

Quote

# From Ugly Ducklings into Beautiful Swans

**BY JOHN ANDERSEN**





**M**y task as a marriage and family therapist is to generate change. What brings people into therapy is not merely that they are facing problems that they have not been able to solve, but in many instances, they have adopted coping strategies that inadvertently perpetuate those problems (Papp, 1983). Solution-focused therapy adopts a here-and-now approach that focuses on changing these maladaptive patterns of behaviour. It recognizes that in order to change, people need alternative solutions, rather than insight into their problems (O'Hanlon & Weiner-Davis, 1989).

I was strongly influenced by solution-focused therapy in my early formation as a therapist. As I practiced solution-focused therapy I discovered that people needed to be motivated to change and needed to have the freedom to change. Therapeutic change requires hard work on the part of the client. In order to persist with change, a client needs (Heath and Heath (2011):

- to have a vision of a better alternative or future,
- to have hope or belief that successful change is possible,
- to be emotionally motivated - you need to "motivate the elephant", and
- to have a practical way of getting there.

Miller and Rollnick (2002) developed a motivational interviewing model that aimed to generate motivation for change through using change talk to generate emotional motivation for change, build confidence, and strengthen commitment to persist in the hard work of change.

## Solution-focused Therapy

Solution-focused therapy presumes that clients have the freedom and capacity to change. In my work with clients, I have found that this sort of therapeutic work is highly demanding on clients. It requires a high degree of cognitive flexibility and

imaginative creativity to conceptualize alternative solutions that are often "out of the box". In addition, it requires substantial emotion regulation capacity to override the reflexive emotional responses that drives the maladaptive patterns. I have discovered two other factors that often impede a client's capacity to change: cognitive rigidity, and maladaptive emotional schema that lock a client into maladaptive patterns of behaviour and stymies emotional motivation for change. I have concluded that people vary in their freedom to change.

The most common impediments to freedom to change are either longstanding stable core beliefs or maladaptive emotional schema that have childhood origins. When I encounter either of these forming a barrier to change, the focus of therapy needs to shift to tracing the belief or schema back to its childhood origins in order to gain insight into its original meaning. The next challenge is how to change or modify those beliefs or schema.

## Changing Core Beliefs

Cognitive Behavioral Therapy has a serious limitation when it comes to transforming core beliefs. The CBT model presumes that cognitive changes lead to emotional and behavioural change. Cognitive therapy involves identifying the irrational belief, disputing that belief on rational grounds, and then adopting an alternative rational belief (Beck, 1995; McMinn, 1991). This approach does not involve dissolving the original irrational beliefs, but it involves equipping the client with more sophisticated cognitive ways of coping with their maladaptive core beliefs. It can commonly result in a head vs heart dynamic.

From an affective neurological perspective, cognitive therapy aims to strengthen a person's capacity for top-down emotion regulation through cognitive change (Ochsner & Gross, 2007). It involves the dorsal medial and lateral prefrontal cortex down-regulating the amygdala that is excited when high levels of negative emotion

are experienced (Davidson, Fox, & Kalin, 2007; Heatherton, 2011). While cognitive therapy strengthens a person's emotion regulation through cognitive change, it does not remove the need for that emotion regulation, because the negative emotions with their accompanying auto-statements are still being generated.

This emotion regulation still requires considerable mental energy and effort, which can be impaired through fatigue, social rejection and high stress (Baumeister, Dwall, Ciarocco, & Twenge, 2005; Grillon, Quispe-Escudero, Mathur & Ern, 2015; Wang & Saudino, 2011). Furthermore, intense negative affect deactivates the prefrontal cortex, which impairs a person's capacity for emotion regulation when it is most needed (Davidson, Fox et al. 2007). This observation highlights the benefit of preventing the activation of the emotional systems centred on the amygdala in the first place.

A CBT approach that focuses on emotion regulation through cognitive change after negative emotions have been elicited is far less effective than an approach that forestalls the negative emotional reaction in the first place. This is because habitual negative emotional reactions tend to become reflexive. They occur more rapidly than more reflective cognitively influenced emotional reactions (Gyurak, A., Gross, J. J., & Etkin, A, 2011). Consequently, the CBT model of challenging maladaptive auto-statements or "hot cognitions" requires the prefrontal cortex to down-regulate an already activated negative emotional system. But with intense emotional reactions, the "emotional horse may have already bolted."

There is a real advantage in keeping the "emotional horse" settled in the first place. Achieving this outcome requires developing clinical interventions for creating pre-emptive emotion regulation, rather than reactive emotion regulation. As I tackled this challenge in my work with clients I developed two complementary strategies for achieving this. They are adopting axiomatic core beliefs and emotional recalibration.



## Discovering Axiomatic Core Beliefs

The first strategy involves training the client to adopt alternative axiomatic core beliefs. An axiom is a presupposition or a starting assumption that a world view or a system of logic, or a rule-based system (such as mathematics) is based on. An axiom is not subject to proof or verification. Rather, it provides the basis that makes such proofs valid. We are often not even aware of the axiomatic presuppositions that we operate on. For example, the whole edifice of the Christian theistic world view rests on the axiom that "God is not a liar". We are generally not even aware of the presence of this as an axiom. We simply accept that the Bible's claim to Truth can be taken at face value. But if God is a liar, then everything God has revealed, even God's claim to truthfulness, is cast into doubt. The Bible's claim to Truth is no longer valid. We are left in a position of inescapable profound agnosticism.

The weakness of CBT is that the rational core beliefs it teaches the client to adopt are not axiomatic in nature, but they are based on rational argument. They remain subject to proof. In contrast, an axiomatic belief is a presupposition that forms the basis for an argument; it is not itself subject to proof, but it is simply presumed.

An axiom is not subject to proof; it does not depend upon verification. It simply is. This is the difference between conditional self-worth and unconditional self-worth. Conditional self-worth is always requiring repeated proof. In fact, it is a pattern that takes lack of self-worth as its presupposition, and then seeks to acquire self-worth on the basis of performance. Such self-worth, however, has an "alien" quality to it. It rests on the worth of the performance, not the inherent worth of the person. Hence, it fails to decisively address the need for self-worth as a person, prior to any performance. In contrast, unconditional self-worth is axiomatic; it is simply presumed. It provides a starting point. A person then operates upon the basis of his or her (almost taken for granted) self-worth.

An axiomatic core belief cannot be arrived at solely by rational argument. Arguing the logic can prepare the ground for adopting an axiom, which is where the challenges of CBT have their value. But an axiom cannot be rest on a proof and remain axiomatic. Therefore, the CBT model of rational argument cannot arrive at an axiomatic belief. Ultimately, the reality of an axiomatic core belief has to be discovered by the client as something they have always known at some level. It needs to be realized as an experiential or existential personal truth in something that is akin to an epiphany moment.

I have discovered three different methods for helping a client arrive at such a realization. The first is "the witness of the pain". Many clients with maladaptive core beliefs about their own identity experience a deep pain related to their sense of being worthless, inadequate, rejected, unlovable, etc. This deep pain is a common feature of chronic shame. Many of the maladaptive coping strategies of clients suffering from chronic shame are focused on avoiding or minimizing this deep pain. It is a place of awareness that they do not want to go to and avoid, because it is so distressing.

This method involves challenging the client to pay attention to this pain and sit with it, with a view to understanding its message or meaning. This work requires a high degree of mindfulness, the ability to observe and attend to the pain rather than reacting to it (Seigel, 2007). Generally, this deep pain is a form of protest, a stubborn refusal to let the shame-bound belief be the final word. Once the client identifies the pain as this protest, the next question to ask is:

*What does the pain know that gives it the confidence to absolutely refuse to give in, even though all the evidence of your life suggests that it is wrong?*

*What does your pain know?*

Clients often find this is a difficult question to answer. But persist. For if they themselves realize that what the

pain knows in a self-affirming truth that they have worth, or have the right to be loved, then you have arrived at transformative an epiphany moment. This opens up the possibility of the client regarding the pain as a friend, a witness to their value, lovability and worth, rather than something to be feared and avoided. This reframe of the meaning of the pain can be powerfully transforming.

This approach has been effective with clients who are self-harming or had borderline personality disorder. One BPD client had developed multiple drug dependency and promiscuous sexual relationships. These relationships were characteristically short-lived. She would generally abruptly end the relationships because she doing the rejecting was less painful than being rejected again. The drug use was an attempt to medicate a deep enduring pain of worthlessness. The sexual promiscuity was an enactment of a despair about ever being loved.

We explored the message of the pain first. When she finally worked out that the meaning of her pain was a stubborn clinging onto some sense of worth, it was a powerful reframe. The pain no longer was terrifying, but she had found a way of sitting with it as with a friend on a park bench. On the basis of a recognition of her fundamental worth as a fact, she was then able to re-examine her fear of rejection and worthlessness in her promiscuous relationships. This re-examination revealed the self-defeating nature of her approach to intimate sexual relationships. She began to explore the question of what was she looking for in a relationship, given she actually did have the worth she was longing for. The other change was that the pain of worthlessness was replaced by an anger at all those who had rejected her. What this illustrates is that the reframe of deep pain as a witness to fundamental self-worth can have widespread ripple effects, as a lot of new questions are opened up.

The second method is to explore the metaphor of "fit". This involves using the analogy of buying clothes, a new dress or jacket. They typically try it on to see if

it fits. If it does not fit, they do not buy it. Typical questions I ask are:

*Does the negative belief "I am stupid" 'fit'?*

*Does it feel like a match with how they intuitively feel about themselves?*

*Is it comfortable to 'wear'?*

*Then I ask them to 'try on' an alternative belief, i.e. "I am smart."*

*Then I ask them, "Which one feels more comfortable?" Which one fits better?*

I support the metaphor with the observation that when they try on clothes, their body has a distinctive shape and size that the clothing needs to match. Likewise, who they are as a person has a distinctive shape and size that beliefs need to match. If the belief does not match it, do not buy it, and do not wear it. Only wear beliefs that "fit comfortably".

The third method is the emotional response test. Explore how they really feel regarding the shame-bound core belief. Ask them:

*Are you really happy with being unlovable?*

*Are you really proud and comfortable with it?*

*Would you want to be anything different? - I want to be this way and I do not want to change!*

Usually the client looks at me as if I am really stupid, and clearly say "No!". Then I contrast that with the alternative positive belief.

*Would you be really happy with being loveable?*

*Would you be really proud and comfortable so that you would be happy for everyone else to know that you are loveable?*

Usually they say "Yes!" Then the

emotional contrast between the two beliefs becomes really obvious to them. Then I ask the question:

*What does that say about who you really are?*

Then I persist until they arrive at the conclusion that they actually are who they want to believe about themselves.

The common element about these methods is that they aim to bring into conscious awareness what the client always has known about the nature of his or her being as a person at a deep subconscious emotional level. It is something the client discovers that he or she has always known, rather than something the client is taught or needs to be persuaded about. This realization then provides the basis for adopting the belief as an axiomatic belief. It is self-evident.

## Closing the Court Case

The next step is to challenge them to stop operating with the belief as an open question, but rather adopt it as a settled question, a closed issue. The weakness of CBT is that it leaves the doubt about the core belief as an open question that has to be successfully challenged over and over again. The rational proof does not settle the question once and for all. Settling the question does not require a conclusive argument as much as a deliberate choice on the part of the client.

The nature of the deliberate choice can be clarified by using the metaphor of a court case. Once the court has made its ruling regarding a case, the case is closed. No more arguments for or against will be entertained. The matter is settled.

Likewise, coming to a conclusion regarding a core belief is like the final ruling of a judge in a court. The client can make a similar ruling regarding a core belief, and in doing so, decide that the matter is settled once and for all. The familiar question mark is replaced by a full stop. The case is not to be reopened. No further arguments will be entertained.

The "full stop" stands. This is a matter of decisiveness.

A way of reinforcing this is to ask:

*If this matter was really settled once and for all, how would you feel?"*

Usually the client responds in words like, "I would feel free, light. It's a relief." Helping the client identify and express the emotional difference such closure would make, helps reinforce the importance of making the decision. For most clients, this is a major step that takes them into uncharted unfamiliar territory. In these cases, a tailored version of the miracle question that how they would be living if the matter was completely and finally settled helps make the change concrete and more appealing.

The interventions discussed above require decoupling automatic representation processes through utilizing introspective receptive mindful awareness to foster a cognitive awareness of the person's nonconceptual knowledge of him or herself (Seigel, 2007). Not all people have the mindfulness or cognitive flexibility to be able to do this kind of work. In such cases, it may be valuable to give time in therapy to simply developing the person's capacity for mindfulness, until the client is able to tackle this kind of therapeutic work.

## Recalibrating the Emotional System

The above interventions aim to transform the client's internal logic and embrace new personal truths. The task that remains is to replace the entrenched reflexive negative emotional activation with a new initial emotional response. If the negative emotional reaction is not triggered in the first place, then a lot of emotional distress no longer occurs, and no longer needs to be managed.

This amounts to really dissolving the problem. In solution-focused therapy, dissolving the problem involves either normalizing the 'problem' so it is no longer problematic or reframing the

problem to give it a positive meaning (O'Hanlon & Weiner-Davis, 1989). This form of dissolving the problem goes beyond normalizing or reframing to preventing the problem from arising in the first place. From a behaviour therapy perspective, it amounts to response blocking at the point of activation of the reflexive emotional system.

This approach is based on the recognition that what perpetuates the impact of trauma in the life of a client is not the memory of the trauma as such, but the adoption of trauma-based patterns of behaviour. Likewise, what perpetuates chronic shame is the adoption of habitual emotional responses and appraisals of oneself and other's social communications that maintain and reinforce shame-bound conclusions about one's identity. Emotional recalibration aims at breaking these habitual response patterns.

Emotional recalibration amounts to a deliberate reset of a client's reflexive emotional system. It recognizes that trauma-based patterns and shame-proneness are emotionally based responses. They require an emotion focused therapeutic change, rather than a cognitive therapeutic change. The limitation of problem-focused therapeutic interventions is that they adopt the initial reflexive negative emotional response as the starting point for therapeutic intervention. They accept it as the client's experiential reality, and thereby legitimize its continued existence. Emotional recalibration refuses to accept that this negative emotional response set has any right to continue to influence a client's emotional life.

Emotional recalibration involves putting into place an alternative problem-free perspective and emotional response. The first step is to develop an alternative problem-free picture of how the client would be doing life. The leading question is something like this:

What would be different if the [problem/traumatic event] had never happened?

To help a client play with this scenario, I

use the metaphor of a director editing a film. "If someone were making a movie of your life and decided to edit out the scenes where the trauma occurred, so those events and their impact were completely edited out of your life, and everything else in your life remained the same, and you are still in the same situation that you find yourself in today in terms of the outward circumstances of your life, what would be different? How would you be responding to everyday life differently?"

I am interested in helping the client identify what would be different in his or her internal world made up of thoughts and feelings, attitudes and perspectives. The primary focus is to draw out what would be different in how the client would be feeling and thinking and focusing on. Then to follow on with asking how those internal changes would affect the way he or she would be behaving. How would those changes affect the way the client would be approaching his or her life. You help the client develop as rich and detailed picture of that alternative scenario as you can. The more detailed the picture, the more real the picture would appear to the client. I use a version of the miracle question:

*Suppose that one night, while you were asleep, there was a miracle and this problem had disappeared as if it had never happened. How will you know? What will be different? How would you be feeling about yourself and about life? How would you be approaching your day differently?*

In inviting the client to imagine what it would be like, I am getting the client to do a mental rehearsal of what living in the alternative problem-free situation would be like.

The next step is to focus more specifically on what the alternative problem-free emotional space would be like. This adopts a focusing technique to help the client create an alternative emotional space using her or his imagination. I ask, if you were really living in this

alternative problem-free life right now, how would you be feeling. Typically, they come up with some really positive emotional mood states: "I would feel free, confident, at peace, happy, settled...". I then invite them to really get in touch with that "feel" right then in the counselling room, to enter into that newly created emotional space, and inhabit it "from the inside".

Once the client is centred in that emotional space, I ask the client to express how he or she is feeling, and then to focus on what thoughts are wandering in the back of his or her mind. Usually those thoughts are positive ones. Then I ask whether the old familiar negative thoughts such as "I am not good enough" belong in that space. Usually there is no hesitation in recognising they do not belong. Then I ask, what else is conspicuous by its absence? What are the problems or emotional distresses that were features of his or her current life that definitely do not belong in this alternative problem-free space. These questions help the client identify what belongs and what does not belong in this new problem-free emotional space.

Emotional recalibration involves the client deliberately focusing and settling into this newly created emotional space, and then living out of it. This is best done in a pre-emptive way. The way the client starts his or her day is to first thing settle into this new emotional space, and then mentally rehearse how he or she would approach the day. The key recalibration questions are:

*If you were 100% "confident, free, peaceful" (i.e. the features of this new emotional space), how would you be feeling? What would you be thinking? What would you be focusing on? What would you be doing?*

Once the client has identified those things, then the next step is simply to switch and adopt that as the action plan. This appears to be a "fake it until you make it" approach, but it is more creative than that. The deliberate choice

to act generates its own emotional momentum and creates its own reality. It is a deliberate autopoietic creative act<sup>1</sup>. What typically happens when a client deliberately does this, is that after 10 minutes or so, the emotional reset has come into play and the client is authentically operating out of the alternative emotional space.

The key thing in recalibration is to get in touch with “the feel”. This autopoietic shift needs to be primarily emotion based, rather than cognition based. Our emotional systems are our prime motivational systems and our most sensitive social perception systems. Once a person is in a right emotional space, then the course of thinking and action that is the out-working of that emotional space will tend to naturally flow. The key to change is staying in touch with the “feel” of the emotional space.

If a client finds himself or herself derailed, or back in a distressed space. The quickest way out is to immediately do an emotional reset by asking the recalibration question:

*If I was 100% [“confident, free, peaceful” i.e. the features of this new emotional space] right now, how would I be feeling? What would I be thinking? What would I be focusing on? What would I be doing?*

And then, simply pause take time to emotionally settle himself or herself into the alternative emotional space to deliberately get in touch with “the feel”. Then take the course of action that is the natural expression of that feel.

<sup>1</sup> Autopoiesis is a feature of an open system that has the capacity of initiating its own change and growth. Open systems are capable of morphogenesis, having a self-creativity that is a response to changing conditions in the environment that cannot be offset by adjustments based on the existing structure. Open systems are autopoietic in that the origins of undetermined change lie in the dynamic properties of the system itself. biological organisms including humans function as open systems. This characteristic provides the biological basis for human free will and openness of being. (Bertalanffy, 1968; Lazlo, 1972).

## Case Study

A case example is a client who was still traumatized from a violent road rage incident that occurred two years ago. She was highly anxious, and continually on the look-out for a black SUV, and wherever possible avoided driving alone. She came to see me after she had a panic attack in the car. We worked through the logic of the probability of such a road rage incident happening again. I then asked the “edit” question, if everything was the same, except the road rage incident had never happened, what would be different?

She explored it, and realized that she would be relaxed, peaceful, and content - simply driving where she wanted to go, not hypervigilant or preoccupied with any black cars. I asked her, which state of mind would she prefer to have? I then recommended that every time she needs to go out in the car, she first does a mental rehearsal of doing the incident free trip in this relaxed, peaceful, content state of mind. Then settle into the “feel” of that state of mind, and do the trip in that way. The next session was my last. We reviewed and amplified the impact that making that switch had made.

This sort of deliberately managed emotional change requires a degree of mindfulness and emotional self-regulation. The first steps are the hardest. Initially it would require quite an effort, and it will feel strange and unnatural. However, it steadily becomes easier. Because this recalibration immediately brings its own positive reinforcement, it rapidly develops its own momentum. With practice, the client will begin to find that it is easier to do such resets.

The next stage is that the new problem-free emotional space will increasingly become the new normal. Reoccurrences of the old trauma/shame-based patterns will begin to appear to be a relapse or departure from the new norm. This is an important perceptual shift in what the client is experiencing to be normal. This shift in normality is to be affirmed for the significant change that it represents.

The final stage of this change process is the building of new lifestyle habits of living life in a trauma-free or shame-free way. The development of emotional habits of living usually takes time – at least six months. The significant sign that the new habit is becoming established is when the client begins to experience living out of the new emotional space in a reflexive non-deliberate way. He or she is simply doing it. This is where you want the client to arrive at.

## Conclusions

The theme of this issue of Counselling Across Australia is “what works in therapy”. I am developing an increasing confidence that the clinical approach described in this article does indeed work in generating transformative change in the life of my clients. You can identify that it involves interweaving elements of a number of therapeutic approaches, and that it adopts a predominantly solution-focused approach to generating change.

I am mindful that this approach requires a client to work hard. Not all clients are able to engage in this sort of work. As I mentioned, adopting new axiomatic core beliefs requires cognitive flexibility and mindfulness. Emotional recalibration requires mindfulness and a capacity for pre-emptive emotion regulation. Yet the reward for those clients who are able to do this work is that they accomplish a genuine level of emotional healing that enables them to really leave their traumatic past behind.

They no longer have to continually cope with the emotional distresses of a wounded internal world, but they become able to begin to do life out of a place of personal wholeness.

The impact of this deep transformative type of therapy is that clients who believed they were only a worthless ugly duckling discover that they are in essence a beautiful swan.

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