotional arousal isn't quite so strong, the information can take the 'slow' track which involves the neocortex. In such

circumstances, in the dark alley, it is the neocortex which may decide that the shadows are in fact empty and that the feelings and thoughts which they have prompted need modifying. At this point the conscious mind is acting as part of a feedback loop to the pattern-matching part of the mind, sending the message, "I think this pattern needs adjustment. I'm imagining things. Calm down." It is the job of the conscious mind to discriminate, fill in the detail and offer a more intelligent analysis of the patterns offered up to it by the emotional brain. The 'either/or' logic of the emotional brain is its most basic pattern - one that goes right the way back to earliest life forms, unicellular creatures - and this, crucially, is the foundation on which much of our behaviour and thinking rests. The fact that all emotions operate from a binary, black and white, good or bad, perspective has had huge consequences for human evolution and history. The emotional brain is necessarily crude in its perceptions and the degree to which the fight or flight reflex is activated is the degree to which our thinking becomes polarised - more black or more white. When the emotional temperature rises, the emotional brain 'hijacks' (to use Daniel Goleman's memorable term) the higher, more recently evolved, cortex and quickly begins to blank out the more subtle distinctions between individual stimuli. When one is in danger of losing one's life, the ability to make fine discriminations must be shut off, so that we can act, promptly and instinctively, to take strong self preservative action. So,

with emotional arousal there is only a right or a wrong, all or nothing, black or white perception. Everything operates out of these two extremes. As the old saying goes, "The coarse drives out the fine." Or, to put it more colloquially, high emotional arousal makes us stupid. The higher neo-cortex evolved partly as a means to discriminate the thousands of shades of grey that exist between black and white. It has the capacity to modulate emotional responses - stand back and explore subtle implications and complexities, look at bigger contexts, analyse - but to do that it has to be able to interact with the emotional brain, which is only possible if the emotional brain isn't too highly aroused.

We all know it is impossible to communicate normally with people who are too highly aroused. This is because, in their aroused state, they cannot process data contradictory to their black and white thinking. They cannot give attention to another viewpoint. The best tactic when trying to communicate with a highly aroused person is to buy time and do whatever is necessary to bring their arousal level down first. Those counsellors and psychotherapists who recognise that people suffering with emotional problems are locked into a restricted view of reality know that their key role is to open up that view. An effective counsellor has the skills to disempower the strong emotional templates that 'lock' their clients into disabling viewpoints and help them access more helpful ones so that they can operate out of a bigger pattern. This is known as reframing.

### **Three vital principles**

From what is known so far about brain function, we suggest that we can draw out three principles that are vital for therapists to understand:

- The brain works principally through an infinitely rich pattern-matching process.
- Emotion comes before thought - all perceptions and all thought is 'tagged' with emotion
- The higher the emotional arousal, the more primitive the emotional/mental pattern that is engaged.

By studying therapy models with these fundamental principles in mind, we can more easily see their strengths and weaknesses. Any therapy that encourages emotional introspection, for example, is unlikely to be helpful for most common problems. This explains why efficacy studies repeatedly show that psychodynamic and person centred approaches to treating depression or anxiety tend to prolong or worsen the condition while any form of therapy which focuses on distraction will lift it<sup>3,4</sup>.

That there is emotional accompaniment to all perceptions may not seem obvious. However, when the emotional accompaniment is not there it stands out in bizarre ways. For example, Capgras' syndrome, which may result from brain damage to connections between the temporal lobes and the amygdala, has the effect of making sufferers think that people they love and care about are impostors<sup>20</sup>. Although the parts of the brain that pattern match and recognise familiar people are still working, the damage prevents the integration of all of

the emotional associations, feelings and meanings associated with, for instance, one's parents or spouse. These don't get activated and, in the absence of such feelings, the person's brain jumps to the conclusion: "This person can't be my father/mother/husband/wife!" Normally people don't give a second thought to the feelings that accompany seeing their parents or partners because the brain accepts those feelings as normal, and doesn't bring them into consciousness. All unremarkable emotions are neutralised in this way - a fact that makes the phenomenon difficult to observe until an exception demonstrates it, as with this particular type of brain damage. People with Capgras' syndrome are severely disabled by the ensuing lack of emotional connection to their perceptions.

### **Using the APET model**

Using the APET approach (activating stimulus processed through the pattern-matching part of the mind, giving rise to emotion, giving rise to thought) provides many more points of intervention than simply helping clients to challenge their belief systems directly, as in cognitive therapy. Human givens therapists are acutely aware, for example, of how influencing the activating agent, the A in APET, can dramatically improve people's lives. If someone is depressed because they are being bullied at work, they can be encouraged to think about practical options to alter the situation - perhaps even, in extreme cases, changing jobs.

The principle of changing the activating agent can also be seen at work in a social context. For example, in New York in

1980 a remarkable project to clean up the city's subway system got under way in the belief that the impetus to engage in certain kinds of antisocial behaviour comes not from particular types of people but from the nature of the environment. Billions of dollars were invested in cleaning and rebuilding the subway stations, and removing all graffiti from trains or replacing trains that were beyond recovery with shiny new, clean ones. The instant any graffiti appeared on a surface it was removed. If a train was defaced it was taken out of service and returned to its pristine state. Within six years the clean-up was complete. When a signal goes out from the environment that 'this is not a place to behave in a criminal way', the brain pattern to behave antisocially is not elicited<sup>10</sup>. In other words, the activating agent had been changed.

Human givens therapists are also aware of the pattern-matching process in the linguistic phenomenon known as nominalization, when an abstract noun is produced by taking a verb or adjective and turning it into a noun<sup>2</sup>. A politician might change the verb to modernise into the noun modernisation. He will then say things like "what we need is modernisation", as though modernisation were something concrete that you could buy, see or touch. These are words that hypnotise both the listener and the speaker because, to make sense of them, you have to go on an inner search to find a pattern-match to what they mean to you ... because they always mean something different to whoever hears them. Examples of negative abstractions -

words and phrases - include: black cloud, evil, misery, despair, depression, worthless, useless, hopeless, anger, fear, gloom, low self-esteem. If therapists are not aware of the pattern-matching process in themselves, such words can lead them to identify closely with the misery of their clients. The way to deal with such words is to turn them back into the process from which they came. When a patient says, for example, "I have all this anger in me," the therapist should respond by saying, "what exactly is making you angry. People don't have anger in them, like blood, they become angry because something has upset them."

Examples of positive nominalizations include: happiness, love, creativity, integrate, resources, joy, insight, power, awareness, spirit, truth, beauty, consciousness, enlightenment, possibilities. Although these words are typically used by advertisers, gurus and politicians to manipulate people, many of them can be knowingly used to send patients on a constructive, useful, inner search to help them access more useful patterns of behaviour. It can have a powerful therapeutic effect to say to someone something like, "after listening to you I know that you have many strengths and resources that you can bring to your situation which, coupled with your integrity and creativity, can open up new possibilities that provide the help you need and transform things for you."

Thought patterns can be changed directly and consciously as in cognitive therapy. But, when a person is highly emotionally

aroused, it is far more effective to calm down their emotions first so that the neo-cortex can function more intelligently. They can then be given the information they need, either directly or through metaphor, to help them see their situation from multiple viewpoints. What is happening in effect is that they are learning to employ a finer, more discriminating pattern - a more accurate representation of reality.

The APET model integrates metaphor therapy and storytelling. When a more useful metaphorical pattern is offered to clients, they have the capacity, through the brain's own pattern matching process, to decipher the metaphor for themselves, with the result that their solution is 'owned' by them rather than imposed on them by the therapist. Because it is the clients themselves who have made the connection, the connections are all the more 'hard-wired' and more firmly established. The method also enables rapport to be maintained because, if a client doesn't feel that a particular story or metaphor is relevant to them, they can just let it go past them, without feeling they have rejected 'advice' from the therapist. (Often, however, the meaning of a pertinent story will penetrate at a later date.)

Reframing, widely recognised as a core skill in effective therapy, works in the same way. All human development involves reframing whereby we learn to see another, larger, aspect or dimension to a situation. A reframe replaces a pattern that has become deficient in useful relevance and offers up a richer, more appropriate one that opens up the

models of reality in our brains so that we can see new possibilities that we hadn't previously realised were there. When someone unconsciously assumes that their way of perceiving reality is the only way, then a major shift can occur when another view is unexpectedly demonstrated to them. After such a reframe it is virtually impossible to maintain the problem behaviour in the same way.

As well as providing an organic basis for understanding and integrating the active ingredients within the more potent therapeutic methodologies used today, the APET model also provides a clear theoretical understanding of why certain psychological conditions arise. With this understanding we can look afresh at such debilitating conditions and see how they could be better treated.

**Anxiety disorders** - A panic attack, for example, is the inappropriate setting off of the fight or flight reflex, the emergency reaction that prepares the body to deal with physical danger. Nowadays most of us are rarely in the presence of life-threatening events and yet that doesn't stop many people experiencing panic attacks, usually resulting from a progressive rise in background stress levels until the point where one more stress - the straw that breaks the camel's back - sets off the alarm reaction triggering the fight or flight reflex. When this first occurs, not surprisingly people don't understand what's happening to them, why their heart is pounding, why they are sweating, why their breathing is accelerated, and so

they jump to the alarming conclusion that something must be seriously amiss with their body. This causes a further rise in the alarm reaction, a further release of adrenaline, and even more intensified panic symptoms. When we experience extreme alarm during a panic attack the brain, naturally enough, is desperately scanning the environment to find out where the threat to its survival - as the amygdala sees it - might be. Not surprisingly, in many people, an association is made with an element in the environment where the panic attack occurs. If it first occurs in a supermarket, for example, the emotional imprint may lead an individual to avoid supermarkets in future, even though the panic attack was caused not by the supermarket but by raised stress levels. Once the faulty association has been made, the fight or flight response will continue to fire off every so often, pattern matching to any environment that has similar elements in it to that of the supermarket: a post office, a bank, anywhere with bright lights or crowds or queues. People thus affected may then progressively avoid all these places and gradually the noose of agoraphobia grips them, hindering their interaction with life itself. In the worst cases, they become confined to home, terrified of the outside world. A combination of relaxation, behavioural therapy and cognitive therapy is useful in treating this condition. Sufferers are taught to calm themselves down and progressively re-engage with life. It can take many sessions of therapy and practice. This whole process, however, is accelerated if we first de-traumatise

(using the 'fast phobia cure' – see below) the memories of their most frightening panic attacks. As a result the brain will cease to pattern match in a destructive way when they enter each new, previously frightening, situation. Once the disabling emotional memories are processed, people can progress more rapidly through the situations that they had previously been avoiding. This same technique is used by human givens counsellors to deal with severe phobic responses.

**Post Traumatic Stress Disorder (PTSD)** - With the understanding that people can suffer long-term traumatisation if the imprint of a life-threatening event is embedded in the amygdala - which continually scans the environment, pattern matching to anything similar to elements of that event - we can use psychological techniques to remove the imprint and 'convince' the amygdala that the imprinted template is no longer necessary for survival. One of the little acknowledged breakthroughs in psychotherapy in recent times has been the development of an effective and relatively painless way of doing just that. The technique, now commonly called the fast phobia cure, evolved out of the technique promoted by Richard Bandler, one of the co-founders of Neurolinguistic Programming (NLP). He, in turn, was inspired by observing the renowned psychiatrist and hypnotherapist Milton H. Erickson de-traumatise people. The method is variously known as the fast phobia cure (because it is most often used by hypnotherapists for curing

phobias), the 'rewind technique' (which is the name preferred by clinical psychologists) and, by those who practise NLP, the V/K dissociation technique (the V stands for visual and the K for kinaesthetic - feelings). By discovering the psychobiological explanation for why it works the ETSI research group was able to refine and streamline the technique to make it easier to teach and carry out. Clinical experience shows it works reliably with very many cases of post-traumatic stress disorder and phobia, but until 2001 there was no satisfactory published explanation for why it works<sup>17</sup>. What this technique achieves, when employed by a competent practitioner, is the taking of a traumatic memory and turning it into an ordinary memory. This is done by bringing the client's observing self into play while keeping them at a low level of arousal. The observing self is enabled to view the troubling pattern of memory and, using the neural connections between the limbic system, (where the trauma is 'trapped' or 'imprinted'), and the neo-cortex, reframe it as no longer being an active threat to the person. This is an artificial way of doing what nature does with all learning (another process that is a human given). All of us have memories of events that were emotionally arousing or even life threatening at the time, which we can now look back on and tell an amusing anecdote about. Those memories have moved out of the amygdala's traumatic store, so-to-speak, into ordinary functioning memory.

### **Obsessive compulsive disorder (OCD)**

- OCD can take many forms but is most often seen in repeated washing and checking behaviours. Some people have a propensity to develop this disorder in response to raised stress levels, which may be due to anything from physical illness, a fright, not getting enough sleep to business worries, a relationship breakdown or stress around examinations<sup>38</sup>. OCD is a complex neuro-psychiatric process characterised by a homogenous core of three main symptoms:

1. intrusive, forceful and repetitive thoughts, images, or sounds
2. an imperative need to perform motor or mental acts
3. doubt or chronic questioning about major or minor matters.

Sufferers of OCD may be, in effect, responding to post hypnotic suggestions implanted accidentally by environmental factors - they lose track of time and forget how long they have been performing the obsessive behaviour, or whether they even have, and so start all over again. Losing track of time and amnesia are common hypnotic phenomena. Clearly a pattern match is fired up in the brain and then embedded deeper and deeper by repetition - much as in addiction behaviour. Changing such deeply entrenched patterns is not easy but is possible in many cases and working from the APET model offers multiple ways in which to go about it. One key step, for example, is to help the person take a step back so that they can observe themselves and their behaviour. Once the

patient's core identity has been separated from the problem and they recognise that the OCD behaviour is not who they are, it is possible to stop it. (Indeed one can often effect dramatic recoveries in many conditions by making that distinction very clear to a person.)

**Depression** - An example of how working from the human givens is so much easier occurs with the way human givens therapists and counsellors treat depression. Here we can clearly see how different the human givens approach is to older models. It has been shown that depression is associated with memory bias - either a better memory for negative events or a poorer memory for positive events and experiences. This has led to the widely accepted theory that the onset of depression somehow facilitates access to negative memories, which once recalled, serve to exacerbate and lengthen the depression<sup>34</sup>. The more that we go back over the stories in our lives the more we are increasing and programming in the saliency of those patterns. Somebody in depression who is continually resurrecting negative life experiences is programming those negative templates into their unconscious mind. Therefore new stimuli coming in to their conscious minds, before ever reaching consciousness, are being matched up and scanned by negative templates to draw out what is negative in those experiences. Perceptions are continuously subconsciously biased by the negative templates programmed in as a result of negative rumination. In cognitive therapy, people may be asked

to challenge their conviction that everything they do is always wrong or hopeless by recalling successes and achievements. But the memory bias and reinforcing of negative patterns makes it hard for a depressed person to recall good memories, so it isn't easy for them to generate a more positive attitude to life, however much they are willed to. Therapy based on the APET model, however, can take a more diverse and creative approach to shifting unhelpful patterns, particularly through the use of metaphor and story, which impact on the unconscious mind more directly and powerfully than reason<sup>15,16</sup>.

We work from the new understanding that depression is essentially a REM sleep disorder. These are some of the facts that lead us to this conclusion. Researchers have known for some time that depressed people have a very high level of physiological arousal<sup>28</sup>. We also know they do a lot of negative thinking (worrying). We know too that depressed people typically suffer from insomnia and other sleep disorders, have disturbed REM sleep and wake up exhausted unable to activate or motivate themselves. Observations in sleep laboratory experiments have repeatedly shown that depressed people dream much more than non depressed people and, if you wake up depressed people at the beginning of REM periods their mood lifts dramatically<sup>35</sup>. It is also known that both antidepressants and certain forms of psychotherapy are often effective in lifting clinical depression<sup>3</sup> and anxiety disorders<sup>4</sup>. But there has never been a clear understanding that links all these

facts. With the discovery of why we evolved to dream however, we have the missing piece of the jigsaw puzzle that brings all this information together in one clear picture: a complete psychobiological explanation for clinical depression<sup>18</sup>. It is this that human therapists use to good effect. Dreaming is the means of discharging emotionally arousing introspections from the previous day that haven't been expressed. Depressed people are excessively negatively introspecting because of a failure to get their essential emotional needs met. Emotional arousal automatically forces the brain into a reactive, black and white mode of thinking, reducing its ability to think in more subtle, objective ways. So, after a setback, someone with an essentially pessimistic outlook will inevitably catastrophise their interpretations of life events and excessively introspect about these interpretations, which puts excessive pressure on the dreaming process and distorts the REM sleep system causing excessive autonomic arousal discharge, leading in turn to physical exhaustion and subsequent clinical depression. During REM sleep there is a massive firing of the PGO orientation response. The eyes dart about during REM sleep because they are trying, even though closed, to scan the environment in response to this. However the source of the arousal is internal: the introspections from the previous day. The implications for lifting depression:

- Depressed people are highly aroused, so in order to work with them cognitively, or in any way at all, it is first necessary to

calm them down using any relaxation skills that are appropriate - breathing retraining, guided imagery or relaxing hypnotic techniques.

- Stop emotional introspecting by whatever means. Any therapy or counselling that encourages prolonged emotional introspection is toxic. This is because, firstly, emotional arousal makes us stupid and results in black and white thinking, and, secondly, because excessive arousal, resulting from negative emotional introspection, distorts the REM sleep mechanism and thereby leads us into clinical depression.

- Focus patients' attention outwards: get them physically active (aerobic exercise), focus them on pleasurable activity, problem solving, improving relationships; get them to challenge their black and white thinking etc.

- Get patients to see how things could be different by actively using their imagination in a positive way with visualisation or hypnosis. This step is missing from most approaches to treating depression. It is our clinical experience that people are not often easily lifted out of their low mood unless this is well done.

### **Nocebo psychotherapy**

Once one understands the APET model it is easy to see why some psychotherapy is ineffective or harmful. Counsellors are often trained to encourage emotionally arousing introspection in their clients about what might be 'causing' their problems. The emotional arousal this produces locks the client's attention on negative patterns of thought and behaviour. This leads, almost inevitably,

to a period of negative rumination and the cycle of depression can set in. The process, however unintentional, can, therefore, accurately be characterised as nocebo therapy.

### **Metaphor, storytelling and learning**

If real learning is about the ability to discriminate patterns, our aim must be to introduce a new more constructive pattern so that reality can be seen more accurately. Conveying new, desired patterns in a metaphor or story is perhaps the most effective way of all to refine patterns (although there are other effective methods, such as modelling desired behaviours). Psychiatrist Milton H Erickson, whom we regard as the most significant clinician and psychotherapist of the 20th century, was a master storyteller who put this skill to good effect in his work<sup>9</sup>. If a patient is missing some piece of the jigsaw puzzle of life we could offer them a story about another client with a similar problem and how their behaviour changed, conveying the desired new pattern in an indirect way, or we could tell an appropriate traditional story. The world's stories, oral and written, contain a fantastic cornucopia of wonderful patterns, which chart the possibilities of understanding ourselves more profoundly and help us engage with the world more fruitfully.

To recap, to help educate clients who are stuck in depression we have to help them understand what is blocking them from getting their needs met. This is done through refining their patterns of perception, helping incorporate these patterns into their own perceptual

apparatus and creating a healthier, outward focus on life. If those patterns are not already active, the job of the therapist is to help draw them forth, thus providing a stronger and more accurate lens through which the client can perceive reality. Using metaphors and stories is one of the most powerful ways this can be done. To demonstrate the levels of meaning and the values that can be extracted from such a story we can look at one which adults could easily dismiss as trivial - the story of the Ugly Duckling.

On a farm a little bird is raised by a duck but feels itself to be very different from all the other ducklings who keep mocking it for being big and ugly. In due course, the ugly duckling becomes so unhappy it decides to run away, leaves the farm and goes in search of his destiny. But every animal it meets laughs at him for being so ugly and he learns that he can ignore them and not get upset by their stupidity. Eventually he finds a little pond where, despite feeling isolated and lonely, he learns to look after himself and survive through the long, cold winter. As the months pass by, changes happen within him, although he is unaware of this. One day, in early spring, the pond is still and calm, and in the water he sees the reflection of a line of beautiful swans flying high overhead. He wishes with all his heart that he could somehow be with them. The swans call down saying: "Why don't you join us?" And he said: "How can I, an ugly duckling, fly with beautiful birds like you?" And the swans laugh and say, "But look at your reflection," and the duckling

looks at his own reflection in the still pool and realises that he has transformed into a swan. The former ugly duckling is able to join the swans as an equal on their journey.

All children resonate with that story because, at some time, every child feels isolated from their fellows, an outsider who doesn't fit in. There are times in life when we feel rejected, when we have to go it alone, when we have got to find the courage to last the course, when our emotional needs are not being properly met. But the template in the story contains more than that. It shows us that, if we approach those times with courage, changes will automatically occur. We can learn from the very deprivations that seem so problematical and, if we persevere and seek out an appropriate environment, our talents and potential can blossom. Further subtleties include the profound truth, that we can only see clearly when we are calm. If the water on the pond had been disturbed the ugly duckling would not have been able to see what he was like. In other words, children hearing this story are given the template that they need to be in a calm emotional state before they can accurately perceive what they actually are. In counselling, when we relax people and focus their attention, we create the same hypnotic REM state in which the brain is at its most receptive, able to absorb information. That is the ideal time in which to offer stories and metaphors to clients' unconscious minds to help them transform their perceptions.

Unlike the majority of current psychotherapy models, which place an unduly strong emphasis on the individual locating the difficulties within the person and to be solved by him/her, the Human Givens approach has a wider outlook. It recognises that for health, and especially mental health, the interactions of the individual within society may both contribute to his distress and be vital to the resolution of that distress. The human needs for attention, friendship, intimacy, status, and belonging, clearly cannot be accomplished by a lone individual. This emphasis of the importance of community gives rise to another difference from most "western models", where there is a clear differentiation between individual therapy, and systemic/family therapy. The human givens approach is flexible and responsive to the needs of the situation so that where appropriate other members of the family will be seen with the identified patient both to elucidate the difficulties and help with ideas and solutions. Hence in the human givens approach there is no clear demarcation between individual and marital/family/systemic therapy – the idea is to do what is needed to enable universal human needs to be met.

The use of story and metaphor has always been part of the human story as a means imparting experience, knowledge and wisdom. Though long neglected and now re-emerging in the West, it has always remained a strong part of the tradition of most of the non-Western world. Hence the human givens approach, where the use of metaphor and

stories is a core aspect, will resonate with most cultures, and especially the lands of the “Arabian Nights”; lands whose themes and concerns could not be further than the 19<sup>th</sup> century Vienna where Freud’s ideas took root, or the current western emphasis on thinking of human beings in distress as if they were machines made on an assembly line, and now have malfunctioning circuits.

### A summary

The APET model is at the heart of human givens therapy. The four letters stand for specific processes through which the mind/body system works. These processes are currently being explored by neuroscience and psychology in many direct ways.

### APET

The A is for an activating agent: a stimulus from the environment. The P is for the pattern-matching part of the mind, which in turn gives rise to an emotion, E,

which can produce T, thoughts. But these letters also contain a powerful metaphor that enriches the idea. The first three letters spell 'ape' and that gives us the idea of an ape, a more primitive creature than us, telling us what to do.

APE T: so we have this ancient emotional mind that can order us about, tell us what to do, control us - a mixture of primitive and conditioned responses, which, when roused, can cut us off from the richer and more subtle templates, located in the right and left hemispheres of the higher cortex and the frontal lobes, through which we can experience more of reality.

On the other hand, if we break up the letters slightly differently, we have 'a pet'.

A PET: A pet is an animal that was originally wild, but its nature has been constrained - domesticated to serve the needs of a master. The pet (emotions) now serves the needs of the patient instead of dominating him or her.

### الملخص:

هناك فيض من نماذج العلاج النفسي وأغلبها صدرت من الغرب، وهي تترك من يطلبوا المساعدة ومن يقدموها. العلاج النفسي بالمعطيات الإنسانية يعمل على دمج العناصر الفعالة من كل هذه الأشكال للعلاج النفسي، معتمداً على الفكرة الأساسية لحاجات الإنسان حتى يعيش حياة صحية. على هذا النحو سيكون له قبول عالمي، هذا يتمشى مع زيادة الوعي بأن الأفراد والمجتمعات لديها الكثير المشترك أكثر مما تشير إليه الفروق الثقافية الظاهرة.

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