Liberty University
DigitalCommons@Liberty University

Faculty Publications and Presentations

Center for Counseling and Family Studies

2010

Class Notes for COUN 797

Gary Sibcy
Liberty University, gsibcy@liberty.edu

Follow this and additional works at: http://digitalcommons.liberty.edu/ccfs_fac_pubs

Recommended Citation
Sibcy, Gary, "Class Notes for COUN 797" (2010). *Faculty Publications and Presentations.* Paper 58.
http://digitalcommons.liberty.edu/ccfs_fac_pubs/58

This Miscellaneous is brought to you for free and open access by the Center for Counseling and Family Studies at DigitalCommons@Liberty University. It has been accepted for inclusion in Faculty Publications and Presentations by an authorized administrator of DigitalCommons@Liberty University. For more information, please contact scholarlycommunication@liberty.edu.

COUN 797
Monday September 6th, 2010
Gary Sibcy

I. Class introductions
II. Go over Course Syllabus
- Suggest Psychodynamic Psychiatry by Glen O Gabbard
  - It's importance is a broader range of psychotherapy dynamic theory and how it's applied to various disorders

- Nice touch with the IBS example for the 20-25 page paper
- Treatments that Work (Peter Nathan, Jack Gorman) and Handbook of Psychological disorders by Barlow
- Minimize "canned-speech" and recycling Christian-ease. Not interested in citing scripture (block quotes). You can reference scripture that supports what you're saying, but you need to paraphrase and discuss it. Use Willard and other scholars to support your research, but do not impose authority over scripture.

III. Structural Deficits/Conflicts
- Psychodynamic conflicts
- Structural deficits, structure/ego capacities (self capacities) are the stage on which the dynamic conflicts unfold.
- What is the state of this person's development/ego (Greenspan)
- The Development of the Ego by Stanley Greenspan and Developmentally Based Psychotherapy by Stanley Greenspan
- Pressure should be applied that cause positive interchange between psychodynamic conflicts and the present structural deficits but should not overwhelm the deficits and cause a meltdown
- Four core Ego developmental capacities
  - How well people are able to organize experience. Greenspans model is sometimes referred to as DIR (developmental – Individual differences – relationships)
  - When a child is born what is the first major goal developmentally? To get regulated. Child comes in with no capacity to regulate its physical and emotional self. This makes the first goal to get them into patterns of regulation (sleeping, eating…).
  - Also interested in shared attention; child and mother can focus on each other and as well as on something else. You want the child engaged with all their senses.
  - Discuss ability in the best of circumstances to determine abilities in regulation and shared attention
- Two-way communication (second on the pyramid to "regulation").
  - More interest is given to the caregiver in a nonverbal/gestural communication. These are "communication loops" where a cue is given and a cue is given back that is related to what was given.

- There is a basic sense of emotional connectedness; an attunement.
- Even verbal communication has this as an under riding thing. If a question is asked, and responded, feedback is given that understanding took place and you further the idea; then you have achieved a communication loop.
- There is a capacity to read non-verbal cues, and decipher meaning and intent based on the things that are not said. This is what parents do at the beginning of life and it is laid down as representations in your brain (RIGS, representations of interactions generalized).
- The understating that there is a me and a you and WE are communicating. The basis of empathy begins here. Children don't know what they feel or why they feel so parents mirroring a child's face allows them to develop a sense of "I" or how "I feel."
- A thing about good parents is relating to the child as if their child has a mind; "oh you look so sad, you look hungry, etc"
- Can people engage (with all affects engaged) in two-way communication that is consistent with the content that they're talking about?
- Children learn what is right and wrong by paying attention to how you respond to them in an affective way.
- The younger a child is, the more undifferentiated their communication is - you cry about everything – to moving up the ladder where it is more differentiated and non verbal communication is used in a more elongated, problem solving, fashion. The capacity to engage in collaboration "working with another." These mechanics are imbedded in your brain and the assumption about the ability to do this with others is laid out there.

- Above two-way communication is "Representation."
  - Taking words to replace sequences of behaviors; using words to label internal experiences
  - What I want, what I need, is usually developed around the age of 18 months up to 3 years of age.
  - How can a person label internal thoughts, and can they do it across a range of emotions. Some can communicate when they're sad, but can't communicate when they're mad. How many emotions can you effectively communicate?
  - What social-emotional affective themes can be represented? What needs are expressed? What wants can be expressed, or that you are aware of them? Sometimes people do not even know they feel it.
  - If someone is asked how he or she feel and they tell you what they want to do, that is an inability to represent affect.

- Anger can be viewed as an uncontrollable emotion, so an individual could have an "affect conflict" with emotion. Anger, being angry, is different from showing hostility.
- A more integrated person is one who is able to experience a whole range of emotions – Jesus is a great example as he displayed a great range of emotion (sad, anger, grief, and even doubt).
- Neuro-biology and neuro-science indicates that we want to use our whole brains, and locking ourselves into using one aspect of our brain can keep us fairly impaired.
- Representational-elaboration is knowing what you feel and *why* you feel it. Getting individuals to elaborate more on their reasons. The more elaboration that you get, the more cognitive flexibility you get and are able to see more elaborations; allows for grey.
- Ego capacity – ability to describe where you were and what happened is used often in cognitive therapy. Describing it independently of your evaluation. What the even was and what their editorial opinion was.
- Teasing out what you were feeling and what the other individual was feeling, is *huge* and many people can't do it.
- How well can you represent experiences, can you actually give one or is it conglomerated all together – not a "usually" but a "specific." This indicates ego development and their capacity to break experiences down into specific examples. If they are undifferentiated you use all your past experiences to interpret the present experiences, and so you are always getting the past in the presence. Even if they act different from the way you assume they are, your brain will register it as such. Political example – if you're on the left, no matter what Bush does, he's stupid. Is *everything* Bush does necessarily "stupid?"

- After "representation" is representational differentiation
  - This is not just the ability to give a specific situation, and your thoughts about it, but you are now able to link them together.
  - The capacity to know what you feel and *why* you feel that way.
  - How angry were you on a scale of 0-10 – some people only have extremes and some only sit in the middle. Undifferentiated would be this type of approach. How angry were you, medium, mild, very, extreme. There is also the ability to link emotional estates to physical experiences. When you're feeling anxious, where in your body do you feel anxious? Can you identify where these two are connected?
  - The ability to do this means they not are as overwhelmed by their emotions. When you are at this level your mind is able to do things that are unique.
  - 1. If you think a thought, which passes through your consciousness, does that mean you believe it? The vast majority of

people tend to think that if they think something, they must believe it, or that it must be true.

- Self: Has the ability to believe or not believe something, entertain or not entertain, produce or not.
- A lot of the thoughts that go through ones head are not of our own production. You can, for example, think of a "pink elephant." You cannot, sometimes, stop what your brain thinks. If you try not to think of a pink elephant, there it is! Just because you can produce it in your head, does not mean you can try and stop producing it. The more you think about not doing it, the more you end up doing it. Are you responsible for everything that goes through your head, how can it be? Are you responsible for believing and evaluating, YES. "Take captive every thought." Was Paul thinking bout temptations or other variant thoughts? In a bigger sense, he was concerned about people being overtaken by false doctrines. He realizes, especially the Jews, that they have been converted but could very easily go back to their old ways of being wedded to the law again, or converted by some other belief system. Meta-cognition: thinking about what you're thinking. Sub theme would be meta-emotions (feelings and thoughts you're having about your feelings).
- All of this is about ego development. By squelching emotion, we can send messages those program responses, a type of classical conditioning. It is a socio level and not a psychological level, and a more operate conditioning: I have an emotion, where if I block it (experiential avoidance), than my anxiety goes down. Pavlov and the salivating dog – classical conditioning – where the brain records responses without any conscious thought.
- Interpersonal behavior, when people behave in a certain way it pulls for you to behave in another.
- The capacity to observe experience, without being confused with it, is monumental. To say that I "think this" but I don't necessarily believe it, is a very powerful experience for a human.
- The first four developmental processes unfold in the first 4 ½ years. Within them you develop more capacity to differentiate; thus the capacity for metallization is born. Other people's behaviors are motivated by internal states. If you are able to decipher your own internal states, you can observe other peoples internal states and recognize they are not acting out of nowhere.
- Sensory processing and sensory regulation: what sensory experiences can you regulate? If you are on target, you can regulate noise, sight, touch, etc. You are able to take these experiences in and not be overwhelmed by them. There are people who are overwhelmed by sound, too much overwhelms them (not just volume, but amount). Some are hypo-reactive and

some are hypersensitive. Hyper is overwhelmed by too much, and people who are hypo actually seek more.
- You have to be able to listen to people and process thoughts while people are talking to you. As something is being described, you should see it unfold in your head (how this applies to the therapist-patient relationship).
- Sometimes people diagnosed with ADHD have an auditory sensory processing lag. If there were a lag in processing auditory information, then listening to lectures would blow you out of the water. If a kid has a lag, and has a verbal parent, and the child cant follow, then the kid will just tune out.
- Psycho-motor speed and dexterity, the ability to plan ahead, motor-capacities. Feeling uncoordinated with your body can make them feel inadequate. What's your next step? A lot of ADHD kids have planning and motor deficits.

- Relationships: How do they support, detract or breakdown, these capacities?
    - You want to help parents reframe what is going on, not personalize it, and relate to the child differently. In the sound sensitivity, talk softer; find the pattern that the child responds to. Relationships really do affect how well someone progresses up the ladder. If you want a child to learn how to think more, then you want to ask the type of questions that get them to think more.
    - Child doesn't want to take out the trash. That's fine, you don't want to do that, but it needs to be taken out so when do you want to take it out?
    - Ask a person to elaborate more than experience in a way that you can enhance development. Also make the experiences unfolding between you and another person more noticeable. Help people recognize that you are relating to them differently than the way that they've been related to.
    - Relationships are corner stone to this.
    - Discuss how relationships unfold in the brain, and how they affect the brain.

Tuesday September 7, 2010
Gary Sibcy

I. Comments on the reading the "Blot" article
- Introjectively focused individuals – taking projects, take them in, identify with them, and thus carry the same self-criticism and sense of worthlessness, doubt and anger directed towards you and internalize

it; making it the way you relate to you. These individuals are perfectionists, and are cited in the work on introjection and depression.

- Acclitic depression – separation, abandonment, disapproval (approval addicts are more along the relatedness, pre-occupation side).
-

II. Secure base

- There needs to be a balance between high achievement orientation, or too little (world is a dangerous place) will cause problems in a child's self-esteem.
- The brain is asking the question, "are you competent?" "Can I do it?" This is connected to feelings of curiosity and exploration as well as autonomy. If this is done in a balance way, you would have a realistic positive view of yourself.
- Within attachment literature, and the way its measured, can make this confusion (a note).
- Consider work-aholics. They are constantly driven to do, to perform, and generally don't get much done; they're just working away. If you saw a child in a strained situation, they will go away from the caregiver and look busy but they don't look like they're exploring their environment in an investing way but rather in moving away from the caregiver and staying "busy." Workaholics, perfectionists, and are disconnected from relatedness and addiction prone, tend to be on this side. The emphasis on the relationship growing up was on performance and achievement.
- These assumptions are implicit
- Consider a doctor/lawyer with a child that has a number of deficits, it's going to create issues with the parents trying to accept that their child is going to be a blue-collar worker and they fear the outcome so they push.
- In this system you begin to take in beliefs and internalize them.

III. Relatedness

- Begins to center around beliefs about others where they're asking questions like: "Are you reliable?" "Are you trustworthy and accessible?"
- "Cultural-codes" that influence the different practices we see in parenting. So in American culture, the emphasis is that the male needs to focus on achievement; but now that is evident with females as well.
-

IV. In Attachment Theory, there are two-dimensions – self and other. A positive view of self and a positive view of others (Secure attachment) is how you develop a more secure attachment.

- This has a huge influence on how you do close relationships and how you view emotion.
- Secure people, tend to feel in relationships, confident that they are able to secure closeness if they need to, but also tend to assume others are trustworthy, reliable and accessible. They tend to be open about their whole range of feelings, and more accepting of the whole range of emotions (self-definition, achievement, accomplishment)
- How you handle your feelings and attitudes towards feeling tends to also be your attitudes towards emotion. (Affect-phobia – beliefs about emotions).
-

V. Avoidant Attachment, are individuals who tend to be somewhat phobic of intimacy and closeness and they'll often sabotage it. (interjective)
- They tend to overemphasize achievement.
- This does not mean they are unfriendly, as this is about how they handle intimate relationships – what happens when you start getting close to them.
- Compulsive-self-reliance categorizes this, "all I need is me." The emphasize doing, and analyzing, sequential processing, left-brain.
- These individuals are more prone to addictions: Alcohol, drugs, sexual addictions, and video games.
- Their perception of emotion (especially the vulnerable ones) is very uncomfortable. They don't like to see it in themselves and certainly don't like to see it in others.
- They are likely to develop interjective depression.
- These parents consistently punish, ignore and reject attempts for proximity. They also consistently over-emphasize achievement, independence and autonomy.
- Axis II – avoidant, paranoid, narcissistic, anti-social, dismissing (OCPD), conduct disorder
- If they are your boss – nothing will be good enough (worst person to work for); micromanage you, and they are anything but collaborative. If you're *they're* boss, they're ingratiating; they'll do anything to make you happy. In a close relationship, they're closed, task focused, don't like touch, and don't like intimacy. As parents they're highly over-controlling, intrusive, and these people tend to gravitate more toward
- These people will have a fear of love, sadness, grief, and intimacy.

VI. Preoccupied attachment (anaclidic)
- These parents consistently punish, or discourage exploration
- They require that the child be excessively anxious and upset before they respond to proximity seeking.
- The implicit message here is "take care of me." The child feels like they have to take care of that parent, and in others the parent makes the child feel extremely incompetent and incapable.

- A lot of people have avoidant tendencies, really out of touch with your others neediness (compulsive care-taking) but out of touch with your own.
- Co-dependence, you grow up in a family that is addictive, you have to take care of them. There is something odd about adults calling "dad," "daddy." It can be cultural (southern thing), and could be indicative of an attachment issue. You can then wonder if they're paying attention to what is being said.
- If you grow up with this your personality organizes around taking care of the other person – that is what love is: taking care of someone that is impaired. They are thus, preoccupied with the other person's feelings and at the same time ignoring your own needs.
- What happens when the person gets better? Anxious. If you aren't sick, you won't need me and you'll leave me; then I am abandoned. The way I ensure getting loved, I need to find someone who is a big enough loser and won't get well.
- Another form of preoccupation is being angry about not being taken care of. When these people talk to you, "Give me five words to talk about your mother," they'll speak incoherently because they'll talk about the present and not the past, "unfair, just like the other day, my sister brought her kids and all my mom did was pay attention to them and had nothing to say about our lives and our kids." Anger. The anger is about abandonment, about not being taken care of.
- Axis II – Dependent, histrionic, ODD

VII. The last attachment involves most pervasive patterns of abuse. This includes a negative view of self and a negative view of others; disorganized attachment.

- This involves those that start out in a relationship in an avoidant way, and then once they let you in they switch to a preoccupied pattern; can't get enough of you.
- They come to the first session and tell you everything, and then there is no patient in the second session because they don't come back. That's a disorganized person (over disclosure is a pattern), disclosing every little dirty issue, you want to shift gears to the present.
- Their emotions are going to be extremely volatile and reactive (projection) as well as interjection (beating themselves up). This is connected to ODD.
- Axis II diagnosis here is borderline "I hate you, don't leave me."
- These individuals feel rejected, abandoned, are afraid of autonomy, independence, exploration

BOOKS

"The developing Mind" – Siegel
"The mindful brain" –
"Mindful trauma" –
"Interpersonal neurobiology, the biology of "we""

"The neuroscience of psychotherapy"
"The neuroscience of interpersonal relationships"
In 15 years, psychotherapy and neuroscience will be united; psychotherapy changes the brain.

VIII. The Mind/Brain/Relationships

- The mind defined: The mind is a process that regulates the flow of energy and information.
- It is an embodied process (does it need to be? Not necessarily, but it is embodied).
- The brain has to do with neural circuits, which serve as conduits through which energy and information flow – the nervous system – which is predominantly in the brain, yet are distributed throughout the entire body.
- Influence can regulate both the mind and the brain; thus the brain does not just cause the mind (an emergent quality of the brain) but rather the mind influences the brain as well.
- The mind has capacities that are independent of the brain, such as volition and specifically intention and attention. You are able to focus your mind on what your brain is doing – it is independent yet dependent – if you are knocked out you cannot do it. So your capacity to do this requires the brains cooperation. Some are better than others, but if you aren't that good you can get better.
- The way I relate to you, affects your brain. Being "upset" is a neuropsychological event. To be regulated, a child needs adult stability.
- The brain can affect relationships by sending out neural cues. If you can't calm down it will affect your child's ability to calm down.
- Your way of relating to other people is driven by memory
- What affects how a parent relates to a child, the parents way of responding to the child's emotional cues is influenced by her capacity to tell a coherent story about her own parenting experience.

IX. The Brain

- At birth, the billions of neurons you are born with are not fully organized. You have more material than you need, so the only thing that really operates is the brain stem and the right side of the brain.
- The brain develops from the bottom up and from the right to left side
- The cells that are not used die or diminish, "pruning."
- The vegas nerve (brianstem to the gut), and seratonin and norepinephrine is also contained in your gut; so the gut is often referred to as the second brain as it processes information about the world (literally).
- In the brain stem resides the autonomic nervous system. This nervous system has two branches that work in dialectical tension.

One is the sympathetic nervous system, which works like the gas pedal revving you into fight/flight response.

- The parasympathetic system works like the break pedal. It slows you down during digestion (sleep), and is always balanced by the sympathetic system.
- A well-organized system (para and sympa) is one that is balanced.
- A child having a difficult time orienting to you, is easily overwhelmed and withdrawn, never cries, is one that is parasympathetically dominant: avoidant attachment.
- If someone is exhausted, have an ear for conflict. Usually the parasympathetic kicks in when someone is upset at something. The emotion that is feared is anger, and the result is depression/exhaustion. Psychological defenses are played out at the physiological level. Thus, Wellbutrin is what is prescribed, gives them a bump, but it does not remedy the problem.
- The limbic system (amygdala – assigns meaning to events (emotionally charged meaning) and is very sensitized towards danger, the septum as well). This sits right on top of the brain stem, and everything runs through this system where it reads information and decides quickly what to do.
- When this system is developing, it is when two-way communication is unfolding.
- Can a parent help a child calm down and get into patterns? As they move into the limbic system, you see patterns of emotional regulation and feelings put into organized relationships.
- This system is pre-symbolic/pre-language, and its descriptors are globalized, rigid and inflexible.
- Coming out of the limbic system, we move into the anterior cingulate gyrus. It takes more refined information, being able to label what you feel, and make finer distinctions between different emotions – representation elaboration. As you move up the brain, the higher you get in the brain, the more the brain works from the top down. The beginning stages of empathy begin to develop. Also contained here are the beliefs and process to self-regulate. Mirror neurons, are those that observe someone enacting an event that you are specifically attending to, ones brain will line up with the brain of the individual engaged in the action.
- Prefrontal cortex, which resides behind the eyes. We want all these systems to work together; not that they don't use them; they just cannot unite them. This has the capacity to literally grow extensions, dendritic extensions, from the top down through the limbic system and attend to what the rest of the brain is doing. Attending to a heartbeat activates the prefrontal cortex, as it has the ability to not just think about but also attend to a heartbeat. You could actually create a vegal regulating response that brings your heart rate down.

- As therapists, you want to get to the prefrontal cortex that integrates the rest of the brain; but regulating the amygdale is an objective as well.

X. Memory

- A memory is any event that has occurred to you in the past that affects the way you think, feel, relate and communicate
- The definition may seem odd – do you have to be aware of it in order for it to be a memory? No. There is a difference, then, between implicit memory and explicit memory.
- Implicit memory is more right hemisphere based, and is developed prenatally. Babies have memories, even in the womb. Playing a song repeatedly in utero, and if they hear something or see someone they know they tend to brighten up and indicate nonverbally that they are familiar with that. This also tends to store procedural memory – how you do things. Memories are laid down implicitly when they happen early and repeatedly. In terms of security, these types of memories happen in the thousands as infants. Encodes interactions generalized (amygdala). There is no internal sensation indicating you are having a memory, you just do it. For example, driving a car is done so many times you do not realize it's a memory that's allowing you to do it. Traumatic events are first encoded into implicit memory and it encodes all the sensations, thoughts and feelings. To trigger that memory, you only need to experience one facet to experience the whole event again. It's remembered in a decontextualized fashion (source reference error) as though it is currently happening instead of recognizing it as a memory.
- Explicit memory is declarative – the things that you know, that you can recall (test information), stored in the left hemisphere. You are aware that this is a recalled memory.
- Autobiographical memory, where you are able to tell your story about events that may have initially been stored implicitly (emotion is tied to them) but you are aware of them and able to turn them into stories about you. They are episodic memories from the implicit memory and turn them into autobiographical. This is searched out by the prefrontal cortex and is thus integrated into a story. When they are put into this memory, you have more control over them; they take on a different form. Implicit memories take over, shoot into your head and take over, unaware. It is as though your experiencing the memory again, but if you translate it into autobiographical; the prefrontal cortex puts language into the experience and as it does it changes the form. If it is strictly implicit, you are working form the bottom up instead of the top down.
- The goal of therapy is to turn your story into autobiographical memory that helps explain what is going on. Once you can make sense of it in a bigger picture you can turn these memories into a

narrative and put the whole story together. All stories enhance narrative competence. Narrative memory is requiring the brain to be the most integrated, where you're able to integrate your thoughts/feelings/emotions and have a coherent memory of a thought or event.

Wednesday September 8th, 2010
Gary Sibcy

I. Parent's metaemotion philosophy
- The differencing parent's perceptions about emotions; are they good, are they not good? Specifically dealing with negative emotions. Some people had particular meta-emotions with specific feelings – some anxiety but not anger, etc. There were different sub points of parent meta-emotion philosophy.
  - Emotion coaching: Dismissive/derogatory style indicates emotions are unnecessary and unimportant; distract them from the emotion, derogate it, is another.
  -
- Parent's metaemotion philosophy is directly related to the child.
- The how-to's is directly encoded in the brain and informs the mind.
- Siegel – Parenting from the inside out.
- Containment belief – that you can contain my emotion; that there is a sense one can be contained. The question is, how do kids get to that belief? It does not always correspond with reality. Kids in detention home, under lock and key, have very low containment beliefs: "You can't control me." They're *locked up*.
- Parent's who take an emotion coaching style have children with a high containment belief.
- We have things backward, that if we are extremely controlling and authoritarian, kids will see them as being "in charge." In reality, children will see authoritarian parents as less-in charge.

II. All the discussion yesterday was about integration, so that they are effectively working together. The way that neurons work is that you need them to wire together. The way you do this, "neurons that fire together, wire together." If we want people to think, feel, communicate, and problem together; then we have to create situations where they are doing this all at the same time and actually *work* through it.

III. Viewed the Counseling and Therapy in video: Video: Mixed Anxiety and Depression: A cognitive Behavioral Approach
- What is deriving these panic attacks?
- What would a Christian therapist do different from a non-Christian therapist. Covertly, a lot, overtly maybe not; but it would definitely affect your thought processes. Context matters, who you're working

with matters, but even then, the way you think about a case and the variables included to the ones you leave out will be remarkably different.

- Sexual abuse is linked to psychological symptoms, but the question is, is it a direct link or is the other factors? What has been found, is that family environment (chaos, role reversal) mediate the effect. If the relationship is 0.6, than 36% of the variance in psychological symptoms is accounted for in psychological symptoms. When you add FE into the equation, you find that the connection drops to 0.5 and that FE accounts for the vast amount of correlation.
- Most of it has to do with how it is embedded into the family system. If a child is abused, the parents find out, and then they make it clear to the child it isn't their fault but a failure of the adults involved; the kids make it along just fine. This, unfortunately, isn't how abuse unfolds. Usually the perpetrator is protected.
- This was discussed in light of the triangle theory to map out psychotherapy.
- As a psychodynamic therapist, you would be remiss to not teach patients dealing with panic attacks how to effectively deal with them.
- Noting feelings of anxiety is activation of the prefrontal cortex. Asking them to pay attention to the panic attacks is exposure. The last thing a person having an attack wants to do is pay attention to it. The goal then, is to enhance self-monitoring; meta-cognition. You want them to pay attention to cognitions ("oh no, its happening again") along with the physical sensations (what they're most afraid of) and enhance awareness of it. This awareness causes the prefrontal cortex to be aware of what your limbic system is doing instead of disconnecting; thus enhancing neuro-integration through self-monitoring.
- Autonomy (Exploration) is the sense of ones self worth, and something that you would work towards with a patient.
- Is there anything being done in this video that is un-Christian? When working with Christian's you need to discuss the *relationship* with God, when they usually want to discuss the Bible. God isn't the Bible, He's revealed through it, but He isn't *it.* When people have distortions, there is an interest in where they come from. People have a belief and then go to the Bible and find things that confirm it, rather than use scripture to form those beliefs. People preoccupied in their attachment style, selectively attend to aspects of the bible where God says "depart from me, I never knew you." These things that suggest you may think you're a believer but are not; all other verses don't really register.
- In a non-Christian practice, you still ask if they're religious and the importance of their religion. If there is no indication that they're religious, you don't imbed it, unless it comes up in the narrative and

then you can address it. There are issues with thinking that therapy is your chance to proselytize people.

- Integrative links – abusive husband (belittling, degrading), prior abusive father (belittling and berating). Core schemas and beliefs are developed from this and seeing things as black or white then magnifying negative thinking.
- Narrative reconstruction is the term for a cognitive therapist. From a psychodynamic perspective, this is narrative competence. This is providing the secure base that allows individuals to explore their life narrative and to be able to reflect on it and think about it and come to an understanding of it. This leaves someone with a more integrated sense of the past and the present. Good therapists take into account metaphors people use and unpack them by creating inter-subjectivity where both therapist and patient are on the same page as they talk about the patient's world. The witnessing of the telling of a story changes the nature of the story, and the therapist directs her attention to parts of the story that are otherwise neglected or omitted.
- 1. How did your mother die? 2. How did you learn about her death? 3. How did you feel on the inside? Unresolved grief does not mean you are sad about it. The lack of resolution is where you actually have not fully come to appreciate the reality that this person is gone, and still lives as if they are still there. The other side is that they haven't allowed themselves to feel the feelings.
- Another step in this process is exposure, to change how she is feeling and reconstruct her perceptions of grief. The limbic system that is activating the grief contains it as weakness and the sign of being a bad person. Those beliefs are primarily contained there, and are not symbolized; they haven't really been articulated and put into words. We are blocking her defense to see herself as a total failure, having already deactivated the defense of a panic attack previously, has made it more possible for the therapists right hemisphere to regulate her right hemisphere and activate her right prefrontal cortex to label and reflect on what is happening and linking events that have not been symbolized before into narrative. This language base is now involving the left hemisphere and linking it to the right brain; by using narrative you are using your whole brain.
- Therapy is similar to Columbo…"why did you do that" is a verbal back-and. You want to be collaborative. You don't want to just ask a series of endless questions, but rather dig for differences in emotions under certain circumstances. There is an art to good questioning, and it has to be learned to be successful.
- Further questions: 4. Did you go to the funeral? (Generally a story around that). 5. How did you feel at the funeral? 6. How has that affected you? 7. How do you feel like it affects you today?

Thursday September 9, 2010
Gary Sibcy

I. Dialogue about previous class.
II. Watching Video Number II
III. Addressing this individuals stressors
IV. Role Transitions – these can be either positive or negative.
    - Normal development involves them. Consider the life cycle, or family life cycle, getting married (positive) that can trigger a great deal of insecurity (negative). Even in getting a job, a promotion, can trigger insecurities. Negative stressors like divorce, going through adolescence, are all transitions that draw on your underlying insecurities.
V. Relationship conflict – can either be overt or covert
    - Now you and another person (an important person) are having conflict.
    - Unresolved loss, complicated bereavement, is different than someone dying two years ago and suffering depression without knowing why.
    - Loneliness – primary/historical and secondary interviews address whether or not you have close friends. Primary loneliness are people without close friends means they don't have a lot of support and lack the capacity to make and keep friends. Some people can make friends, but can't keep them; usually an indication of personality dysfunction. Secondary loneliness is related to one of the other situations (i.e. divorce).
    - His level of insight is not as developed as the lady from the previous session.
VI. Dynamic Formulations
    - Edward has a fear of intimacy, and would feel uncomfortable with that. It would prematurely end therapy or feel guilty to allow him to become uncomfortable.
    - His past relationships were very formal and traditional.
    - He exhibits "flavors" of avoidance (driven, motivated) but what is he angry about? Just because he needs to do things? His anger is derived from his fear of being alone. To say, "I'm angry," is highly differentiated but to rant about a particular situation is angry-preoccupation.
    - Avoidant people do not usually get into therapy because of family, as they generally idealize it, but they usually arrive because there are issues at work. This isn't an introjective depression though, as he is upset about the changing roles, and feeling unimportant and abandoned.
    - You don't want him to overexpose himself and run out. His core complaint is that he's feeling more depressed and is likely overwhelming him but he is really angry, lonely (related to his

attachment "need someone to take care of me") and linked to an emotion he's not comfortable with: independence and autonomy

- His wife is his secure base, which allows him to explore, find autonomy and have independence. Without his secure base, he's helpless. "I can't do it alone, by myself." There is no self-soothing about being on your own.
- You can make sense then of his upbringing, it was likely formal, traditional, and likely had a mother that did everything for him: laundry, meals, and decisions. She neglected the top half of the circle relationally to create independence. Likely a "momma's boy," and was likely overindulged.
- How would it come out in the transference? The "take care of me" approach will probably evidence itself. Most therapists don't deal with transference, and that is part of the problem. You will be a better cognitive therapist if you do this. His current relationships, he feels abandoned. He is conflicted because they are not there to take care of him. His interpersonal style is going to be more submissive, hostile, seeking help but feeling like it is futile.
- "I feel like I'm being taken advantage of" is usually accompanied by anger. He didn't indicate he was feeling angry, but instead stated he's feeling "down and tired." He is able to show anger in his verbal delivery, but he is not able to identify it. When anger is adaptive, the accompanying behavior is assertiveness. By not acknowledging his anger, he is also cutting himself of from using the behavior that would accompany it. So instead of being assertive, he is tired and worn out. I shouldn't have to be assertive, people should just know! They obviously aren't as good as mom!

VII.