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COURSE TITLE:

Contemporary Issues in Psychotherapy II

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ATLANTIC INTERNATIONAL UNIVERSITY

02 January, 2025

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INTRODUCTION

The foundation of contemporary psychotherapy is in understanding past experiences, how they significantly shape present behaviour, thoughts, and emotions. A central focus is fostering self-awareness, enabling clients to uncover how unresolved trauma and relational patterns influence their current lives. Drawing from various modalities such as psychodynamic therapy, cognitive-behavioural therapy (CBT), and somatic approaches, psychotherapy empowers individuals to look back into their childhoods, explore their experiences and build healthier patterns.

This essay examines the role of self-awareness in therapy, emphasizing the impact of past traumas and relationships on current functioning. It also explores how different therapeutic frameworks address these dynamics.

SELF-AWARENESS IN PSYCHOTHERAPY

Self-awareness is a fundamental principle of any therapeutic work. It is an individual's ability to reflect on and understand one's own feelings, decisions, emotions, behaviors, and thoughts, thus allowing the client to recognize patterns that perpetuate distress and the unwanted behaviour. Contemporary approaches often integrate techniques to enhance this awareness.

For example, psychodynamic therapy emphasizes revealing unconscious processes embedded in childhood experiences. Freud's concept of the "unconscious mind" remains essential in understanding how suppressed memories or conflicts manifest in adulthood hence determining how one behaves, reacts to situations, their decisions, and emotional regulation (Freud, 1910). Similarly, mindfulness-based therapies, including Dialectical Behaviour Therapy (DBT),

encourage clients to observe thoughts and feelings nonjudgmentally, fostering self-awareness and reducing reactivity (Linehan, 1993).

UNDERSTANDING THE EFFECTS OF PAST TRAUMA

According to Corsini's (2002:1019), trauma is the result of a painful event, physical or mental, causing immediate damage to the body or shock to the mind. Psychological traumas include emotional shocks that have an enduring effect on the personality, such as rejection, divorce, combat experiences, civilian catastrophes, and racial or religious discrimination. Continuing or unresolved result of such an event to the body or mind or both causes physical or psychic injury stressful or shocking, that may be the original cause of some emotional or mental disorder. Some such events early in life are be the foundations for adult neuroses or psychoses.

Furthermore, trauma, particularly when unresolved, has profound effects on emotional regulation, interpersonal relationships, and cognitive processes. Contemporary psychotherapy acknowledges that trauma is stored not only in memory but also in the body, as Bessel van der Kolk's work in *The Body Keeps the Score* highlights (Van der Kolk, 2014). Traumatic experiences can lead to maladaptive coping mechanisms such as avoidance, hypervigilance, or dissociation.

Moreover, trauma is encompassing energy, ideally, this energy could be used more productively in facilitating creative growth and change, but instead, the subpersonalities, which are typically fear based, resist change and keep one cantered in survival mode. The way to harmonize and integrate these fragments into a whole is to first become aware of who they are (self-awareness) and when they are throwing you off balance; and secondly, to find a way for your core self to lovingly communicate with these subpersonalities and get them on the same mind-set and goals with respect to your mission in life.

Therefore, it can be concluded that trauma drains our energy, hence, the effect trauma has on energy, described in different ways such as ‘frozen energy’ of the immobility response (Levine 1997:99-100), energy released in order to prepare for fight or flight, and the release of energy when we heal from trauma.

Moreover, people who have experienced a traumatic event or events can respond in various ways following the event(s). Factors obvious to others that will influence an individual’s response are the nature and severity of the event. Perhaps not equally apparent to others is the individual’s own past history and experience. This in itself can shape the way in which the person responds, and also contributes to the level of resilience or level of vulnerability of a person in any given circumstance. Vulnerability to trauma, according to Sadock & Sadock (2003:624) emphasize that the stressors that cause ASD (Acute Stress Disorder) as well as PTSD (Post-Traumatic Stress Disorder) are severe enough to affect almost anyone, and may sometimes have characteristics of anxiety, dissociation, fear, anger and aggression.

Therapeutic approaches like Eye Movement Desensitization and Reprocessing (EMDR) specifically target the integration of traumatic memories. EMDR helps clients reprocess distressing events, reducing their emotional charge and fostering adaptive insights (Shapiro, 2001).

ATTACHMENT AND PRESENT BEHAVIOUR

Attachment theory suggests that secure attachments formed during infancy, characterized by feelings of trust, security, and emotional intimacy, provide a secure base for healthy social and emotional development. In contrast, experiences of childhood trauma, ranging from physical and emotional abuse to neglect and parental absence, divert the formation of secure attachments, resulting to patterns of insecure attachment characterized by anxiety, avoidance,

or disorganization. These insecure attachment styles, deeply rooted in early adversity, manifest in individuals' relational patterns and interpersonal dynamics in adulthood, often leading to challenges in forming and maintaining close, fulfilling relationships.

Childhood Trauma and Attachment Styles

- **Anxious Attachment:** Research by Bowlby and Ainsworth established that children who experience inconsistent caregiving or frequent separations may develop anxious attachment patterns. These individuals often exhibit a heightened fear of abandonment and seek excessive reassurance in their adult relationships.
- **Avoidant Attachment:** Children who endure neglect or emotional unavailability may develop avoidant attachment styles. Adults with avoidant attachment tend to maintain emotional distance in relationships, avoiding intimacy and minimizing the importance of close connections.
- **Disorganized Attachment:** Severe trauma, such as physical or sexual abuse, can lead to disorganized attachment. Adults with disorganized attachment often struggle with conflicting behaviors, such as intense fear of abandonment coupled with avoidance of closeness, resulting in unpredictable and chaotic relationships.

Attachment theory, developed by John Bowlby (1988), provides a perspective to understand how early relationships influence adult behaviour. Secure attachments foster resilience, while insecure attachments may lead to patterns of avoidance, dependency, self-destructive behaviours, and/or fear in relationships hence childhood trauma significantly shapes adult attachment styles and interpersonal relationships, as individuals who have experienced early adversity often exhibit distinct patterns of attachment characterized fear of intimacy, rejection, low self-esteem, dependency, and anxiety. Contemporary therapies like Emotionally Focused

Therapy (EFT) address these patterns, helping clients develop healthier relational dynamics (Johnson, 2008).

Interpersonal therapy (IPT) is another effective modality for exploring the relational impact of early experiences. IPT focuses on how current interpersonal challenges stem from past relational models, encouraging clients to establish more functional communication and connection (Weissman et al., 2000).

Integrative Approaches to Healing

Modern psychotherapy often adopts an integrative approach, combining insights from various modalities. For instance, somatic experiencing emphasizes the role of the body in healing trauma, recognizing that physiological responses can perpetuate distress (Levine, 1997). Integrating cognitive restructuring with body-based awareness ensures a holistic healing process.

Furthermore, narrative therapy empowers clients to reframe their life stories. By identifying themes of resilience and growth, clients can transcend victimhood and adopt a sense of agency in shaping their future.

THERAPEUTIC FRAMEWORKS IN ADDRESSING TRAUMAS.

Psychodynamic Therapy

Psychodynamic therapy commonly known as psychoanalysis focuses deeply into the unconscious mind, exploring how repressed memories and unresolved conflicts and trauma from childhood influence present-day behaviors and emotions. Founded in Freudian principles, this therapy emphasize the influence of the unconscious mind, early childhood experiences, and internal conflicts on behaviour and personality development.

Modern psychodynamic approaches often focus on relational dynamics, emphasizing patterns that stem from attachment disruptions. A key technique is free association, allowing clients to explore thoughts without judgment, fostering deeper self-awareness (Shedler, 2010). By making unconscious patterns conscious, clients can gain insight into how early relationships affect their current behaviors. However, this approach has received the following criticisms:

- **Difficulty in testing concepts:** One of the main challenges with psychodynamic theories is the difficulty in testing their concepts. Ideas such as the unconscious mind and defence mechanisms are abstract and often intangible, making them hard to measure or observe directly. For a theory to be scientifically valid, its concepts need to be testable and falsifiable. Because many elements of psychodynamic theory are deeply rooted in subjective interpretation, they are not easily subjected to empirical scrutiny. This makes it hard to validate or refute these theories with scientific evidence
- **Overemphasis on childhood experiences:** A major criticism of psychodynamic theories is their heavy focus on early childhood experiences. According to these theories, events and relationships in one's early years have a profound and lasting impact on adult personality and behaviour. While it is true that childhood experiences play a role in shaping who we are, critics argue that these theories underestimate the potential for change and personal growth in later life. People continue to evolve based on new experiences and choices they make daily.
- **Lack of empirical evidence:** Psychodynamic theories, such as those developed by Sigmund Freud, have been criticized for their lack of scientific rigor. This means that many of these theories are based more on clinical observations and subjective interpretations rather than solid empirical research and controlled experiments. Critics argue that the evidence supporting these theories is often anecdotal and not replicable in scientific studies. Scientific rigor demands methods that can be objectively tested

and consistently reproduced. Unfortunately, psychodynamic theories often fall short in this aspect.

- **Deterministic nature:** Psychodynamic theories are often viewed as deterministic. This means they suggest that individuals have little control over their behaviour and personality, often attributing these to unconscious forces and early life experiences. Critics argue that this viewpoint diminishes the role of free will and personal agency. It implies that people are more or less slaves to their past and unconscious processes, which many believe is an overly pessimistic and limiting perspective. In reality, individuals have the capacity to make choices and change their behaviors irrespective of their past.

Cognitive-Behavioural Therapy (CBT)

CBT is a structured, goal-oriented modality that addresses the interplay between thoughts, emotions, and behaviors. While traditionally focused on present issues, CBT can also address the impact of past trauma by helping clients identify and reframe maladaptive beliefs formed during traumatic experiences.

A specific adaptation, Trauma-Focused CBT (TF-CBT), is designed for individuals coping with post-traumatic stress. It involves gradual exposure to trauma-related memories and restructuring distorted cognitions, enabling clients to regain a sense of control and reduce avoidance behaviors (Cohen et al., 2006). However, this approach has been criticized for:

- **Focus on current problems:** CBT focuses on current thoughts, behaviors, and problems, rather than the underlying mental conditions that may be causing them. For example, CBT may not address childhood trauma, which could be the root cause of a client's current issues.

- Ignores the impact of others: CBT focuses on the individual, but doesn't consider the impact of the client's family, friends, or surroundings.
- Time-limited approach: CBT is typically a short-term treatment, with clients attending 6–20 sessions, each lasting 30–60 minutes. This may not be enough time for clients with chronic or personality disorders, or for the therapist to build a relationship with the client.

Example Technique: A client with a belief of "I am unworthy of love" stemming from childhood abuse might be guided to challenge and replace this belief with evidence-based affirmations through cognitive restructuring exercises.

Case Example: A client with a history of emotional neglect might repeatedly sabotage close relationships due to fears of abandonment. Through exploring these fears, the client uncovers their roots in childhood and begins to develop healthier relational patterns.

Eye Movement Desensitization and Reprocessing (EMDR)

EMDR is a highly specialized approach for trauma processing. It involves recalling distressing memories while engaging in bilateral stimulation, such as eye movements or tapping. This process helps desensitize the emotional impact of traumatic memories and integrate them into a more adaptive framework (Shapiro, 2001).

What sets EMDR apart is its focus on the physiological and cognitive effects of trauma. By targeting the nervous system, it helps reduce the "fight, flight, or freeze" responses that clients often experience in reaction to triggers. However, this approach has been criticized because:

- It only works with conditions related to traumatic experiences: If you have a mental health condition because of an inherited condition, an injury or other physical effect on your brain, EMDR is unlikely to help.
- Why it works is still theoretical: EMDR was an accidental discovery. Experts still can't fully explain why it works, despite the evidence that it works.

Example Case: A survivor of a car accident who avoids driving might use EMDR to reprocess the memory of the event, ultimately reducing their emotional and physical distress when encountering similar situations.

Somatic Experiencing (SE)

Somatic Experiencing, developed by Peter Levine, emphasizes the body's role in trauma. It addresses how traumatic experiences get "stuck" in the body, leading to chronic stress or dissociation. SE focuses on safely releasing this stored energy by encouraging clients to track bodily sensations and complete unresolved fight-or-flight responses (Levine, 1997).

This modality is particularly effective for clients who struggle with emotional regulation or feel disconnected from their bodies. It integrates mindfulness and body-awareness practices to foster self-regulation and resilience. However, this approach has received the following criticism:

- Somatic experiencing evidence base support it is currently inadequate. For this reason, it is not yet a viable substitute for more well-researched treatments.
- SE also incorporates ideas, such as polyvagal theory, that researchers have not proven.
- Others have voiced concerns about the use of touch. This could be triggering to some trauma survivors, and in the wrong hands, it could be exploitative or interfere with the therapeutic relationship between a client and therapist.

- Another issue is that unlicensed practitioners can offer SE. A person does not need to be a psychotherapist to offer this treatment, and this may mean they do not have the same knowledge or training.

Example Technique: A client with a history of physical abuse might explore sensations of tension or numbness in their body during sessions, gradually building tolerance for these feelings and learning to release them.

Attachment-Based Therapies

Attachment-based approaches, such as Emotionally Focused Therapy (EFT), directly address the relational patterns formed in early life. EFT is particularly effective in couples therapy, helping partners recognize and break cycles of insecurity and conflict rooted in attachment fears (Johnson, 2008).

Key Focus: EFT guides clients to explore their attachment needs, helping them communicate vulnerabilities and build secure, supportive connections. For individuals, attachment-focused therapy often explores how childhood caregiving experiences influence their current relational tendencies. However, it has been criticized because:

- The theory overly emphasizes the role of the mother in a child's development, potentially neglecting the contributions of other caregivers like fathers and grandparents.
- The theory's Western-centric framework may be challenged by cultural differences in child-rearing.
- Some say the theory takes a deterministic approach to human development, and does not take into consideration, the environment, human growth and change.

Example Case: A client with an avoidant attachment style might struggle with intimacy. Therapy would focus on understanding the protective nature of their avoidance and fostering trust in relationships.

Mindfulness-Based Therapies

Mindfulness-based approaches, including Mindfulness-Based Stress Reduction (MBSR) and Dialectical Behaviour Therapy (DBT), encourage clients to cultivate present-moment awareness and non-judgmental acceptance of their experiences (Kabat-Zinn, 1990). These therapies are particularly useful for clients dealing with the long-term effects of trauma, such as anxiety or emotional dysregulation.

In DBT, mindfulness is one of the core modules, alongside emotion regulation, interpersonal effectiveness, and distress tolerance (Linehan, 1993). These skills enable clients to manage overwhelming emotions while addressing underlying trauma.

However, Contrary to popular opinion, the evidence for even the most ‘well-founded’ benefits of mindfulness are not consistent or conclusive. A recent comprehensive study of randomised clinical trials showed that mindfulness interventions only led to moderate improvements in depression, anxiety and pain, and very small improvements in stress reduction and quality of life. There was no evidence that mindfulness had an effect on other variables, such as positive mood, attention, sleep or substance use. Further, when mindfulness was compared with other interventions, such as physical exercise or relaxation, it was not more effective.

Example Practice: A client might learn to observe their emotional reactions during a triggering event without acting on them, fostering greater control over their responses.

Narrative Therapy

Narrative therapy helps clients reinterpret their life stories, focusing on identifying strengths and reframing negative self-concepts (White & Epston, 1990). This approach is especially helpful for individuals whose identities have been shaped by trauma or disempowering relational experiences.

However, one of the major disadvantages of narrative analysis is that it cannot be used in all research topics (Frost, 2011). It is considered a challenging approach to use because the researcher needs to collect extensive information about the participants. Also, the researcher should have a clear understanding of the context of the individual's life. It is essential to maintain an active collaboration with the participants throughout the study by keeping an account of the participant's personal and political backgrounds. Further, multiple issues can arise while collecting and analysing stories which can be time-consuming.

Example Case: A client who views themselves as "broken" due to a history of abusive relationships might work with a therapist to highlight stories of resilience and empowerment, reshaping their self-concept.

CONCLUSION

Contemporary psychotherapy provides a rich framework for understanding and addressing the effects of past trauma and relationships on present behaviour. Through enhancing self-awareness, processing trauma, and reshaping relational patterns, therapy offers clients tools for meaningful change. The integration of diverse therapeutic modalities ensures a tailored approach to each individual, fostering growth, healing, and empowerment.

Moreover, each therapeutic modality brings unique strengths to the process of understanding and healing from past traumas. Psychodynamic therapy and attachment-based approaches delve into relational origins of behaviour, while CBT and EMDR focus on addressing specific trauma-related symptoms. Somatic and mindfulness-based therapies integrate the body-mind connection, and narrative therapy empowers clients to reconstruct their life stories. Together, these modalities provide a comprehensive toolkit for fostering self-awareness, processing trauma, and building healthier futures.

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