Depression, Anxiety, Substance Abuse, PTSD, Personality Disorder— A Single Common Pathway

Summary

- Childhood experience changes the basic structure of the brain. Especially for our clients
 who have had rotten childhoods, they have trouble trusting and being intimate, they have
 trouble with self-control, they can't maintain a positive image of themselves, and they
 have a lot of trouble experiencing and controlling emotions.
- We have two minds, an automatic self that makes most of our decisions below the level of
 consciousness, and a conscious self that is only used when we're paying attention. The
 automatic self is subject to a lot of biases, prejudices, and fallacies. It isn't changed by
 listening to the lessons learned by the conscious self, it's only changed through practice.
 The good news is that practicing better life skills rewires the brain; it just takes more
 practice than we want it to.
- Some of that automatic self resists learning those lessons because they cause anxiety. We don't like to face painful memories, or feelings that are in conflict with how we want to see ourselves. We use defenses to stuff these experiences out of awareness, but that usually leads to trouble. We don't see reality correctly and our character gets warped. Like the Buddha says, life is hard but we make it worse by trying to pretend that it isn't.
- In therapy, it's a good working hypothesis that the old pain of childhood experiences is being activated by something about the presenting problem. And that link may also have something to do with why the patient has trouble engaging in treatment; again, the patient is only trying to avoid pain; our job is to bring that pain out into the open so he can deal with it directly.
- We shouldn't take for granted the effects of the therapeutic situation—the privacy, trust, and intimacy. Often this is enough to enable the client to carry the ball.
- But when it's not, we have to remember that we're trying to change the automatic self, and that insight doesn't do it. Insight is useful in helping the client forgive himself, develop a new self-image and narrative, but it's not enough. We have to get the client, ultimately, to face his fears. And we do this by encouraging new behavior and new experiences, and reflecting on them with the client. Homework is a very good idea, one that we should prescribe more, and always remember to follow up on.

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