Changing minds in therapy: **the way forward?**

Research from neurobiology offers significant insights which make clear that the nature of counselling must allow for the importance of the affective and relational as agents of change as well as the task of changing cognitions if it is to assist in the process of changing minds at depth. **Margaret Wilkinson** draws from her new book[1]

The importance of a good early attachment as a foundation for learning

Research has demonstrated that the baby's right hemisphere is online from birth and readily available for the affective engagement between mother and baby that gradually builds the baby's brain-mind. The mother's feeling states directly determine the earliest feeling states of her infant, gradually building the patterns in the baby's developing mind that this new human being will use to determine how future relational experience will be. Fonagy et al[2] note that 'affect expressions by the parent that are not contingent on the infant's affect will undermine the appropriate labelling of internal states, which may, in turn, remain confusing, experienced as unsymbolised, and hard to regulate'. Children who have become thoroughly confused by what has been offered by the mother cannot discern a clear path that they may follow that will take them confidently out into a world of successful relating. In contrast, in healthy interaction, as Carvalho[3] comments, 'The mother's mind enables the infant's mind, her right orbito-frontal cortex standing proxy for her infant's until it is ready to come online'.

The resilience factor

Often when young people have managed the transition away from a difficult home environment, only then do they come to realise that they have not left their problems behind them as they hoped but that they have come with them as part of their internal world. Students engaged in tertiary education who arrive with difficult early experience as part of their luggage are an interesting sample of those who have a quality of resilience that in spite of early difficulties has enabled them to meet some developmental challenges appropriately. Oaksford and Frude[4] made this point in relation to the female sample of university students who had experienced child sexual abuse. A successful counselling approach will work from these strengths rather than focusing merely on that which the student perceives as a deficit. Fosha[5] suggests that 'through just one relationship with an understanding other, trauma can be transformed and its effects neutralised or counteracted'. Sometimes that other may have been a member of the extended family, a neighbour, a friend's mother, or, as is particularly likely in the case of those who do well academically, a series of teachers who engaged them affectively and helped them towards a sense of self worth. The counsellor in turn may become part of the chain of those who offer an affective engagement which moves the young person closer to achieving what I have come to think of as a 'learned' secure attachment.

Patterns in the mind

Patterns of expectation of how things will be in the world of relationships, based on our very earliest relational experience, become deeply ingrained as 'patterns in the mind'; as such they form the content of the implicit memory store, lodged in the right hemisphere, unavailable to conscious mind or to explicit hippocampal memory. Persecutory patterns of expectation dominating the unconscious of some students who have experienced early relational trauma are part of the reason why these young people fail to form supportive friendships as others react at an unconscious level to their inner vulnerability, just as they

unconsciously distrust 'the other'. Material from the implicit may be difficult to work with but the counsellor whose work is grounded in insights concerning the neurobiology of emotion and in particular the role of right hemisphere processing will pay particular attention to dissociative states of mind, to the patient's own use of metaphor which through vivid, visual images, or dreams, or musings, may help to carry emotional truth from the world of the implicit.

The importance of the right hemisphere

The right hemisphere is the cradle of the bodily based self. Because it is the home of the implicit it determines the individual's expectation as to how future relationships will go. 'Implicit memory is the source of the deeply founded ways of being and behaving that govern an individual life. These hidden depths are the early established patterns, recorded in the implicit memory store of the early developing right hemisphere'[6]. Unconscious emotional processing of current relational experience is undertaken by the right hemisphere and measured against earlier experience. This processing inevitably leads to an unconscious emotional response based on that earlier patterning. Pally[7] comments: 'we learn from the past what to predict for the future and then live the future we expect'.

The right hemisphere is also the source of originality, creativity, and emotional growth and development. Because the right orbitofrontal cortex controls the regulation of emotional and bodily feelings, it has become known as the emotional executive of the brain, acting as de Gelder describes 'in concert with the amygdala and somatosensory cortex'[8]. It is adequate processing activity in both hemispheres that gives rise to a more coherent sense of self in the world. Adequate linking also needs to occur throughout the right hemisphere, especially of the attachment and affect-regulating networks of the orbital medial prefrontal cortex, the amygdala, and associated structures. Any contemporary approach to changing minds involves judicious consideration of the relative weight to be given to the affective and cognitive alongside the intra- and intersubjective domains at any given moment[1].

The mind-brain-body continuum and the demise of the Cartesian duality

Sinason[9] points out that in the past 'to cope with the privileged access to the mind of the client a split has been made that excludes the body'. Now the earliest somatic experience of another is understood as the base from which we build all relational experience, such a split is no longer tenable. Our clients may come speaking of mental distress but this can be treated properly only if we remain aware of the mind-brain-body complexity of the human being. Haven[10] suggests that it is 'misguided, to focus exclusively on the cognitive and emotional meaning of the experience' and argues that past traumatic experiences are 'imprinted in the deeper regions of the brain that are only marginally affected by thinking and emotion ... embodied in current physiological states and sensations'. Brown[11] draws attention to the observational skill necessary to read the emotional body language of our clients, which often speaks louder than any words a client is able to voice in the early stages of therapy. She suggests that 'it requires a finely attuned consciousness to discern and comprehend ... changes within the body which are also the signal to changes in the psyche'. Our concern may be primarily with our clients' feelings but neuroscientists such as Damasio[12] understand an emotion as arising in the body, being the sum total of somatic and autonomic changes that take place in the body as a result of some particular stimulus. Damasio defines a feeling as the mental representation of a particular body state. The neural substrate of a feeling may then be understood to be the set of neural patterns that map that particular body state from which a mental image can emerge. The way forward in treatment must incorporate a holistic approach.

Mind-brain plasticity

I am often asked if painful patterns in the mind built from damaging early experience are indelible, inerasable.

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While the effects of trauma may be manifest in hypervigilance and heightened activity in the HPA axis, heightened sensitivity of the amygdala, damage to the hippocampus, and failure to develop adequate inhibitory cortical controls, brain plasticity and affective engagement with the therapist hold out hope for change. It is the amazing plasticity of the brain that permits the constant development of new neural pathways; indeed, that is exactly how all learning takes place. Modification of neural pathways occurs when the brain experiences something different to what previous experience had led it to expect. 'Working with the transference' is a particular kind of attempt to explore with the client the difference between what they expected in the relationship, based on earlier experience, and what is actually occurring. Metaphor is particularly fruitful in initiating change in that the use of metaphor lights up more brain centres than any other form of human communication, thus facilitating change in the mind[13]. Just as in the beginning affective engagement is necessary for the earliest learning to take place, so in counselling and psychotherapy the affective engagement of counsellor and client is the best predictor of productive change.

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Thinking and feeling strands in therapy

Today the disciplines of counselling and psychotherapy stand at the interface of what might be termed the cognitive-affective divide. Traditionally we have emphasised words, interpretations, and the changing of cognitions. Currently we have come to a greater appreciation of the affective, relational aspects of our work and the way in which they relate to the early right-brained experience of the child in relation to the primary caregiver, in particular to the early interactive experience that is held in implicit memory, in the memory store of the right hemisphere, unavailable to conscious mind[1]. Mundo[14] argues that effects of psychotherapy on the brain will be found in areas concerned with implicit processes. Ginot[15] stresses that therapists have become increasingly aware that 'explicit content, verbal interpretations, and the mere act of recovering memories are insufficient venues for curative shifts' and that what is needed to change minds is the 'transformational power embedded in unconscious affective interactions'. Empathic understanding, through unconscious imagination, such as is manifest in countertransference phenomena, is one of the keys to the successful therapeutic process.

But what is the nature of this direct access that we have to the other and how does it impinge on our work with our clients? Decety and Chaminade[16] suggest that 'perception of emotion activates the neural mechanisms responsible for the generation of emotions'. They conclude that understanding of others (in this case counsellor and client) takes place as one represents the mental activities and processes of others by generating in one's own mind (and body) 'unconscious processes that might almost be described as *unconscious imagination*, that is *a generating of neural experiencing at an unconscious level of similar activities and processes in oneself*'. Schore[17] stresses attachment communications are implicit, affective and non-verbal, and that unconscious affect regulation 'expressed in rapid non-verbal emotional communications at levels beneath conscious awareness within the dynamic intersubjective field' plays a critical psychobiological role in therapy. It seems that 'empathy is grounded in a form of mirroring that occurs via an experiential mechanism, involving activation of the amygdala in the right hemisphere. It may be that we should understand the left hemisphere's cognitive capacities as giving rise to cognitive empathy whereas the right orbitofrontal cortex orchestrates a response that speedily involves the right hemisphere at every level. We might think of this as the fast route to affective empathy'[1].

Research also indicates that affective engagement with others results in 'increased metabolic activity, mRNA synthesis, and neural growth' and that 'relationships can create an internal biological environment, supportive of neural plasticity'[18]. However, Cozolino also points out that language combined with emotional attunement is 'a central tool in the therapeutic process; it creates the opportunity to blend words with feelings, a means of neural growth and neural network integration'[19]. Cambray and Carter[20] argue that therapeutic work should facilitate 'a coordinated integration of explicit and implicit relational memory and knowing as manifest in images, dreams, stories, and narratives, as well as the analytic relationship'.

Out of all this, the gradual establishment of an engaged attachment of the quality which I call 'learned secure'[6], enables the beginnings of the transformation of emotions previously encapsulated in the emotional brain and in the body into the feelings that are their mental representations. I describe the newly developed secure attachment that is the result of successful counselling or therapy as being learned', rather than using Pearson's term 'earned'[21] because I want to stress that it is affective engagement that enables new emotional learning to occur, and that such learning may make a significant difference to the way the client is able to relate to others. I suggest that the therapeutic experience is something that is shared, rather than something that is earned, even though both parties may be working very hard at the task. Such a perspective is

endorsed by the body of research that points to the quality of the relationship rather than the theoretical orientation of the therapist as the effective agent for change. 'With less "background noise" from the past and an experience of a good attachment in the present, the patient gradually becomes more able to self-regulate affect and to move more confidently into relationships'[1]. I believe that it is these unconscious processes in counselling or therapy that lead to changes in the way a client is able to relate more comfortably to others and to her or his own inner world. As Bromberg[21] points out, 'Ultimately it is on issues around attachment and affect-regulation that a person's capacity to experience a sense of self that is "simultaneously fluid and robust" depend.'

Implications for training

'An interdisciplinary approach that values the insights from the fathers of psychoanalysis alongside insights from attachment research, parent-infant psychotherapy research, and the neurobiology of emotion may no longer be considered an optional "extra" in the world of psychotherapy for a few to pursue as a special interest.'[1] In arguing the importance of neurobiological teaching to underpin training, both in dynamic psychotherapy and psychiatry, Lacy and Hughes[22] suggest that such an approach, rather than being merely an attempt to justify a belief or theory, is actually 'the long overdue establishment of core concepts that should inform psychological reasoning and understanding'.

Conclusion

The meaning-making process that is central to our work with student and staff clients, both in higher education and further education, develops the individual's capacity to integrate the processing of early right hemisphere traumatic experience with left hemisphere processes with cognitions and verbalisations. Cozolino[19] suggests that 'the blending of the strengths of the right and left hemisphere allows for the maximum integration of our cognitive and emotional experience with our inner and outer worlds'. Brain plasticity and affective engagement with the counsellor together enable such change. ■

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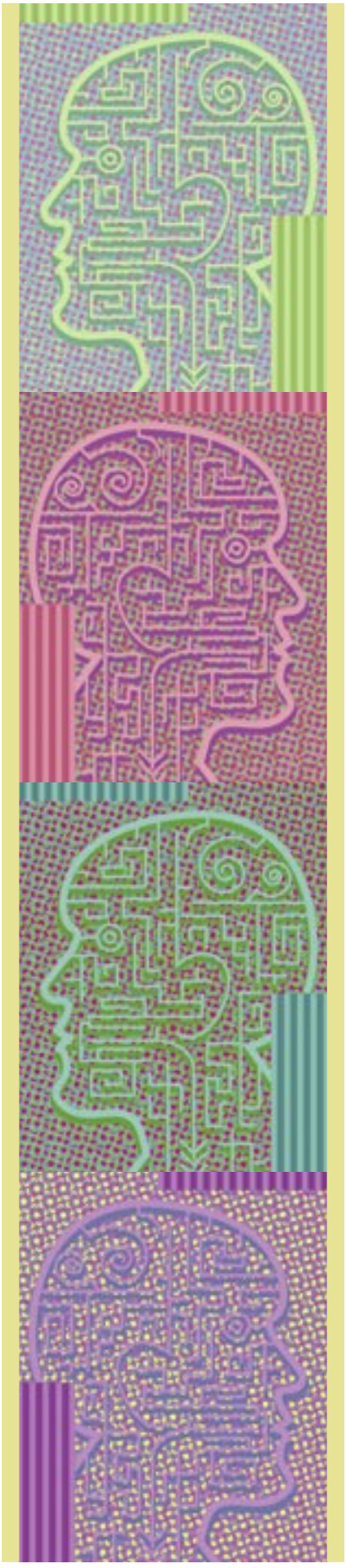

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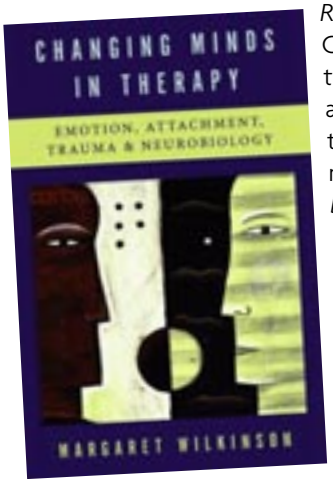

Supporting and mentoring care leavers

The transition from being a looked after child to college or university student can be particularly daunting. **Marie Franks** and **Suzanna Stein** share the experience of a new support programme

The report 'Going to university from care', published by the Institute of Education[1], and based on research commissioned by the Frank Buttle Trust[2], explores the difficulties facing young people who have left care and are embarking on a new life at university. 'One care leaver in a hundred goes to university, compared with 43 per cent of all children' and '95 per cent of institutions do not offer any pastoral support to students known to have been in care.' There has been improvement but once in higher education, care leavers have a higher withdrawal and failure rate than non care leavers, due to higher levels of stress.

'The main sources of stress were shortage of money, fear of debt, psychological problems arising from care and pre-care experiences, academic difficulties, relationship problems, upsets in birth or foster family, isolation and lack of emotional support. Students were most in danger of dropping out when three or more of these factors coincided.'[1]

The University of Greenwich provides a range of targeted support to care leavers whose numbers have risen from five to 80 (information accurate 1 March 2010) in the last two years. We set up the mentoring service to assist this group with the transition to university. Personal choice to access or not to access help is crucial. At Greenwich we bring students who have left care together with staff mentors, if both parties choose to be part of the scheme.

Who is a care leaver?

Care leavers are young people who have previously spent time in local authority care. They may have lived with foster parents, in an orphanage or in sheltered accommodation. The Children Leaving Care Act 2000 explains the duties of local authorities towards looked after children[3].

Who is a mentor?

A mentor uses counselling skills to listen and provide advocacy. They provide a relationship in a boundaried and safe environment to encourage independence and self confidence. The mentor's role is to assist and guide to a point where their role is made redundant. University staff are invited to attend a mentor training afternoon to learn about the role. Those chosen to become voluntary mentors are given training, ongoing supervision and support by qualified counsellors.