Neuroscience Update

Can neuroscience help to make psychotherapy more acceptable?

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In the last few years, there has been a flurry of publications about neuroscientific topics that overlap with topics of interest to psychotherapists, and even some that purport to explain psychotherapy in neuroscientific terms. I meet quite a lot of colleagues who have great hopes of this development. The hopes seem to be not so much that therapists might learn how to do better therapy, but about how psychotherapy is seen by the general public and perhaps especially by the medical profession. We appear to be hoping that the neuroscience will make us more acceptable, more respectable.

As far as I can see, there are two specific aims that we might hope for. Either neuroscience might show that psychotherapy 'works' – that is, show measurable, structural, visible, graphic changes on people's nervous systems following therapy. Or it might elucidate mechanisms by which psychotherapy works – this would strengthen its plausibility and thereby the case for its efficacy. Quite probably, the hope is that neuroscience will show both *that* psychotherapy works and *how* it works.

I assume that behind these hopes must be a belief that we are not respected and accepted; that the general public and especially the medical profession do not recognize psychotherapy as a valid approach to human suffering; that our work is not seen as useful.

When I come across issues around acceptability, I get a bit suspicious. I tend to imagine a client who tells me that they feel marginalized and on the edge of an in-crowd, and that what they do is seen as worthless. Trying to help this client to find the magic words that will make their work accepted by others is a possible intervention, but it would not be my first choice by a

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long way. I would much rather explore just who is not accepting, and how being unacceptable feels, and what they think might happen if they were accepted.

So, if the client is the psychotherapy profession, what could be a useful intervention here? Is it to support the endeavour to phrase our work in scientific terms? Or shall we explore our sense of being marginalized, and hope to maybe process our own wounds and judgements about acceptability and belonging a little?

Surely it would be valuable to work through our own internalized version of the prejudices and beliefs about our lack of acceptability. How much do we subscribe to the power structure in our society, which credits natural science with some sort of absolute truth and prizes objectivity above ethical and compassionate values, measurable quantities above experienced qualities, and logical thoughts above feelings? And, importantly, given that we have all chosen to be members of this countercultural and marginalized profession, what is our investment in the position of being on the margins and not understood? How come we make this choice and then complain that we do not like it? What would happen if we were understood and accepted?

I can have a lot of fantasies about what it means for the profession to be on the margins. I imagine there is a great deal of real ambivalence and a need to be separate from the healthcare world, which can look so big and threaten to engulf us to the point where we lose our identity. So there may indeed be a need to remain a bit apart and a bit special.

As a member of this profession, I think that the crux is the expectation of an acceptance that is conferred upon me by some external authority. But, in reality, this authority is an internal one, or at least needs to be mirrored by an internal one if I am to be respectable and acceptable. I will only ever be as acceptable as I feel myself to be.

As an extension of this, the fantasy that therapists can become accepted by being useful seems terribly familiar to me, and is of course a version of a dynamic widespread in the helping professions. The extra twist here is that we cannot believe in our acceptability just for who we are, so being useful becomes a – pretty miserable – substitute for being acceptable *a priori*.

When I think about the issue of trying to show that psychotherapy works and how it works, I equally have to own that I am the one who is sometimes not sure about that. There is something about psychotherapy as an art rather than a science that can at times leave me profoundly insecure and longing for the graphic evidence that would show me exactly what to do, would present me with a set of precise instructions that guarantee success. I also wonder if the wish for more explanation and more certainty reflects the helplessness we often feel in the face of the sum of human suffering, and the recognition that we can only ever relieve a tiny little drop of it.

I feel that these are some of the topics that I would like the profession to explore before we all rush to reframe psychotherapy in neuroscientific terms.

We could ask: does it matter? Does it do any harm if we pursue the fantasy that by explaining psychotherapy in the right neuroscientific terms, we will be accepted by 'the establishment'? After all, this kind of project has a long history in the profession. Readers may know of Ernest Jones, who deliberately translated Freud's works in a scientific language[1] in a bid for medical respectability. In my own field, several body psychotherapists have proclaimed the discovery of scientifically explainable cures for all neuroses (Reich, 1969; Boyesen, 1980). With the benefit of hindsight we can see that these people did not succeed in making psychotherapy any more acceptable to the medical profession than it already was, and their efforts have done nothing to make psychotherapy acceptable to the general public. On the other hand, they do not appear to have done a lot to discredit psychotherapy either. So we might believe that it does not matter.

But perhaps we need to think just a little bit more about neuroscience and its relationship to psychotherapy, before we can get a sense of whether this 'project' in itself will do any harm. I have tried to make the point elsewhere that there are several basic differences between neurobiology and psychotherapy that cannot be eliminated (Stauffer, 20008). These differences relate to the perspective from which the human organism is observed, and to the kind of questions that each discipline can meaningfully address. What I hold to be the most important of these differences is the fact that neurobiology describes the human nervous system as seen from outside, whereas psychotherapy describes the human soul (or mind, if you prefer) as experienced from inside.

I propose that this has far-reaching consequences, particularly for the practice of psychotherapy. To the extent that I view psychotherapy as a relational activity, as a process of healing and growth that arises out of contact between two people, surely it must make a difference whether one of them thinks of the other in terms of 'his/her limbic system is activated'[2] or 'he/she is frightened and quite overwhelmed by that'. The first statement sounds to me as though the person saying it is trying to keep the fear at arm's length by locating it in a particular part of the other's brain. The second sounds less sophisticated but more involved.

I think it is worth saying that the two statements describe the same observable phenomenon, and that the information content of both is pretty similar. I want to generalize this and claim that neuroscience has, to date, contributed little to our understanding of ourselves. Particularly in the field of early attachment, neuroscience is quite vocal about what important new insights have been gained in the past twenty years or so (e.g., Schore, 1994); but psychotherapists, and especially the attachment theorists, have been well aware of the lifelong

sequelae of inadequate early attachment since at least the 1950s and 1960s (e.g., Bowlby, 1951, 1969; Emde, Polak, & Spitz, 1965).

Neuroscience has given us a lot of new words that can be used as a convenient shorthand; it has given us some images and metaphors that potentially replace older ones; and it has given us many explanations of our experience that turn out, on closer inspection, not to explain anything. To stay with my example, I cannot for the life of me see the explanatory or therapeutic value of knowing that my limbic system is activated when I am frightened.

Nevertheless, many people clearly find explanations useful. I suspect that they primarily serve as validation for subjective experience. This could take the form of 'I am not the only person who feels as I feel'; or it could be 'There is a reason for the way I feel'; or it could simply mean 'I am not mad'. From therapeutic experience, we know that all three of these can be powerfully healing insights. But I think it is crucial to bear in mind that they are not healing *per se*, just like any therapeutic interpretation is not healing *per se*, but critically dependent on the context. Mostly, an insight will be transformative if it is connected to embodied experience, to a felt sense of self. In that sense scientific interpretations are like all interpretations in psychotherapy. They need to be held in the context of a relationship with another human being in order to effect some healing. Another thing that directly follows from this is the observation that an explanation does not have to be scientifically accurate in order to fulfil this function, as long as it comes in the right context at the right time.

So what about using neuroscience as a language that will explain psychotherapy to other health professionals? It seems to me that within the project of becoming 'respectable', it still matters a good deal how we represent ourselves. I would say it is a good thing for there to be some congruence between what we do and how we talk about it. The risk of misrepresenting what psychotherapy is and what it can do for individuals who dare to engage deeply, seems to me very high. Surely it is precisely the tendency to explain psychotherapy as a manipulation of the functions of a client's nervous system that ends up representing psychotherapists as mere automatons of cognitive restructuring to the degree where they can be replaced by computers.

Personally, and I am sure that I am not alone in this, I have feelings about whether we depict ourselves as technicians who treat minds or as people who make their humanity and compassion available, using their considerable skill and maturity to inform them how best to do this. I would argue that it is a good thing to communicate more with other caring professions. But I would add that what we need to do is to educate people as to what psychotherapy can do, and to do this in clear language. I do not see that neuroscience can be particularly helpful in that endeavour.

I would like to conclude with the words of a colleague: If we try to re-frame psychotherapy in neuroscience terms, we will lose its soul.

Notes

1. A convincing discussion of this is presented in Bettelheim, 1982.
2. This is actually a quote from a colleague.

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